

# MPP Head Start 0-5 STANDARD OPERATING PROCEDURES

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**UPDATED WITH NEW PERFORMANCE  
STANDARDS**

**2021-2022**

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MPP Board Approval:

8/10/21

Policy Council Approval: 12/14/21

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**Staff Abbreviations:**

Head Start Director- HS Director  
Family Services Manager- FSM  
Family and Community Outreach Specialist- FCOS  
Family Service Advocate- FSA  
Program Monitor Specialist- PMS  
Education Manager- Ed Manager  
Education Supervisor- Ed Supervisor

Program Support Specialist- PSS  
Education Operations Assistant- EOA  
Training & Professional Development Specialist- TPDS  
Behavioral Support Specialist- BSS  
Disabilities Coordinator- DC  
Mental Health Consultant- MHC  
Health Coordinator- HC  
Data Entry Specialist- DES  
Nutrition Supervisor- NS

# Program Governance:

1. Purpose
2. Policy Council and Parent Committee Structure
3. Policy Council Composition and Formation
4. Policy Council Responsibilities
5. Policy Council – Reimbursement
6. Governing Body Roles and Responsibilities
7. Internal Dispute Resolution
8. Employee Grievance Procedures
9. Parent Committee
10. Training
11. Parent and Community Complaints

## PROGRAM GOVERNANCE

PG SOP 1

### Subject: Purpose

Performance Standard: 1301.1

**Policy:** MPP is the agency that receives the Head Start grant for the 0-5 HS Program operation. The agency must establish and maintain a formal structure for program governance that includes a governing board, a Policy Council and a Parent Committee. Governing bodies have a legal and fiscal responsibility to administer and oversee the agency's 0-5 HS Program. Policy Council is responsible for the direction of the agency's 0-5 HS Program. The Parent Committee meets on a regular basis to plan and implement parent engagement activities and training and to discuss program operations as needed.

### Person(s) Responsible:

HS Director    Executive Director    Policy Council    MPP Board    FCOS

Updated 7/2020

## PROGRAM GOVERNANCE

PG SOP 2

### Subject: Policy Council and Parent Committee Structure

Performance Standard: 1301.3 (a)(b) (2) (c) (3) (d) 642(c) (2) (B); 1301.4

**Policy:** MPP 0-5 HS maintains a Policy Council responsible for the direction of the program. Responsibilities include program design and operations; and planning of long- and short-term goals and objectives. These tasks take into account annual community-wide strategic planning and needs assessment, along with, the program's self-assessment. Policy Council allows shared governance through which parents can participate in policy decision making for the program.

### Operational Procedures:

1. The Policy Council provides parent and community partner members with the authority and opportunity to participate in shared decision making regarding the program's design and implementation.
2. Policy Council uses ongoing monitoring results, including data on school readiness goals and family outcomes, in conducting business.
3. The structure consists of:
  - a. Policy Council – one body established at the grantee level
  - b. Parent Committee – one or more bodies established at the center level
4. The Parent Committee, currently referred to as the Family Activity Committee, is comprised exclusively of parents of currently enrolled children at the center level. The program ensures that parents understand the process for election to the policy council and other leadership opportunities.
  - a. Parent Committee members will determine the best methods to engage families using strategies that are most effective in their community. The Parent Committee has the following responsibilities:
    - i. Advise staff in developing and implementing program policies, activities, and services to ensure they meet the needs of children and families.
    - ii. Have a process for communication with the Policy Council

- iii. Within the guidelines established by the governing body, policy council or policy committee, participate in the recruitment and screening of Early Head Start and Head Start employees.
- 5. Parents particularly interested in serving on Policy Council can note such interest on their annual “Parent Survey” in addition to voicing their interest at the first Parent Committee meeting.
- 6. During the first Parent Committee meeting, parents volunteer or nominate other parents to serve on Policy Council. Policy Council representatives are determined by acclamation or a majority vote of parents present depending on the number interested in serving.
- 7. Parent officers are selected by parents at the next parent committee meeting.
- 8. The only formal responsibilities of Parent Committee Officers are to conduct Parent Meetings in cooperation with staff and take minutes of each meeting as they join forces with other parents in planning parent trainings, activities, and special events.
- 9. Policy Council representative(s) relay information from the Parent Committee meetings to Policy Council and the information from Policy Council to their respective Parent Committee.
- 10. Policy Councils are not dissolved until successor Councils are elected and seated. Parent Committees are typically established in September and Policy Council members are typically elected and seated in October. The program ensures members do not have a conflict of interest.
- 11. MPP Board of Directors and the 0-5 Head Start Policy Council do not have identical memberships and functions.

**Person(s) Responsible:**

HS Director      TPDS                  FSM      FCOS

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 3**

**Subject: Policy Council Composition and Formation**

**Performance Standard:** 1301.3 (b) (d)

**Policy:** Governing Board delegates to the Policy Council the authority to propose the total size of its group (based on the number of centers, classrooms or other program option units, and the number of children served by the 0-5 Head Start program), the procedures for the election of parent members, and the procedure for the selection of community representatives (via Policy Council By-Laws and Board-approved by-laws).

**Operational Procedures:**

- 1. Policy Council is comprised of two types of representatives: parents of enrolled children and community representatives. At least 51% of the membership is parents of enrolled children. Parent representation proportionately represents HS, Early Head Start, and Home Base enrollment options, as well as, current population demographics.
- 2. In accordance with the Policy Council Bylaws, community representatives are drawn from local businesses (both public/private sectors), civic/professional organizations, and other groups or organizations who are familiar with resources/services for low-income children and families, which may include parents of formerly enrolled children.
  - a. Parents complete a survey during the first parent committee meeting to provide input into the selection of community representatives. Potential representatives are contacted by the FCOS to discuss their willingness to serve.
- 3. Members of the Policy Council do not have a conflict of interest with the Head Start program and shall not receive compensation for serving on the Policy Council or for providing services to the Head Start program.
- 4. The program enables low-income members to participate fully in their policy council responsibilities by providing, if necessary, reimbursement for reasonable expenses incurred
- 5. Policy Council Members are elected to serve a one (1) year term. Individuals may serve a total of five (5) terms but must be reelected annually in accordance with Policy Council Bylaws. The membership roster indicates the number of terms served by individuals and is used to ensure no member serves longer than five (5) years.
- 6. No grantee staff (or members of their immediate families) is a member of Policy Council.
- 7. Monthly meetings are prescheduled (set day/time) for the year by majority vote of the newly seated Policy Council.

**Person(s) Responsible:**

HS Director      TPDS                  FSM                  FCOS

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 4**

**Subject: Policy Council Responsibilities**

**Performance Standard:** 1301.2(b), 1301.3 (c), 1301.4, 1301.5

**Policy:** Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation.

**Operational Procedures:**

1. The Policy Council approves and submits to the Governing Body decisions about each of the following:
  - a. Activities to support the active involvement of parents in supporting program operations
  - b. Policies to ensure that the Head Start program is responsive to community and parent needs
  - c. Program recruitment, selection, and enrollment priorities
  - d. Applications for funding and amendments to the applications
  - e. Program personnel policies and decisions regarding employment of program staff
  - f. Standards of conduct for program staff, contractors, and volunteers, and criteria for the employment
  - g. Development of procedures for how members of the policy council are elected.
2. Policy Council receives ongoing training in order to aid shared decision making.
3. A formal system of communication is utilized that aids in development of working partnerships among policy groups, governing bodies, and key management staff.
4. The Policy Council chairperson has a seat on the Governing Body with full voting privileges
5. The Governing Body receives Policy Council minutes for informational and communication purposes.
6. The Policy Council receives reports from the Parent Committee representative(s) for a center level perspective.
7. The Parent Committee representative reports back to the Parent Committee the Policy Council perspective.
8. The HS Director and other designated Integrated Team members attend Policy Council meetings as necessary or as invited.
9. Policy Council Members are encouraged to participate in the Self-Assessment and Planning systems and have the opportunity to review written plans, have input on goals/objectives, and review the funding proposal prior to submission.
10. Policy Council uses ongoing monitoring results including data on school readiness goals and family outcomes in conducting business.

**Person(s) Responsible:**

HS Director TPDS Integrated Team Members

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 5**

**Subject: Policy Council-Reimbursement**

**Performance Standard: 1301.3 (e)**

**Policy:** The program enables low-income members to participate fully in the Policy Council by providing, as necessary, reimbursement for reasonable expenses incurred.

**Operational Procedures:**

1. A local travel form will be completed by members who request mileage reimbursement, and must be turned into the HS Director.
2. Childcare will be provided while parents are attending Policy Council, Parent Committee, etc.
3. Members will be provided with reimbursement information annually and reminded at the conclusion of each meeting of this service.

**Person(s) Responsible:**

HS Director

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 6**

**Subject: Governing Board Roles and Responsibilities**

**Performance Standard: 1301.2; 1301.13 (a) (b) (c) (2); 1302.102**

**Policy:** The Program establishes written policies that define the roles and responsibilities of the Governing Body members and inform them of the management procedures and functions necessary to implement a high quality program.

**Operational Procedures:**

1. The Governing Body has legal and fiscal responsibility for administering and overseeing programs.
2. Ensuring compliance with federal, state, and local laws and regulations, as well as, laws defining the nature and operations of the Governing Body. (Refer to Board of Director By-laws; articles 2, 3, and 10).
3. Selecting the service areas for the program.
4. Establishing procedures and criteria for recruitment, selection, and enrollment of children.

5. Reviewing all applications for funding and amendments to applications for funding
6. Reviewing and approving all major policies of the agency including:
  - a. The annual self-assessment and financial audit
  - b. Implementation of corrective actions
  - c. Personnel policies regarding the hiring, evaluation, termination, and compensation of agency employees
  - d. Development of procedures for how members of the policy council are selected
  - e. Review of results from monitoring, to include appropriate follow-up activities
  - f. Approval of personnel policies and procedures, including the hiring of the Executive Director, HS Director, HRC and the Chief Fiscal Officer.
  - g. Approval of financial management, accounting, and reporting policies and compliance with laws and regulations related to financial statements.
7. The Governing Board understands and implements the Head Start philosophy of shared decision-making. To ensure Policy Council involvement and participation, policy formulation, development and modification is initiated at the committee level by the Board of Directors. The Board of Directors and the Head Start Policy Council share decision making is based on:
  - a. The Governing Body composed of one member with a background and expertise in fiscal management or accounting.
  - b. One member with a background and expertise in early childhood education and development.
  - c. One member is a licensed attorney familiar with issues that come before the Governing Body.
8. Additional Governing Board members shall reflect the community served and include:
  - a. Parents of children who are currently, or formerly, enrolled in HS programs, who are selected based on their expertise in education, business administration, or community affairs.
9. If a person is not available to serve on the Governing Body, the Governing Body shall use a consultant, or another individual with relevant expertise.
10. Conflict of Interest- members of the Governing Body shall—
  - a. Not have a financial conflict of interest with the Head Start agency;
  - b. Not receive compensation for serving on the Governing Body or for providing services to the Head Start agency;
  - c. Not be employed, nor shall members of their immediate family be employed, by the Head Start agency;
  - d. Operate as an entity independent of staff employed by the Head Start agency.
    - i. Exception- if an individual holds a position as a result of public election or political appointment, and such position carries with it a concurrent appointment to serve as a member of the Head Start agency Governing Body.
11. The Policy Council chairperson serves as an ex officio member of the Board of Directors.
12. The Executive Director or his/her designee attends Policy Council meetings to discuss and clarify, if necessary, the Board's actions.
13. The HS Director or his/her designee attends board meetings.
14. The Board receives copies of all Policy Council minutes.
15. The Policy Council receives information from Policy Council's Board representative.

### **0-5 Head Start Program Responsibilities:**

The HS Program ensures the sharing of accurate and regular information for use by the Governing Body and the Policy Council about program planning, policies, and HS program operations. The following information must be shared:

1. Monthly financial statements, including credit card expenditures
2. Monthly program information summaries
3. Program enrollment-and attendance reports
4. Monthly report on number of meals and snacks provided through the CACFP program
5. Financial audit
6. Annual self-assessment, including any findings related to community wide strategic planning and needs assessment of the program, including any applicable updates
7. Communication and guidance from the Secretary of Head Start
8. Program information reports
9. Program Instructions
10. Information Memoranda

### **Person(s) Responsible:**

HS Director      Executive Director      Board Chair

**Updated 7/2020**

## PROGRAM GOVERNANCE

PG SOP 7

### Subject: Internal Dispute Resolution

### Performance Standard: 1301.6 (a) (1-3) (b) (c)

**Policy:** To facilitate meaningful consultation and collaboration about decisions of the Governing Body and the policy council, the agency has established written procedures for resolving internal disputes between the governing board and policy council in a timely manner including impasse procedures. MPP 0-5 Head Start to resolve all disagreements among any parties in its executive leadership fairly and expeditiously. Whenever possible, disagreements will be resolved through processes of mediation and conciliation, through discussion, compromise, and consensus seeking among the parties. If the parties agree that a mediated solution is possible, professional mediation may also be employed. Failure of mediation, either formal or informal, to produce agreement will result in binding arbitration.

**Purpose:** The goal of MPP is to involve and share the decision-making responsibilities of the Head start program with the Policy Council. To ensure Policy Council involvement and participation, policy formulation, development and modification will be initiated at the committee level of the Board of Directors.

The Board of Directors and the Head Start Policy Council will share decision making in the following manner:

1. The Policy Council chairperson will serve as an ex official member of the Board of Directors.
2. The Executive Director or his/her designee will attend Policy Council meetings to discuss and clarify, if necessary, the Board's actions.
3. The HS Director or his/her designee will attend board meetings.
4. The Board will receive copies of all Policy Council minutes.
5. The Policy Council will receive copies of all Board minutes and/or is provided information as necessary from the Policy Council chairperson.

### Definitions

**Executive Leadership:** Includes the governing board (Board of Directors), the Head Start Policy Council, Executive Director, and the HS 0-5 Director.

**Disagreement:** An internal dispute exists when two or more groups or individuals who share the formal approval/disapproval function. Appendix A of the Head Start Program Performance Standards (rev. 11/96) fail to agree.

**Impasse:** A situation resulting when formal and/or informal processes of mediation fail to produce agreement.

### **Procedure:**

**Parliamentary Procedure:** The business of the governing and policy groups resulting in formal approval/disapproval of recommendations shall be conducted using parliamentary procedure. Parliamentary procedure shall ensure that the majority rules and ensures the rights of the minority to be heard.

**Notification of Disagreement:** When two parties fail to agree, it shall be the responsibility of the individual or chair of the group, which acts last to notify the other(s) within one working day by telephone, mail or electronic means that a disagreement exists.

**Informal Communication:** Within five (5) working days of notification, representatives of the disagreeing parties shall meet to discuss informally the disagreement. Each entity shall send its Executive officers to meet as a work group to attempt to achieve consensus or compromise. The executive Director, the HS Director may also attend the meeting. During a meeting not to exceed three (3) hours, the group shall attempt to resolve the disagreement by informal mediation, compromise, consensus seeking, or conciliation. If agreement is reached, representatives will return to their policy groups with the proposed solution. Failure to reach agreement may result in a decision by the work group to engage in professional mediation or to turn the process over to binding arbitration.

**Mediation:** If a simple majority of the group involved in informal communication agrees that professional mediation is warranted, a professional mediator will be contacted. Costs for this service, if any, will be borne by the 0-5 Head Start program. Mediation should begin within five (5) working days of the decision to pursue formal mediation. If an agreement is not reached through the formal mediation process after no more than four (4) hours of mediation, an impasse shall be said to occur and the disagreement shall be bound over for arbitration.

**Notification of impasse:** It shall be the responsibility of the HS Director to notify in writing or electronically the chairperson of the group(s) and/or individuals(s) involved within one working day that an impasse exists and the matter will be resolved through binding arbitration. If the impasse has the likelihood of leading to termination or denial of refunding of the Head Start grant, the HS Director or is also responsible to notify the Region IV Administration for Children and Families of the impasse within ten (10) working days.

**Arbitration:** Where there is an impasse between individuals or groups within the executive leadership of MPP, the parties shall submit the dispute to binding arbitration in accordance with the following rules and procedures.

**Composition of arbitration panel:** A panel of three (3) arbiters shall conduct the arbitration. In the case of an internal dispute, one arbiter shall be designated by the Agency representing the Board of Directors and/or Executive Director and another representing the Policy Council and/or HS Director. Each party shall select its arbiter within five (5) working days

of notification of impasse and submit the name, address and other contact information to the HS Director. Failure of either party to designate an arbiter within the specified period shall be a default and shall be considered to be in agreement with the other party's action.

A third arbiter, who will chair the panel, will be appointed from a previously agreed list of individuals in good standing in the community, or the NC Association of Mediators who shall not be related to any of the parties, and shall not be associated with the Head Start program, or the agency. The HS Director shall engage the third arbiter within that same five-day period by contacting the person at the top of the list and proceeding until an individual available for the time period required for the arbitration is identified. Once used, the name of that arbiter shall be placed at the bottom of the list to ensure rotation of arbiters.

**Notification of arbitration:** It shall be the responsibility of the HS Director to notify in writing or electronically the chairperson of the group(s) and /or individual(s) involved in the arbitration and each arbiter within one working day of receiving the names of the arbiters representing each party and to schedule a meeting of the arbitration panel within five (5) working days.

**Planning of Support:** The arbitration panel shall meet within five (5) days of the designation of the last arbiter. The arbitration hearing shall be held at a site determined by the panel with consideration for the convenience of the parties. If travel is required for arbiters to attend the hearing, costs incurred by all arbiters will be reimbursed in accordance with the travel regulations governing MPP, Inc. employee and non-employee travel. All expenses incurred to support the hearing and arbitration process, such as clerical support, photocopies, telephone, and faxes will be borne by the program. If the arbiters so request, MPP, Inc. shall make available to the panel clerical support to record minutes of the hearing, process correspondence, and provide related services to the arbiters. Prior to or at any time during the hearing process, the arbiters may request copies of related materials, which shall be provided within two (2) working days of the request. The parties may also prepare such materials as they deem necessary and useful to the arbiters prior to their deliberations.

**Processing:** The duty of the arbitration panel is to resolve the issues in dispute as fairly and expeditiously as possible at the minimum expense to the agency. The proceedings of the arbitration panel shall consist of:

1. Oral presentation of the position of each party, including minority views, if any.
2. Response by the parties to such questions as the panel wishes to ask.
3. Informal cross-examination of each party by the other, within the limits established by the panel.
4. Such additional presentation of oral or written materials as the panel deem necessary to fully appraise it of facts relevant for an informed decision. The parties may suggest to the panel additional relevant witnesses or materials that would be helpful to the panel.

**Standard Conduct:** All parties are obliged to act in good faith throughout the proceedings. Parties may not communicate with the arbiters once the panel has been constituted except at formal meetings attended by all parties. Any attempt to intimidate or inappropriately influence an arbiter shall be reported to Region IV Administration for Children and Families and shall result in a default judgment against the party attempting to unduly influence the actions or decision of any arbiter. Refusal to comply with directions, continued use of delaying tactics by any person at a hearing or refusing to prepare information shall constitute grounds for immediate exclusion of such person from the hearing by the chairperson and/or mandatory disciplinary action of an employee whose behavior in anyway disrupts the proceedings or the work of the panel.

**Compromise:** The arbitration procedure does not preclude the parties from resolving their differences through compromise and reaching a settlement, as long as the panel has issued no final decision.

**Representation of the Parties at the Hearing:** Each party shall designate one and only one of its members to represent them at the proceedings. However, the panel may call other individuals as fact witnesses in the proceedings.

**Open Meetings:** The proceedings of the arbitration panel shall be open unless the panel is dealing with a personnel issue or other sensitive or confidential information. The panel shall have the right to conduct its deliberations in closed session.

**Decision:** The arbitration panel shall use all available information to make its decision. The panel shall have no more than five (5) working days following the end of proceedings to reach a decision. A simple majority vote of the panel shall result in a decision. The decision of the arbitration panel shall be binding on all parties.

**Post Hearing Procedures, Notification, and Implementation of Decision:** The arbitration panel shall issue its decision in writing within two (2) working days of the decision. It shall be the responsibility of the chairperson of the arbitration panel to have copies sent immediately to each party, the HS Director and Executive Director. If the impasse had the likelihood of leading to termination or denial of refunding of the Head Start grant and the Region IV Administration for Children and Families was notified of the impasse, it shall be the responsibility of the HS Director to forward a copy of the decision to the Regional Office.

Failure to abide by the final decision by any party is ground for denial of the application for refunding, for suspension and termination of financial assistance, or for denial of application for amendment to the budget or work program. In this event, it is the responsibility of the HS Director and/or the Executive Director to notify the Region IV Administration for Children and Families of the party's failure to abide by the arbitration panel's binding decision.



**Person(s) Responsible:**

Executive Director                      HS Director

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 8**

**Subject: Employee Grievance Procedures**

- See Personnel Policies for employee grievance procedures.

**Person(s) Responsible:**

Executive Director      Human Resource Coordinator      HS Director      All Staff

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 9**

**Subject: Parent Committee**

**Performance Standard: 1301.4**

**Policy:** The program establishes a parent committee comprised exclusively of parents of currently enrolled children as early in the program year as possible. This committee must be established at the center level for center-based programs.

**Operational Procedures:**

1. During the initial meeting, the date, time, frequency, and content of future meetings are determined by parents. Notes are sent to families with information on time, date, etc. Meeting reminders are posted on Parent Bulletin Boards, at entrance / exits or at high traffic areas and via Remind Messages
2. Parent Committee meeting minutes are posted on Parent Bulletin Boards.
3. Program staff assists in contacting speakers and providing information as necessary.

**Person(s) Responsible:**

HS Director      FCOS      FSM

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 10**

**Subject: Training**

**Performance Standard: 1301.5, 1302.12(m)**

**Policy:** The agency must provide appropriate training, technical assistance and orientation to the governing board, any advisory committee members, and the Policy Council, including training in program performance standards, eligibility on applicable federal regulations and program policies and procedures.

**Training must, at a minimum:**

1. Include methods on how to collect complete and accurate eligibility information from families and third party sources;
2. Incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and
3. Explain program policies and procedures that describe action taken against staff, families, or participants who attempt to provide or intentionally provide false information.

The program must train all Governing Board and Policy Council members within 180 days of the beginning of the term of a new Governing Board or Policy Council. Training will be provided after the initial training orientation as per the annual training schedule.

**Person(s) Responsible:**

HS Director                      TPDS                      ERSEA

**Updated 7/2020**

**PROGRAM GOVERNANCE**

**PG SOP 11**

**Subject: Parent and Community Complaints**

**Policy:** The program provides guidelines for parents and community members' complaints to be heard and appropriately resolved so that communication is maintained and relationships remain intact.

**Operational Procedures:**

1. The lead teacher is contacted if there is a question or grievance by a parent/guardian.
2. Members of the community are to contact the HS Director if there is a grievance or question.
3. If the nature of the question or grievance is not covered by a program policy or HSPS, or if no resolution to the complaint is reached informally, then the appropriate Supervisor is contacted. The grievance must be presented in written form.
4. The appropriate Supervisor addresses the situation with the person making the grievance.

5. All unresolved grievances are brought to the attention of the appropriate Manager. At the Manager's request, the appropriate Supervisor may meet with Manager to review the grievance. Any unresolved grievances at this point are brought to the attention of the HS Director.
6. At the discretion of the HS Director and Executive Director, the Policy Council may be made aware of the grievance.
7. The HS Director takes action to resolve the grievance. Final action is based on the information received, existing program policies, and advice of Policy Council and Executive Director.
8. An appeal of the decision of the HS Director may be made to the Policy Council, and after review, the Policy Council gives written notice of their decision for referral to the Board of Directors. The decision of the Policy Council is final.
9. A copy of the MPP Internal Dispute Resolution Policy is available upon request which addresses disagreements among the Board of Directors, Policy Council, HS Director and / or Executive Director.

**Person(s) Responsible:**

HS Director                      Management Staff                      Policy Council

**Updated 7/2020**

# **Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA):**

- 1. Community Assessment (CA) – Determining Community Strengths and Needs**
- 2. Eligibility**
- 3. Training**
- 4. Recruitment of Children**
- 5. Selection Process**
- 6. Waitlist**
- 7. Enrollment**
- 8. Returning Children**
- 9. Attendance**
- 10. Drops and Withdrawals of Children**
- 11. Parent Handbook**
- 12. Child Transfers**
- 13. Policy on Fees**

## **ERSEA**

## **ERSEA SOP 1**

**Subject: Community Assessment (CA) / Determining Community Strengths and Needs**

**Performance Standard: 1302.11**

**Policy:** To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once every five years. A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten, rates of family and child homelessness, and significant shifts in community demographics and resources. The information comes from many sources, especially parents and family members, and is elicited by many techniques. This document serves as the foundation for all program activities. The program uses a team approach to develop, coordinate, implement, and analyze the results of this process.

### **Operational Procedures:**

1. Program conducts and coordinates the process.
2. Program collects internal and external data, through any of the following examples:
  - a. Community scanning – collecting information from existing sources
  - b. Focus groups – structured, moderated discussion that bring together small groups of people in neutral settings to talk about the Head Start program
  - c. Interviews / surveys – acquires information on specific needs of families
3. Identification of service area:
  - a. Demographics of Head Start eligible children and families
    - i. Economic conditions: Poverty rates, housing mobility rates, children experiencing homelessness, and parents in school or employed
    - ii. Geographic location: Where do the eligible families live, are centers located in those areas, are the families moving to different areas, and how is the program planning to meet the needs of families located far from center locations?
    - iii. Racial and ethnic composition: What does the population look like, is the population changing, are there language barriers, how is the program planning to address these changes and barriers, and is staff prepared for these changes?
  - b. Other child development and child care programs: Has the program identified age groups of children and services provided to families, are any of these agencies a potential partner or competitor, has the program enhanced, or should it enhance, its marketing skills?
  - c. Children with disabilities

- i. How many children with disabilities are in the community?
  - ii. Does the program have relationships with organizations that serve this population?
  - iii. How often do program representatives meet with these organizations?
  - iv. Does the program have enough staff to support these children and families?
  - v. Has the program identified any additional partners or funding?
  - vi. Does the program's ERSEA process ensure that at least 10% of enrollment opportunities are made available to children with disabilities?
- d. Data on needs of Head Start eligible children
    - i. Education: Parent education level, rates of Head Start and preschool participation, parent school dropout and grade-retention rates, and measurement of academic achievement
    - ii. Health: Immunization rates, percentage of low birth weight babies, rates of early prenatal care, rates of births to single mothers, and number of families with no insurance
    - iii. Nutrition: Overweight and underweight children and adults and nutrition education received
    - iv. Social service needs: Number of foster care placements, number of families on Head Start waiting list, and number of families receiving TANF/SSI
  - e. Needs identified by families and institutions
    - i. Education: Continuing education and GED and adult education
    - ii. Health: Insurance and primary healthcare provider
    - iii. Nutrition / food
    - iv. Social service needs: Housing, food, clothing, employment, and transportation
  - f. Other community resources: Employment agencies, banks, healthcare organizations, faith-based organizations, community-based organizations, governmental agencies, and educational institutions
4. Analysis and summarization of information
- a. Begin by reviewing principles and goals expressed in the agency and Head Start mission statements
  - b. Make all comprehensive strategies family-focused.
  - c. Prioritize and differentiate information collected.
  - d. Compare information collected from various sources on the same issues, and identify patterns, trends, and disparities.
5. Making decisions – Routinely use CA information to guide decision-making for future activities

**Person(s) Responsible:**

All Staff

PMS

Updated 6/2018

**ERSEA**

**ERSEA SOP 2**

**Subject: Eligibility**

**Performance Standard:** 1302.12 a-m

**Policy:** The program ensures that all interested families with children ages six weeks to five years and pregnant women are considered for the eligibility and selection process regardless of family structure, socioeconomic status, race or ethnicity, religious and cultural background, gender, abilities, or primary language.

**Operational Procedures:**

1. To be age eligible for Early Head Start
  - a. Child must be an infant or toddler younger than three years of age, or
  - b. A pregnant mother who holds the slot for the unborn infant until child reaches six weeks of age. At that time child may enter center based or home base program setting.
2. To be age eligible for Head Start
  - a. Child must be at least three years old or three years old by August 31 (date used to determine eligibility for Public School)
  - b. A child cannot be older than compulsory school age.
3. To be determined eligibility for both Head Start and Early Head Start programs a family must complete each of the following:
  - a. Complete an application electronically from the MPP website/Facebook or by paper application located at the receptionist desk at the MPP campus, which would then be returned to ERSEA Specialist prior to interview.
  - b. An in-person interview to be completed by ERSEA Specialist/trained representative with the caregivers.
    - i. A phone interview may be completed if all efforts have been exhausted to complete an in-person interview with the caregiver.
    - ii. It must be documented in the ERSEA file whether the interview was completed in person or on phone.

- c. Parent/Guardian provides proof of residence that may include the following: current driver license, copy of rental lease, a recent utility bill, Medicaid card, account statement, etc.; ERSEA Specialist then reviews these items.
  - d. Parent/Guardian is to provide verification of date of birth for child: birth certificate, mother’s hospital verification of facts, baptismal record, passport or any other documentation containing child’s date of birth. As a last resort, Parent/Guardian may make a written self-declaration of child’s date of birth.
  - e. Parent/Guardian is to provide total household income for either the last calendar year or the last 12 consecutive months, whichever is the more relevant time period.
4. To meet eligibility requirements for both Head Start and Early Head Start programs a child falls into one of four categories of eligibility:
- a. The parent/guardian’s income is provided, which falls into one of three income categories:
    - i. The parent/guardian’s income is equal to or below the poverty line, or
    - ii. The parent/guardian’s income is between 100% of poverty and 130% of poverty, or
    - iii. The parent/guardian’s income is above 130% of poverty
  - b. The parent/guardian is eligible for, or, in the absence of child care, would be potentially eligible for public assistance, including TANF child-only payments:
    - i. This includes Social Security Income (SSI).
    - ii. This is determined by Parent/Guardian already receiving work first payments through Macon Department of Social Services (DSS) or they apply for benefits of child only payments.
      - 1. For a Parent/Guardian to be eligible for this benefit they must be able to prove kinship to the child to DSS and complete all necessary documentation through DSS; or
      - 2. Both parents are on SSI.
  - c. The child is homeless
  - d. The child is in foster care.
5. The ERSEA Specialist examines income eligibility documents using the most current Federal Poverty Guidelines to determine income eligibility. This process may include:
- a. Collecting Individual Income Tax Form 1040, W2 forms, pay stubs, wage verification form, self-employment documentation, zero income affidavit, child support documentation, student financial aid, living situation survey or documentation showing current status of SSI, Social Security Retirement Income (SSRE), Social Security Disability Income (SSDI), or any other income defined by Head Start. If a family provides a written statement or wage verification from an employer, individual must provide written consent for the program to contact any third party to verify the written statement. This written consent is to be kept in the ERSEA file.
  - b. For families with no documentation of income, the zero income affidavits, family self-declaration of no income or the living situation form must be completed.
  - c. Verifying size of the family
  - d. Program reserves the Child Only status for children who are in DSS custody. If a child is in a non-parent placement not facilitated by social services, then the total household income of the non-parent placement is to be counted.
  - e. Once all income verification for the relevant time period has been provided by the family, ERSEA Specialist examines age verification documentation and totals the income on the Eligibility Verification Form.
  - f. ERSEA Specialist, FSM(FCPM) or HS Director, if FCPM is unavailable, then PMS verifies with a signature on the Eligibility Verification Form that all required documentation has been provided by applicant.
  - g. Child information is entered into Child Plus, and child is placed on the waitlist for the age appropriate program.
  - h. ERSEA Specialist maintains a copy of documents presented for verification of eligibility in an ERSEA file, which resides in locked cabinet in ERSEA office; an electronic copy of these items is also available via the Child Plus.

**Person(s) Responsible:**

ERSEA Specialist                      FSM                      HS Director                      PMS                      **Updated 6/2018**

**ERSEA**

**ERSEA SOP 3**

**Subject: Training**

**Performance Standard: 1302.12 m**

**Policy:** A program must train all Governing Body and Policy Council members, management, and staff who determine eligibility and other ERSEA matters on applicable federal regulations and program policies and procedures.

**Operational Procedures:**

1. ERSEA Specialist will train management and staff members who make eligibility determinations within 90 days of their hire date.
2. ERSEA Specialist will train all Governing Body and Policy Council members within 180 days of the beginning of the term of a new Governing Body or Policy Council.
3. ERSEA Specialist will provide update training to all Governing Body and Policy Council members and staff who make eligibility determinations on a yearly basis.
4. ERSEA Specialist provides yearly Head Start recruitment training for Governing Body and Policy Council members, parents, partners, and staff.
5. Annual training will ensure employees are fully aware of consequences for knowingly providing false information, and employees will be terminated according to the program's Personnel Policies.
6. If ERSEA Specialist is unavailable to provide the above trainings, alternate trainers include: TPDS and PMS.

**Person(s) Responsible:**

ERSEA Specialist      FSM                      HS Director      PMS      TPDS    **Updated 6/2018**

**ERSEA**

**ERSEA SOP 4**

**Subject: Recruitment of Children**

**Performance Standard:** 1302.13

**Policy:** In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program. A program must include specific efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care. The program maintains an outreach and recruitment process to ensure a minimum enrollment of 10% diagnosed disabled children. The Disability Coordinator works closely with other content areas to recruit and enroll income eligible children and children with disabilities who are most in need of services. Children not accepted due to ineligibility, or Head Start being an inappropriate placement for their needs, are referred to most appropriate agency.

**Operational Procedures:**

1. The program implements a recruitment process designed to actively inform all eligible Head Start families within target recruitment areas of available services and encourages them to apply for admission to the program. This includes providing Head Start information to adults that are legally responsible for the care and well-being of a young child. This process may include the following:
  - a. Referrals from some/all of the following sources: Returning families, former families, Community Partners, other Head Start or child care centers, and community activities/events
  - b. Media advertisements: Radio, banner, pamphlets / brochures, social media, billboards, newspapers, etc.
2. During the recruitment process, the program obtains a number of applications greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services. To determine the number of Head Start eligible children the program must recruit, the following formula is used as a guide:
  - a. Funded enrollment
  - b. Number transitioning out or leaving
  - c. Number of children returning
  - d. Number of new applications needed to reach funded enrollment
  - e. Number of anticipated withdraws throughout the year
3. Recruitment efforts are ongoing throughout the year.
4. The Governing Body and Policy Council members, parents, and staff are actively involved in recruitment efforts.
5. The program implements a Recruitment Timeline to guide the scope, direction, and group/individual responsibilities associated with recruitment efforts. All staff are encouraged to participate in recruitment efforts.
6. Children with disabilities are included in the selection criteria process and applications are entered into a database by appropriate personnel; families are given priority by the number of points received.
7. The Disability Coordinator attends the Local Interagency Coordinating Council meetings where Child Find efforts occur throughout the year.
8. The Disability Coordinator and the ERSEA Specialist ensures placement is not denied throughout the year on the basis of a disability or it's severity when the following criteria are met:
  - a. Parents wish to enroll the child
  - b. Meets age and income eligibility criteria
  - c. Head Start is an appropriate placement according to the child's IFSP/IEP

9. The Disability Coordinator and the ERSEA Specialist ensures that children are not denied enrollment throughout the year as a result of the following:
  - a. Facility accessibility
  - b. Staff unfamiliarity of a disability
  - c. Special equipment/resources needed
10. Throughout the year the Disability Coordinator and ERSEA Specialist in conjunction with all staff, seek to recruit children with severe disabilities.

**Person(s) Responsible:**

HS Director    FSM    ERSEA Specialist    DC    All Staff

**Updated 11/2019**

**ERSEA**

**ERSEA SOP 5**

**Subject: Selection Process**

**Performance Standard:** 1302.14, 1302.60

**Policy:** A program must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment.

**Operational Procedures:**

1. The Selection Criteria Committee meets annually.
2. ERSEA Specialist will conduct the following:
  - a. Reviews and contacts interested parties from the parent surveys
  - b. Sends invitations to each of the parents who indicated that they were interested in participating on the Selection Criteria Committee; provides invitations to community partners, board members and policy council members
  - c. Organizes meeting; a copy of each of the flyers, invitations, preliminary attendee list, or any other information pertaining to the meeting are kept in the Selection Criteria file which is kept on the ERSEA Specialist's computer; minutes of the meeting are located in the Selection Criteria file on the ERSEA Specialist's computer
  - d. Updates the Selection Criteria for the upcoming year
  - e. Presents the new Selection Criteria to Policy Council and the Governing Body for approval
  - f. Adds the new Selection Criteria for the upcoming school year in the Child Plus
3. PMS provides information during the meeting about the community assessment
4. At the Selection Criteria Meeting the upcoming school years' selection criteria are developed in a collaborative manner.
  - a. 1302.14 (a) (3) indicates that the program will give priority to younger children as the program operates in an area where Head Start eligible children can enroll in high-quality publically funded pre-kindergarten
  - b. 1302.14(b) (2) indicates children eligible for services under IDEA should be prioritized for the available slots
  - c. 1302.60 The program selects and enrolls children with disabilities and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.
    - i. Children with disabilities are given points for identified disabilities with an IEP or IFSP in place

**Person(s) Responsible:**

ERSEA Specialist    PMS    HS Director    Selection Criteria Committee

**Updated 6/2018**

**ERSEA**

**ERSEA SOP 6**

**Subject: Waitlist**

**Performance Standard: 1302.14 (c)**

**Policy:** A program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria.

**Operational Procedure:**

1. ERSEA Specialist verifies that the applicant is in the Child Plus.
2. If applicant is already in the Child Plus, applicant's information is updated with current information once file is completed and signed by required individuals.
3. Applicant is placed on the waiting list for the age appropriate program.
4. If applicant or applicant's family are not already in the Child Plus ERSEA Specialist will add the new applicant to the Child Plus.

5. ERSEA Specialist will place applicant on the waiting list for the age-appropriate program.
6. If ERSEA Specialist is provided with new information (i.e. new contact information) on the applicant prior to their enrollment in the program, ERSEA Specialist will update the needed information on the Child Plus.
7. All funded slots will be filled from the waiting list according to the current federal regulation guidelines.

**Person(s) Responsible:**

ERSEA Specialist      FSM      HS Director      PMS

**Updated 6/2018**

**ERSEA**

**ERSEA SOP 7**

**Subject: Enrollment**

**Performance Standard: 1302.15**

**Policy:** A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.

**Operational Procedures:**

1. Head Start:
  - a. Once a child is determined eligible and enrolled in Head Start program the child will remain eligible through the end of the succeeding program year. 1302.12 (j)(1)
  - b. An exception occurs if the program chooses not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start Services.
  - c. If the child attends a third year of Head Start, the child's eligibility must be re-determined prior to the enrollment for the child's third year of Head Start. 1302.15 (b)(1)
2. Early Head Start:
  - a. Once a child is determined eligible and enrolled in Early Head Start a child may remain enrolled until they reach 3 years old or through the completion of the school year after they turn 3 years old
  - b. An exception occurs when/if program elects not to enroll a child when there are compelling reasons for child not to remain in EHS, such as there is a child with a greater need for services based on current selection criteria.
3. A child may be transitioned from Early Head Start into Head Start, if child turns three years old after August 31 based on parent interest, developmental readiness, and availability in Head Start Program. Childs eligibility must be re-determined prior to transition to Head Start
4. When determining eligibility for enrollment into EHS or HS, the program must follow federal guidelines of income allowances for the programs:
  - a. Children that are in foster care or children that are homeless are given priority for enrollment over other children
  - b. All efforts are made to serve all families that are at or below 100% poverty guidelines, before families that fall into the income range of between 101% to 130% above the poverty guidelines
    - i. Up to 35% of actual enrollment for either Early Head Start or Head Start programs may fall into the income range between 101% to 130 % of poverty guidelines
    - ii. Should the program elect to enroll a child who falls into the income range of between 101% and 130% of poverty guidelines, program will document as appropriate.
  - c. All efforts are made to serve families that fall into the income range of between 101% to 130% above the poverty guidelines before families that are above 130% of poverty guidelines
    - i. Up to 10% of actual enrollment for either Early Head Start or Head Start programs may fall into the income range above 130% of poverty guidelines.
    - ii. Should the program elect to enroll a child who falls into the income range of above 130% of poverty guidelines, program will document as appropriate.
  - d. The Program must maintain at a minimum 10% of actual enrollment by mid-year for each program of children with disabilities.
5. A child is enrolled in EHS or HS as follows:
  - a. Vacancy is identified.
  - b. Waitlist will be generated (enrollment priority listing) on the Child Plus.
  - c. Applicant with highest points from Selection Criteria Report is identified, and classroom availability is determined.
  - d. ERSEA Specialist contacts family for enrollment appointment.
    - i. ERSEA Specialist will attempt to call the families three times for an enrollment appointment; this is to be documented in the ERSEA file and on the database system.



- ii. If appointment is made and the family fails to show up, the ERSEA Specialist will make a second appointment. If the family fails to show up for the second appointment, the child may remain on the waiting list, but will be passed over for other applicants.
- iii. If the child is removed from the waiting list, a letter is mailed to the family, stating that their child is no longer on the Head Start waiting list and they must reapply if they are interested in Head Start services.
- e. ERSEA Specialist completes enrollment in Child Plus; Family Service FSA completes remaining required paperwork for enrollment. Both processes are used to further share the program’s philosophy and overall curriculum objectives with parents.
  - i. A variety of topics are reviewed during the enrollment process (see Parent Orientation Checklist and Parent Handbook).
  - ii. Parent Orientation includes information from all content areas, and paperwork is completed.
  - iii. The Parent Handbook provides parents with policy, procedures, philosophy, curriculum goals, guidance, and discipline guidelines.
  - iv. Ed Supervisors, Disability Coordinator, ERSEA Specialist, and MHC are responsible for classroom assignments.
- f. Reserved slots for Homeless and Foster care children 1302.15 (c)
  - i. The program may elect to reserve no more that 3% of the funded enrollment for each of the programs for children or pregnant women experiencing homelessness and children in foster care.
  - ii. If the reserved slots are not filled within 30 days, then the enrollment slot will become vacant and children on the waitlist will be considered to fill the vacant slot within 30 days.
- g. Identify the types of disabilities of enrolled children:
  - i. Emotional/Behavior Disorders, Speech and Language Impairments, Hearing, Impairments/Including Deafness, Mental Retardation, Health Impairment, Orthopedic Impairment, Visual Impairment/ Including Blindness. Learning Disabilities, Autism, Traumatic Brain Damage, Other Impairments

**Person(s) Responsible:**

ERSEA Specialist      FSA      MHC      Ed Supervisors DC      HS Director      FSM      **Updated 7/2020**

**ERSEA**

**ERSEA SOP 8**

**Subject: Returning Children**

**Performance Standard: 1302.15**

**Policy:** The program must make efforts to maintain enrollment of eligible children.

**Operational Procedures:**

Beginning in late winter:

1. ERSEA specialist will determine returning families and send out an “Intent to Return” Form.
2. FSAs prepare returning packets and complete modules on electronic database system for returning children, which are then monitored by appropriate individuals
3. ERSEA Specialist will provide FSAs a list of eligibility via email
4. FSA will review in person with the family the parent orientation checklist, letter of understanding, parent commitment and document on form date of contact.
5. FSA will update child main file and teacher file with current forms.

**Person(s) Responsible:**

ERSEA Specialist      FSA      **Updated 11/2018**

**ERSEA**

**ERSEA SOP 9**

**Subject: Attendance**

**Performance Standard: 1302.16**

**Policy:** The program tracks attendance and absenteeism in order to facilitate regular attendance by all children. Attendance tracking is completed for both EHS and HS programs in order to monitor monthly attendance averages below 85% and/or chronic absenteeism. The program also implements strategies to promote regular attendance. The program must provide information about the benefits of regular attendance as well as contact with families to ensure child’s well-being.

**Operational Procedures:**

1. Classroom staff document daily attendance on hardcopy upon arrival of children (NC Day Care Licensing, CACFP regulations) and document in the Child Plus by 3 pm daily. Children receiving a Head Start mandated

- service off-campus will be marked present offsite (PO, as notated in Child Plus). Should child and family be experiencing homelessness special allowances are to be made to accommodate attendance.
2. ERSEA Specialist collects hardcopy attendance record from each classroom on Mondays and the first day of each month.
  3. Outlying EHS centers will submit attendance to ERSEA by the last day of the week/month.
  4. Incomplete records will not be picked up and it will be the teacher's responsibility to input the completed attendance in the Child Plus and have the attendance sheet to the ERSEA Specialist by 10 am on Monday.
  5. The ERSEA Specialist will email Ed Supervisors and classroom staff regarding incomplete and inaccurate attendance forms.
  6. Each Monday, ERSEA Specialist compares hardcopy and electronic attendance records and reconciles any inconsistencies in cooperation with the classroom teacher and the FSA.
  7. Attendance/ Tardiness Follow Up:
    - a. Each day beginning at 10 am or one hour after program begins, the program will ensure communication between the classroom staff and FSA; classroom staff will inform FSA if a child has unexpectedly not arrived to class.
      - i. If classroom staff have knowledge of reason for child's tardiness or absence for the day they will notate it on the hardcopy of the attendance and in the Child Plus; this would not be reported as an unexplained tardiness or unexplained absence to the FSA.
      - ii. If assigned classroom staff are absent then the Ed Supervisor will report the unexpected tardiness of children to the FSA.
    - b. Once each classroom has been contacted, FSA will make attempts to contact each child's family to discuss the reasons for tardiness or absence. FSA will document each contact or attempt to contact each family on an electronic report and also in the Child Plus. By 2 pm each day, the FSA will email all other FSAs, ERSEA Specialist and FCPM the electronic report.
    - c. FSAs will determine if any child has been absent unexpectedly for two consecutive days. If the reason that the child is absent is known by either classroom staff or FSA this is documented in the Child Plus. If the absence reason is unknown by the program, the FSA will continue attempting to make direct contact with the child's family.
      - i. If the FSA is unable to reach the child's caregiver, then the FSA will contact all of child's emergency contacts to either inquire as to the reason for the child's unexpected absence or to leave a message for the child's caregivers to make contact with FSA.
      - ii. If the program has not made direct contact with the child's caregivers by the end of the 2<sup>nd</sup> day, then the program will make a visit to the home no later than 12 pm on the 3<sup>rd</sup> day.
      - iii. The program will document all attempts to contact child's caregivers, emergency contacts and visits to the home on the attendance tab of the Child Plus.
    - d. On the day following any absence, when the child returns, the teacher communicates with the parent regarding reason for absence(s) and documents on the hardcopy and in the Child Plus.
  8. Attendance data is analyzed to identify the following:
    - a. Two (2) consecutive absences (back to back days or 2 days in a row separated by a weekend.)
    - b. Three (3) absences including back to back days, days separated by a weekend or any three random days within the month.
    - c. Children who have been unexpectedly tardy to the program. Reasons for tardiness are to be noted on the hardcopy by the teacher or ERSEA Specialist (sickness, doctor appointments, transportation, out of town, crisis, etc.).
    - d. Every Monday by 5 pm, FSAs submit attendance reports using the Weekly Attendance Report form in an email message to ERSEA Specialist and the FCPM.
      - i. If no children from an FSA caseload have been absent two or more days the previous week, or if attendance issues are minor/non-consecutive/without patterns or trends, this condition is noted on the report, and report is still distributed.
      - ii. The same form is used reflecting the whole month.
    - e. If a classrooms attendance for the month is less than 85% (analyzed by FSAs, classroom staff and ERSEA Specialist) an Attendance Analysis Report is completed collaboratively by ERSEA, FSA, and classroom staff. Early or late drop-off or pick-up patterns (analyzed by classroom staff).
    - f. If absences are due to a family situation, FSAs work directly with family members to provide additional support/services/referrals as deemed necessary. Documentation regarding additional family services efforts is documented in the Family Service tab of the Child Plus in event actions.

- g. All family contact related to attendance by program staff, whether successful contact is made or not, is documented in the Child Plus.
- h. ERSEA Specialist runs the Monthly Attendance Report (Report #2305 in Child Plus) to determine the children whose attendance fell below 85% for the month.
  - i. If attendance falls below 85% in any month, the FSA contacts the teacher to discuss reasons for absences. FSA will provide printed information on the benefits of regular attendance. This contact is documented in the Child Plus on the Attendance tab.
  - ii. After the second consecutive month of attendance below 85%, FSA conducts a phone conference with parent and discusses and provides printed information on the benefits of regular attendance. This contact is documented in the Child Plus on the Attendance tab.
  - iii. After the third consecutive month and all consecutive months after the third month that attendance is below 85%, program will request FSA contact the parent to schedule an in person attendance conference with the ERSEA Specialist and the FSA to develop a plan to improve attendance. The FSA documents the plan on the Child Plus on the Attendance tab. The plan will be kept in the Attendance Report Notebook. Copies will be provided for parent, classroom staff and FSA.
- i. If a child ceases to attend class FSA, ERSEA Specialist, FCP Manager and/or Education Staff will attempt to reengage the family to resume attendance. If the child's attendance does not resume the program will consider this as a slot vacancy.
- j. Monthly random monitoring of daily attendance record will be completed by ERSEA Specialist and PMS.
- k. Within the first 60 days of the program term program staff will identify children with patterns of absence that put them at risk for missing 10% of the program year. FSA will work with the identified families to provide direct case management as necessary to educate families on the benefits of regular attendance. This will be documented on the Child Plus.
- l. Children who have displayed ongoing attendance issues are brought to the Integrated Management Team Staffing.
- m. The program will make every effort to maintain enrollment of homeless children despite low attendance, location or county residency.

**Person(s) Responsible:**

ERSEA Specialist      FSA      FSM      Classroom Staff      Integrated Team      Ed Supervisors      **Updated 11/2018**

**ERSEA**

**ERSEA SOP 10**

**Subject: Drops and Withdrawals of Children**

**Policy:** The agency will make every effort to share the benefits of the Head Start programs and services before a child is dropped or withdrawn.

**Operational Procedures:**

1. Prior to first day of service, Head Start staff will contact parent/caregiver.
2. If a child never attends or receives 0-5 Head Start services:
  - a. During the first week, the FSA will contact parent/care-giver to determine reasons and interest in program.
  - b. If the parent/Parent/Guardian is no longer interested in a slot, the FSA will complete a Withdrawal Form and submit it to the ERSEA Specialist with parent signature, if possible.
  - c. When the ERSEA Specialist receives the Drop Form, the child will be dropped in the Child Plus.
  - d. ERSEA Specialist will notify the classroom teacher, FSA, EOA and the Integrated Team by e-mail.
  - e. Education staff print a new sign-in/sign-out sheet.
3. If a child has attended and received 0-5 Head Start services:
  - a. The FSA will contact parent/Parent/Guardian to determine reasons
  - b. If the parent/Parent/Guardian is no longer interested in a slot, the FSA will complete a Withdrawal Form and submit it to the ERSEA Specialist.
  - c. ERSEA Specialist then withdraws child from the Child Plus.
  - d. ERSEA Specialist notifies classroom teacher, FSA, Education Operation Assistant, and the Integrated Team by email of all withdrawals.
  - e. Education staff print a new sign-in/sign-out sheet.

**Person(s) Responsible:**

ERSEA Specialist      FSM      FSA      Classroom Staff

**Updated 11/2018**

**ERSEA**

**ERSEA SOP 11**

**Subject: Child Transfer**

**Policy:** The program implements a transfer procedure to insure transfers occur effectively and timely.

**Operational Procedures:**

1. When a vacancy is declared:
  - a. ERSEA Specialist will discuss availability with Ed Supervisors.
  - b. Ed Supervisors, Disability Coordinator, and/or MHC will identify possible children for transfer.
  - c. Ed Supervisors will discuss transfer options with classroom staff.
  - d. Ed Supervisor then notifies ERSEA Specialist of the child recommended for transfer
  - e. The ERSEA Specialist initiates the transfer plan, and passes it to the FSA to discuss with the parents. The transfer plan details when the transfer must be completed. This form must be signed by Ed Supervisors and FSA.
  - f. Program staff will support parent’s acceptance of the transfer plan.
2. If the transfer process is requested by the parent (based on availability)
  - a. The parent is referred to their FSA. The ERSEA Specialist, FSA and the Ed Supervisor will discuss the appropriate placement.
  - b. ERSEA Specialist initiates the transfer plan, and passes it to the FSA to discuss with the parents. The transfer plan details when the transfer must be completed. This form must be signed by Ed Supervisors and FSA.
  - c. Program staff supports parent’s acceptance of the transfer plan.
3. Once the transfer has been approved by ERSEA Specialist, Ed Supervisor, FSA and parent the ERSEA Specialist will email Integrated Team, FSA, classroom staff for both the current classroom and new classroom, of the child's effective start date in the new classroom.
4. Enrollments, transitioning and transfers allow for a two-day transition period.

**Person(s) Responsible:**

FSA    ERSEA Specialist    Integrated Team    Ed Supervisors    Education Staff    **Updated 11/2018**

**ERSEA**

**ERSEA SOP 12**

**Subject: Policy on Fees**

**Performance Standard:** 1302.18

**Policy:** A program will not charge eligible families a fee to participate in Head Start, including special events such as field trips, and cannot in any way condition an eligible child’s enrollment or participation in the program upon the payment of a fee.

**Person(s) Responsible:**

HS Director    ERSEA Specialist    FSM    **Updated 11/2018**

# Program Structure, Staffing and Program Options:

## 1. Determining Head Start Program Structure

## 2. Classroom Staffing

## 3. Program Options

### PROGRAM STRUCTURE, STAFFING AND PROGRAM OPTIONS

PS SOP 1

**Subject:** Determining Head Start Program Structure

**Performance Standard:** 1302.20; 1302.21;

**Policy:** MPP chooses to operate program options that include Head Start 0-5 center-base, pregnant moms, NC Pre-K for four year olds, Extended Day 0-5 daycare, and Early Head Start home-base. All options are modeled to meet the needs of children and families based on community assessment and other planning data in order to deliver the full range of quality services for children and families.

All program options deliver the full range of services, with the exception of home base.

1. Center-base delivers a full range of services, consistent with Education and child development services that are delivered primarily in classroom settings
2. Ratios and group size requirements are followed
3. Service duration requirements are followed
4. Licensing and square footage requirements are followed
5. Home base delivers the full-range of required services through visits in child's home setting and group socialization.

**Person(s) Responsible:**

HS Director                      Integrated Team

### PROGRAM STRUCTURE, STAFFING AND PROGRAM OPTIONS

PS SOP 2

**Subject:** Classroom Staffing

**Performance Standard:** 1302.20; 1302.21; 1302.23 (b)

**Policy:** The program provides quality care for children while maintaining child / staff ratios according to state and federal regulations. Facilities meet licensing requirements including Head Start Performance Standards and NC Division of Child Development. When requirement variations exist, the most stringent provision takes precedence.

**Operational Procedures:**

1. Classroom ratios are maintained in spite of unscheduled absences (i.e. sickness, death in family, etc.) by retaining documented staffing patterns to cross-reference with substitutes' schedules.
2. Ratios and group size follows the requirements and does not exceed the limits specified in the Head Start Performance Standards. (1302.23
3. An active substitute list is maintained to provide quality of care necessary for child and staff ratios.
4. Scheduled classroom absences are planned well in advance (2 weeks) using the Leave Request Form and submitted to the Ed Supervisor.
5. The Ed Supervisor and Education Team discuss leave requests, training sessions, etc. weekly and make necessary staffing arrangements as far in advance as possible. The Education Assistant makes daily adjustments to staffing plans as necessary and notes daily plans on NH 2 white board near reception area and upstairs exit.
6. Management and classroom staff are responsible for scheduling all individual training sessions, special events, planned vacations, etc. with the Education Team to ensure an appropriate number of staff / and substitutes are available to maintain required ratios.
7. The FCOS and Ed Manager and Supervisors coordinate the use of volunteers for routine activities, field trips, special events, etc. Parents are encouraged to visit their child's classroom and volunteer as much as possible.
8. Staff who request time for other activities beyond their regular classroom work assignment need to fill out and submit a "Classroom Staff Participation Form" that states event type, training, meeting or personnel activity; form is submitted to Ed Supervisors. The CSP form needs to be completed and submitted at least 7 working days prior to the event.
  - a. After Ed Supervisor Approval, the form is forwarded to the Operations Assistant who is responsible for scheduling classroom coverage.

**Person(s) Responsible:**

**PROGRAM STRUCTURE, STAFFING AND PROGRAM OPTIONS****PS SOP 3****Subject: Program Options****Performance Standard:** 1302.21; (c)

**Policy:** The program provides a variety of program options to meet families' needs. Program options are coordinated through the ERSEA Specialist. All program options deliver the full range of Head Start services including NC Division of Child Development licensing requirements.

**Operational Procedures:**

OPTION 1/ EHS 0-3	
M-F YEAR ROUND	9:00 am-3:00 pm
Parents Transport children to NH and PH Centers	

OPTION 2/ Extended Day 0-5	
M-F YEAR ROUND	7:30-9(EHS)3-5:30
Subsidy Voucher Required/ Parents Transport children to NH center	

OPTION 3 / HEAD START 3-5	
M-F for 9 months	8:45 am-3:15 pm
Parents responsible for transportation to NH1 or NH2 (possibility of bus in NH1)	

OPTION 4/ NC PRE K (4+ years)	
M-F 180 days	8:45 am-3:15 pm
Must meet eligibility guidelines, parents transport for NH2 and Bus provided in NH1	

OPTION 5/ Birth to 5 Private Pay	
M-F year round	7-30-5:30
Subsidy Voucher Required/ Parents Transport children to NH	

OPTION 6/ Home Based0-3/ Preg Moms	
Home Based 0-3- minimum of 46 home visits and 22 socializations per year	
Pregnant Moms- services during pregnancy, child attends at 6 weeks.	

**Person(s) Responsible:**

HS Director

Integrated Team

ERSEA Specialist

**Updated 11/2019**

## **EXTENDED DAY CHILD CARE SERVICES:**

- 1. Parent Vouchers**
- 2. Parent Fee Billing**
- 3. Parental Rights and Responsibilities**
- 4. Transition of children to and from extended day services**

### **EXTENDED DAY CHILD CARE SERVICES**

**EXT SOP 1**

#### **Subject: Extended Day Child Care Vouchers**

**Performance Standard:** 1302.18(b)(1); North Carolina Subsidized Child Care Services Manual, Chapter 4

**Policy:** MPP provides extended day childcare services for parents with children aged birth to five, who meet subsidized childcare employment and schooling requirements. Referrals are given to qualified parents for a childcare voucher through the Macon Department of Social Services (DSS). Vouchers are issued by DSS based on monthly gross income, family size, and hours of care needed.

#### **Operational Procedures:**

##### **Criteria for Extended Day Referrals:**

1. Parents who are receiving Head Start or Early Head Start services may be eligible for extended day services if they are employed or participating in educational activities. When parents become employed or begin participating in educational activities, and are in need of subsidy extended day services, they are to request a referral from the PMS(PM Specialist) in order to receive a voucher from DSS.
2. Parents are to submit employment or school verification to PMS prior to referral to DSS
3. Extended day service referrals will be written only for those children and families with special needs that justify full day services or to those children whose parents are employed or in job training with no Parent/Guardian present in home.
4. Extended day service referrals may also be written for children under protective services through DSS who reside with a relative, non-relative, or foster parent, for whom extended day services are needed to support child welfare services or allow the guardian to work or attend school or job-training activities that lead to employment.
5. The family applying for subsidized extended day childcare services must meet income eligibility requirements in order to be approved for services unless the service is available without regard to income. This is determined through DSS.
6. Most families eligible for subsidized extended day childcare will be required to pay a parent fee, based on the family's income and family size. Specific information on parent fees can be found in EXT SOP 2.

##### **Acceptance of Vouchers:**

1. In order for the ERSEA Specialist or PM Specialist to accept a voucher from DSS, all required components of the voucher must be completed by DSS Child Care IMC.
2. The parent or adult with whom the child lives' name, address, and phone number are in the first section of the voucher, along with the child's name, date of birth and other demographic information.
3. The DSS Child Care Social Worker will determine the dates of eligibility for care. The standard eligibility period is 12 months, but may be abbreviated for special circumstances such as seeking employment or education and training schedules.
4. DSS establishes the monthly parent fee based on annual income and family size. Reimbursement fees are determined for full-time,  $\frac{3}{4}$  time and/or  $\frac{1}{2}$  time based on the parent's hours of employment or education and/or training schedule, and reasonable travel time. All parent fees are based on either full time (summer care for Head Start aged children) or  $\frac{3}{4}$  time due to state legislature.
5. Parent's hours of employment and / or education and training schedule also determine the days and hours childcare is authorized for.
6. The parent or responsible adult must sign the voucher; it is a contract between them and the DSS.
7. The voucher is sent to the provider via the Provider Portal on NCFast (online). Upon receipt, the provider can either approve or deny the voucher. An approval is the electronic signature of the provider. No original copies need to be mailed back to DSS.
8. Once the PM Specialist accepts and completes voucher, a copy is given to the Finance Clerk
9. The PM Specialist will notify the parent, classroom staff, FSA and Ed Supervisor of voucher begin date and hours.
10. PM Specialist notifies Family FSAs 30-days in advance of voucher expiration dates.

11. DSS notifies the PMS whether or not the voucher is reapproved or if services are terminated via the Provider Portal on NCFAS.
12. The ERSEA Specialist or PMS notifies the DSS Subsidy IMC when there are changes in work / education hours which may affect hours of care needed. Earlier / later hours are only provided given there is appropriate staff available.
13. Once extended day slots are full, ERSEA Specialist will add the families on the waiting list and place child in extended day services according to classroom availability.

**Person(s) Responsible:**

ERSEA Specialist      FSA    PMS

**Updated 7/2021**

**EXTENDED DAY CHILD CARE SERVICES**

**EXT SOP 2**

**Subject: Parent Fee Billing**

**Performance Standard:** 1302.18(b)(1)

**Policy:** MPP provides extended day childcare services for parents with children ages birth to five, who meet subsidized childcare employment and training requirements. All parents, with some exceptions, are assessed a parent fee based on annual gross income, family size, and hours of care needed.

**Operational Procedures:**

1. When the PM Specialist approves a voucher for a parent, and enrolls child in the extended day program on CP.
2. At the end of the month, the ERSEA Specialist records the monthly attendance NCFAS prior to the 5<sup>th</sup> day of the month.
3. The Finance Clerk sends the bill to the parent by the 15<sup>th</sup> of the month; payment is due by the first day of the following month. If payment is not received by the first business day, the family is not eligible for subsidized extended day services, and may only attend Head Start or Early Head Start hours. If the child attends extended hours before payment is made, the parent will be billed the private pay rate for those days.
4. Parent fees may be paid Monday-Friday, between 8:00AM and 5:00PM. Fees can be paid daily, weekly, or monthly, as long as it is prior to the bill due date. If unpaid by the due date, fees must be paid in full. Fees may be paid by cash or check. The front desk can only accept cash for the exact fee amount, there is no provision for giving change; parent can also request that the change, if applicable, be credited toward the following month. If the parent is unable to pay the parent fee, they must contact the Financial Director to arrange a payment plan.
5. There are no reductions in fees for sickness, vacations, or center closings.
6. If payment is not received, the PM Specialist notifies the HS Director.
7. There will be a \$30.00 fee for all returned checks.
8. All late fees and/or returned check fees must be paid in full at the time of the next parent fee due date. Payment will only be received in cash after a returned check.
9. If the parent fee is not received by the 10<sup>th</sup> of the month, the extended day voucher is terminated.
10. The PM Specialist sends a notice to DSS to terminate the voucher for non-payment of fees.

**Person(s) Responsible:**

ERSEA Specialist      Finance Clerk      PMS

**Updated 7/2021**

**EXTENDED DAY CHILD CARE SERVICES**

**EXT SOP 3**

**Subject: Parental Rights and Responsibilities**

**Policy:** MPP provides extended day childcare services to all interested families, with children ages birth to five who meet subsidized childcare requirements, and are considered for the eligibility and selection process. Parents receiving childcare services have certain rights and responsibilities while their children are enrolled in the program.

**Performance Standard:** North Carolina Department of Health and Human Services, Subsidized Child Care Services Manual, Ch. 9, Parental Choice and Voucher Procedures; Performance Standard 1302.18(b)(1)

**Operational Procedures:**

**Parental rights and responsibilities are listed on the childcare voucher. Rights include the following:**

1. To select the child care provider for their children;
2. To have information about the family on the voucher kept confidential by the provider;
3. To have access to their children while in care;
4. To request a hearing if the parent disagrees with the decision about childcare assistance.
5. Receipt from MPP of a statement of parent fees paid, for annual income tax filing. MPP will issue the statement no later than January 30 of each year.



## Responsibilities of the parent receiving childcare services are:

1. To pay extended day parent fees by the first day of the month for the upcoming month. Accounts not paid by noon on the first business day of the month will be unable to use extended day hours. Fees must be paid by the 10<sup>th</sup> of each month; if not paid, PMS will turn accounts in to DSS for termination. Parents will receive a letter of termination.
2. To pay MPP if receiving child care services after becoming ineligible for assistance, or for any child care not approved by the voucher;
3. To report all changes that may affect eligibility for childcare services to the MPP ERSEA Specialist within 10 working days; and also repay all childcare assistance after a change occurred if the change was not reported on time.
  - a. All parents receiving subsidized childcare, extended day services are required to sign a Letter of Agreement. A copy of the agreement is given to the parent and the original is maintained in the child's permanent record.

### Person(s) Responsible:

ERSEA Specialist

Finance Clerk

PMS

Updated 9/2017

## EXTENDED DAY CHILD CARE SERVICES

EXT SOP 4

### **Subject: Transition of children to and from extended day services**

**Performance Standard:** NCDCDEE General Statute 110-91(7) & Child Care Rule .0712

**Policy:** The program provides quality child care while maintaining child/ staff ratios according to state and federal regulations.

### **Operational Procedures:**

#### Formation of Extended Day Ratio sheets

1. Extended day ratio sheets are created by Ed Supervisors assigned to NH2 and NH3.
2. Supervisors generate ratio sheets based on monthly voucher reports received from Monitoring Specialist. Only children who have voucher hours before 8 AM and after 4PM are included.
3. Supervisors assign children to staff members based upon age to maintain the enhanced standards of the NC Star Rating system.
4. Ratio sheets are reviewed and/or updated monthly.

#### Arrival Procedures

1. Children arriving to MPP prior to their primary caregivers shall report to a designated common area- classroom, atrium. Designated staff shall highlight their name and write in arrival time on the extended day ratio sheet.
2. Upon arrival primary caregiver staff shall report to common areas with their attendance sheet. Staff will gather the children from their classrooms who are present and write AM staff in Drop off signature column on attendance sheet. Staff will then escort children to their assigned classrooms.
3. All extended day ratio sheets are stored in a designated file drawer in a common area.

#### Departure Procedures

1. PM staff refers to staff responsible for care of children after 4PM
2. Lead teachers are responsible for ensuring the safe transition of their children to extended day afternoon care. Teachers shall write - PM staff -in the pickup column on the attendance sheet. Teachers shall highlight remaining children on a second separate attendance sheet. The highlighted attendance sheet is to be given to designated PM staff.
3. PM staff will highlight children in attendance on extended day ratio sheets. PM Staff will write in departure times on extended day ratio sheets.
4. Should a child depart before being turned over to PM staff- departure time will be noted on both attendance sheets and designated staff shall verbally inform PM staff of the departure.

### Persons responsible

Ed Manager Ed Supervisors Teaching Staff

Updated 11/2019

## **EDUCATION & EARLY CHILDHOOD DEVELOPMENT:**

1. Curricula
2. Developmental and Behavioral Screening
3. Developmental Ongoing Assessment

4. **Child Work Portfolio**
5. **Individualization**
6. **Dual Language Learners**
7. **Parent and Family Engagement in Education and Child Development Services**
8. **Home Visits – Center Based**
9. **Parent/Teacher Conferences**
10. **Home-Based Visits and Socializations**
11. **Supervision of Children**
12. **Child/Staff Interactions**
13. **Fostering Trust and Emotional Security**
14. **Child Guidance and Discipline**
15. **Learning Environments**
16. **Materials for Space and Learning**
17. **Learning Experiences**
18. **Use of Media and Technology**
19. **Staffing**
20. **Safe Arrival and Departure of Children**
21. **Promoting Learning Through Approaches to Rest**
22. **Promoting Learning Through Approaches to Routines, Including Diapering, Toileting, Changing Clothes, and Hand Washing**
23. **Personal Items Brought Into the Center**
24. **Holiday Celebrations**
25. **Field Trips**
26. **Child’s Classroom File/School Readiness Notebook**
27. **End of School Year Classroom Shutdown**
28. **Aquatic Activities**
29. **Program Licensure Compliance**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 1**

**Subject:** Curricula

**Performance Standard:** 1302.30, 1302.32, 1302.35, 1302.21

**Policy:** The program implements developmentally appropriate research-based early childhood curricula for center-based and home-based program options and the pregnant women program.

**Operational Procedures:**

Curricula used are:

1. Commercially developed products;
2. Based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;
3. Aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and state early learning and developments standards, Foundations: NC Early Learning Standards.
4. Organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progression and how children learn

## Center-based

1. The Creative Curriculum for Preschool, sixth edition
2. The Creative Curriculum for Infants, Toddlers and Twos, third edition

## Home-based (EHS)

1. The Parents as Teachers Foundational Curriculum

## Pregnant Women

1. Partnerships for Healthy Babies

The program supports staff to effectively implement curricula through fidelity monitoring of curriculum implementation, providing feedback, supervision, and a system of training and professional development for continuous improvement.

### Persons Responsible:

Teaching Staff

Ed Supervisors

Ed Manager

Updated 2019

## EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

ED SOP 2

### **Subject: Developmental and Behavioral Screening**

**Performance Standard:** 1302.33 (a); 1302.33 (b)

**Policy:** The program maintains a timely and systematic approach toward screening to identify children that may require a formal evaluation of their developmental needs. In collaboration with each child's parent and within 45 calendar days of the child's entry into the program, staff will administer the BRIGANCE Development Screening Tool and obtain a DECA Screen from parents.

Both screening tools are research-based and developmental standardized. BRIGANCE and DECA tools are available in English and Spanish.

### **Operational Procedures:**

#### **Screening Process**

1. Family Service FSA (FSA) staff informs parents of the screening and assessment process and obtains family consent during the enrollment and orientation process.
2. Staff discuss screening results with parents at first Parent/Teacher conference. **At time of entry of P/T conference event, staff enter parent notification in Child Plus under screening event.** (See instructions for entering parent notification in School Readiness Notebook)

### **BRIGANCE**

1. Teaching staff administer the Brigance during the first 45 days of a child's entry into the program. Late August screens are conducted for re-enrolling children that are in attendance during the summer. Completed August screens are routed to the Ed Supervisors who will redistribute to appropriate receiving classrooms at the beginning of the new school year.
2. As needed, designated staff will assist in administering the appropriate Brigance screen to children who speak a language other than English.
3. Staff score Brigance screens and submit to Ed Supervisor. Staff turn in entire classroom of screens at one time to supervisor. Staff discuss screening results with parents at first Parent/Teacher conference.
4. The Ed Supervisors and PMS will conduct monitoring of compliance for the 45-day timeline.
5. Education Supervisors enter the Brigance screens with a **pass** score into Child Plus as an "Education Event" (Event Date, Status of "Pass", Score in description box, and Agency Worker -current Lead Teacher). After entry, Education Supervisors route passed Brigance screens back to classrooms. Teachers place Brigance screens in School Readiness Notebook (SR Notebook). **Teaching staff use Brigance information in planning for individuals and groups of children.**
6. Ed Supervisors route failed Brigance screens to Disability Coordinator.
7. After review, Disability Coordinator enters the failed Brigance screens into Child Plus as an "Education Event" (Event Date, Status of "Needs Rescreened- Failed First", Score in description box, and Agency Worker -current Lead Teacher) and with a referral.
8. After CP entry, Disability Coordinator send Brigance screens that are marked for rescreen back to classrooms with rescreen date/timeline. Teachers review, then place Brigance screens in SR Notebook. **Disability Coordinator monitors rescreen timeline completion.**
9. Teaching staff complete Brigance re-screens within the second 45day timeframe. All Brigance re-screens are routed to Education Supervisors. Education Supervisors enter passed rescreens and route failed second re-screens to Disability Coordinator for entry and/or action into Child Plus.

### **DECA**

1. Staff work with parents to complete the DECA Record Form within the 45-day timeframe. For any reason, if the family cannot complete the DECA the teacher will fill out based on their knowledge of the child to meet the 45-day requirement. Spanish DECA forms are available to parents as needed.
2. Teachers route DECA screening forms to Behavior Support Specialist (BSS) for scoring. Staff turn in entire classroom of screens at one time to BSS.
3. BSS score and enter DECA results into Child Plus as an “Education Event” (Event Date, Status of pass or needs rescreen-failed first, Score, listed in description box, and Agency worker -current Lead Teacher). BSS will complete a DECA Individual Profile for each child and from those, generate a DECA Classroom Profile for each classroom and Education Supervisor. BSS return DECA screens back to classrooms to discuss with teacher(s) which children will need a rescreen by the teacher within the second 45 days. **BSS will conduct monitoring of compliance for the 45-day timeline and rescreen timelines.**
4. After review with Behavior Support Specialist, teachers place returned DECA screens and the DECA Classroom Profile in SR Notebook. **Teaching staff use Classroom Profile to aid individual and group planning.**
5. Teachers complete DECA re-screens within the second 45 day timeframe and route rescreens to BSS for scoring and entry into Child Plus. The BSS routes all second failed DECA rescreens to Mental Health Consultant for action.

**Person Responsible:**

Teaching Staff Family FSAs Ed Supervisors Ed Manager BSS DC MH Coord. **Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 3**

**Subject: Developmental Ongoing Assessment**

**Performance Standard:** 1302.33 (a); 1302.33 (b)

**Policy:** Each child is assessed using the ongoing educational assessment tool, Teaching Strategies GOLD (TSG), for supporting individual children and program outcomes. The results of the ongoing assessment are used to help scaffold children’s learning and to provide for individualization. TSG assessment are research-based and developmental standardized.

**Operational Procedures:**

**Assessment Process:**

1. All children will be assessed in areas of development and learning consistent with the assessment tool, which is aligned to The Head Start Early Learning Outcomes Framework and North Carolina Foundations for Early Learning and Development.
2. Children will be assessed using Teaching Strategies GOLD online system. Quarterly checkpoints for assessment will be determined by the beginning of each program year.
3. Teachers plan experiences that will give them opportunities to observe and record the children’s skills. Observations and work samples will be collected documenting child progress on a regular basis by teaching staff with all updates to be completed by quarterly checkpoints.
4. Teaching staff use a variety of methods to document supporting observations notes for each child including: observations, checklists, monthly child portfolio work (e.g., artwork, writing samples), pictures, video clips, and “on the spot” entries. All children will receive a minimum of one recorded observation in every learning objective each quarter. Based on recorded documentation, teaching staff complete finalized checkpoints quarterly in accordance with program checkpoint dates.
5. Assessment information is shared with parents at home visits and/or parent/teacher conference using the Report Card Form generated from TSG. Families and staff use The Report Card to set learning goals and identify next steps for school and home (Individualized Curriculum). The parent sign the teacher’s copy of the Report Card and a second copy is left with the parent. **Assessment information is printed in Spanish as needed.** The signed copy is placed by the teacher in the SR Notebook and is used for individualized lesson planning. Teachers record Report Cards in Child Plus under Individualized Curriculum.
6. Teaching staff run a Class Profile quarterly after each checkpoint for analysis and individual and group planning. The Ed Manager or designee will run TSG program outcomes reports to share with governing bodies and guide continuous program improvement.

**Person Responsible:**

Teaching Staff Family FSAs Ed Supervisors Ed Manager **Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 4**

**Subject: Child Work Portfolio**

**Performance Standard:** 1302.33 (b)

**Policy:** As part of the assessment process, teaching staff collect concrete samples of work by children such as artwork, writing samples, pictures, dictated stories, and other items as determined by the program as part of the portfolio.

**Operational Procedures:**

1. At the beginning of each school year, teaching staff set up a portfolio for each enrolled child.
2. Monthly items are added that support assessment documentation in the developmental areas.
3. Items selected represent the child’s progress throughout the year. Samples of items to include are, but not limited to, the following (refer to portfolio guide provided per school year):
  - a. Photographs or series of pictures that show the child’s developmental progress.
  - b. Children’s drawings, paintings, and collages.
  - c. Children’s scribbling and writing attempts.
  - d. Recordings of children’s stories, questions and comments.
  - e. Checklist and other items from Portfolio Checklist
4. Teaching staff use portfolio items as a documented source for TSG observation notes.
5. The portfolio is given to the family at the end of the program year.

**Person Responsible:**

Teaching Staff

Ed Supervisor

**Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 5**

**Subject: Individualization**

**Performance Standard:** 1302.31 (b)(1)(iii); 1302.33 (b)(2)

**Policy:** Education services are individualized to meet each child’s unique characteristics, strengths, pattern of development, and learning based on classroom observations, ongoing developmental assessment, and/or in consultation with the family. The program ensures the full and effective participation if all children with disabilities.

**Operational Procedures:**

1. Staff gather information about each child’s preferences and interests, developmental level, special needs, language, and cultural background. Information is gathered through conversation with families, Parent In-Put into the Curriculum, screening, ongoing assessment using TSG, and in coordination with family service, mental health, health, nutrition, disabilities services, and enrollment staff.
2. Information gathered about individual children is used to create a learning environment appropriate for each child, and to plan daily activities that build on each child’s interests/needs to promote individual growth.
3. Staff modify classroom instruction based on the individual needs of each child. Modifications may include providing environmental support, modifying materials, modifying activity, and/or providing adult support. Modifications to daily activities and changes to the environment are documented on the Lesson Plan.
4. Individualized instruction is embedded throughout the day during child initiated, planned, and routine activities.
5. Staff individualize and modify instruction to meet the needs of children with identified special needs.
6. Staff document individualization for children in the Individualization areas on Lesson Plans with child initials.

**Person Responsible:**

Teaching Staff

Ed Supervisors

Ed Manager

DC

**Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 6**

**Subject: Dual Language Learners**

**Performance Standard:** 1302.31(b) (2)

**Policy:** Teaching staff provide opportunities and experiences that focus on both English language acquisition and the continued development of the home language.

The program supports bilingualism and bi-literacy as a strength and implements researched based teaching practices that supports their development.

**Operational Procedures:**

Teaching staff have access and utilize the strategies outlined in the following resources:

1. Creative Curriculum Sixth Edition (Volume 1, The Foundation, Chapter 1) How Children Develop and Learn, English and Dual-Language Learners (pages 43-46)
2. Creative Curriculum for Infants, Toddlers and Twos Third Edition (Volume 1, The Foundation, Chapter 1) Knowing Infants, Toddlers and Twos, Dual Language Learners (pages 33-34)
3. NC Foundations for Early Learning and Development (p.149-154)
4. Early Childhood Learning & Knowledge Center- Dual Language Toolkit Tip Sheets, [ECLKC.ohs.acf.hhs.gov](http://ECLKC.ohs.acf.hhs.gov)

**Persons Responsible:**

Teaching Staff      Ed Supervisors      Ed Manager

**Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 7**

**Subject: Parent and Family Engagement in Education and Child Development Services**

**Performance Standard:** 1302.34

**Policy:** The program structures education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education. The program offers opportunities for parents and family members to be involved in the programs education services.

**Operational Procedures:**

Center-based settings are open to parents during all program hours. Parents and family members have opportunities to volunteer in the class and during group activities. Parents receive information about volunteer opportunities through personal contacts, notes home, and Remind Communication System

1. Teaching staff regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior.
  - a. Staff communicate regularly with families at arrival/departure times, bus routes, and during classroom visits to share child information and to gain families' observation and insights of their children.
  - b. Infant (18 months and below) staff communicate with families on a daily basis regarding infants' activities and shared care-giving issues through home correspondence (Communication Folders, Cuddle Gram, etc.)
  - c. Toddler (24 months and above) and Pre-School staff communicate with families on a weekly basis regarding children's activities and any changes in classroom rules or routines through home correspondence (Classroom Weekly Letter and Communication Folders) unless otherwise requested by the parent.
  - d. Daily/weekly communications are not intended as a means of addressing major concerns or problems.**
  - e. The program utilizes a variety of established alternative means of communication with parents (e.g., communication folders, mailboxes, automated telephone system, bus contacts, e-mail, etc.).
  - f. Program staff inform families about community events sponsored by local organizations, such as exhibits, concerts, storytelling, and theater intended for children through newsletters, handouts, and listings on calendar of events, posters etc.
2. Teaching staff conduct a minimum of two home visits and two parent/teacher conferences per child each program year. Home Visits and Parent/Teacher Conferences are used to discuss child development and educational progress and provide opportunity for families to set goals for their children, learn about the curricula, and make suggestions. Suggestion boxes are also located at each building site.
3. Teaching staff provide parents with resources and strategies to support the child's development growth and education at home and at school. Families are provided weekly home activities that promote family engagement and support school readiness goals.

**Person Responsible:**

FSM      FSA      Teaching Staff      Ed Supervisors      Ed Manager

**Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 8**

**Subject: Home Visits - Center Based**

**Performance Standard:** 1302.34(b) (7)

**Policy:** The program ensures that teaching staff in center-based programs conduct two home visits per program year for each family to engage the parents in the child's learning and development, and when feasible, one before the program year begins.

**Operational Procedures:**

Teaching staff:

1. Contact parent to arrange home visit time (arrange Spanish speaking staff to accompany them to help with translation as needed).
2. During the home visit, staff spend time getting to know the family along with sharing and gathering any necessary information. Staff completes the Home Visit Form and gains parent signatures.
3. After the home visit, teaching staff enter the date of the visit into Child Plus as an Education Event. The original report is turned in to assigned Ed Supervisor for review and monitoring. After review by the supervisor, the home visit reports are routed back to the classroom for filing in each child's individual classroom file.
4. If the family is not at home at the time of the visit, the teachers leaves a "Sorry I Missed You " door hanger and contacts the family to reschedule the visit for another time.

5. Every effort is made to conduct the home visit in the child's home. If the family refuses the home visit, another safe location that affords privacy can be made at the parent's request. Documentation of family request and approval from Ed Supervisor or Ed Manager is required.
6. If a visit to the home presents significant safety hazards for the staff, then the visit may be conducted at the center or other location where the family feels comfortable and affords privacy to the parent. Prior approval and documentation is needed from the Ed Supervisor or Ed Manager.

**Person Responsible:**

Teaching Staff                      Ed Supervisors                      Ed Manager                      **Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 9**

**Subject: Parent-Teacher Conference**

**Performance Standard: 1302.34(a)(3)**

**Policy:** Parent/Teacher conferences are scheduled two times a program year to discuss child development and educational progress.

**Operational Procedures:**

1. Teaching staff arranges two (2) parent-teacher conferences (more if needed) with each child's family during the school year to be conducted in the classroom or center. Teaching staff schedule Parent/Teacher conferences to take place in conjunction with the screening and assessment information.
2. When needed, after scheduling conference with families, staff contact and arrange for Spanish speaking staff to join the conference to help with translation.
3. During the conference, teaching staff discuss the child's education and development progress and activities in the program (see SOP 1-2).
4. Teaching staff complete the parent/teacher conference report using information gathered during the conference. The teacher enters the P/T conference date into Child Plus as an Education Event and submits the completed original report to their assigned Ed Supervisor. At time of entry of P/T conference event, staff enter parent notification in Child Plus under screening event.
5. The Ed Supervisors reviews and monitors the P/T Conference completion and parent notification, then routes the forms back to the teacher for filing in each child's classroom file folder.

**Person Responsible:**

Teaching Staff                      Ed Supervisors                      Ed Manager                      **Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 10**

**Subject: Home Based Visits and Socializations**

**Performance Standard: 1302.35; 1302.22**

**Policy:** The program supports a home-based program option that provides home visits and group socialization activities that promote secure parent-child relationships and helps parents provide high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. Group socializations are structured to provide age appropriate activities for participating children that are intentionally aligned to school readiness goals, the Head Start Early Learning Outcomes Framework: Ages Birth to Five, and the home-based curriculum.

**Operational Procedures:**

**1. Home-Based Curriculum**

The program utilizes the Parents as Teachers® Foundational Curriculum (PAT) as it's theoretical framework and resource base for best practice. The curriculum goal is to increase parent knowledge of early childhood development and improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and to increase children's school readiness and school success. Home-Based staff plan and deliver services that emphasize; Parent-child interaction, development-centered parenting, and family well-being. The curriculum aligns with the HSELOF.

**2. Home-Based Program Design**

A trained Home-Based educator delivers home-based services. The program ensures that the home-based educator is bilingual and is able to effectively communicate with the parents directly (or when necessary, through an interpreter). Home visits are planned jointly by the educator and parents as a means to support the parent's role as their child's teacher and the parent-child relationship. The Home-Based educator incorporates information from ongoing assessments to individualize learning experiences and engage parents in observing and helping their child's progress toward learning goals and uses research-based strategies and activities for children who are dual language learners.

Home visits are conducted weekly at 90 minutes each visit with approximately 46 home visits occurring during a full year enrollment. The home visits are only conducted with the parents and not with babysitters or other temporary caregivers. Scheduled home visits canceled by the educator or program are made up in collaboration with the parent's schedule or at the end of the school year. To the extent possible, attempts are made to make up planned home visits canceled by the family. Home visits are not replaced for medical or social service appointments to meet the Head Start Performance requirements.

### **3. Home Visit Experiences**

Home visit plans are age and developmentally appropriate, are structured with child-focused learning experiences, and are culturally and linguistically responsive to the families served. Strategies and activities are planned to support parents on how to use the home as the learning environment by using everyday activities and routines as opportunities for healthy growth and development. The home educator conducts follow-up with the families to discuss learning experiences provided in the home between each visit, address concerns, and provide strategies to promote progress toward school readiness goals. The PAT Foundational Personal Visit Plan is utilized for planning home visits.

Developmental screenings and assessments are conducted in the home with parent participation. The home-based educator informs the parents about the purposes of and the results from screenings and assessments, discuss their child's progress, and sets learning goals.

### **4. Socializations:**

The Home Based option provides 22 group socializations activities distributed over the course of the program year. Group socializations are planned with families input, and are conducted with both child and parent participation. Socialization experiences encourage parents/families to share experiences related to their child's development with other parents in order to strengthen parent-child relationships and to help promote parent's understanding of child development

Socializations may occur at the program facility, community facilities, or field trip setting as appropriate. The program ensures that group socializations occurring on program facilities/areas meet the safety standards outlined in 1302.47 1 ii-viii. Scheduled socializations canceled by the educator or program are made up in collaboration with the parent's schedules or at the end of the school year. The Home-Based Educator completes a Socialization Plan and attendance sheet for each socialization.

The Education Manager tracks home visit and socialization completion.

#### **Person Responsible:**

Home Visitor

Ed Manager

Updated 7/2021

## **EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 11**

### **Subject: Supervision of Children**

**Performance Standard:** 1302.47(b) (5 (ii) & (iii); NCCC rule .0714 &.0509; ECLKC- Active Supervision

**Policy:** All teaching staff and other relevant program staff provide sufficient, active and appropriate indoor and outdoor supervision to protect children's safety.

### **Operational Procedures:**

Teaching staff and other relevant program staff shall:

1. Maintain visual supervision of children at all times. **No child will be left alone or unsupervised.**
2. Maintain appropriate teacher/child ratios during all activities. Two staff members shall be present with each group of children at all times. Staff that leave the classroom/playground for any reason must notify other staff in the room/playground to ensure proper coverage and supervision.
3. Know the exact count of children at all times. Hard copy attendance taken as children arrive/depart. Staff take attendance sheet outside during playground time.
4. Have an awareness of the whole group when working with one child or a small group. Staff visually scan classroom, playgroups and play areas being aware of potential trouble spots. Staff position themselves to see as many children as possible, positioning and repositioning themselves as the children move throughout the environment.
5. Set up classroom environments so that visual supervision of play areas is not difficult, for example, eliminate "blind spots" or running paths.
6. Supervise infants and toddlers by sight and sound at all times. Sides of cribs checked to ensure that they are up and locked. All staff are aware of, and positioned so they can hear and see, any sleeping children, especially when they are engaged with children who are awake. Sleeping infants are checked on and status recorded on child's sleep chart (see SIDs policy).
7. Adjust supervision to meet differing requirements of activities, ages, and abilities.



8. Remove/report broken toys or other dangers immediately. Designated staff inspects outdoor premises prior to each use by children. Staff take appropriate safety actions for outdoor equipment such as frost or dew on the equipment that might cause slipping or hot slides or surfaces that could cause burns. Ensure that drinking water is available.
9. Position themselves in “playground zones”. Visual supervision maintained including secluded play areas, tunnels, playhouse, and areas of high traffic and high mobility areas. Staff avoid standing or sitting together in a group to socialize with each other.
10. Ensure that children are appropriately dressed (including shoes) for warm or cold weather conditions. Staff check children often for signs of danger, such as over heating or very cold hands. Classrooms maintain a supply of extra clothing in the classroom and ensure that children’s jackets are zipped/closed and hats/gloves/mittens are on children as dictated by the weather.
- 11. Use of personal cell phones or other devices (for making or receiving calls or text messaging) during supervision responsibilities indoors and outdoors is prohibited.**

**Persons Responsible:**

Teaching Staff, Ed Supervisors Ed Manager **Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 12**

**Subject: Child/Staff Interactions**

**Performance Standard:** 1302.30; 1302.31 (b) (1); 1304.16; NC Child Care Handbook 110-91-10

Ref: Creative Curriculum, Abecedarian Approach Manual, CLASS and ECER-R / ITERS-R

**Policy:** All interactions between children and adults will be respectful and supportive of each child’s gender, culture, language, ethnicity and family composition.

**Operational Procedures:**

Teaching Staff will:

1. Greet each child warmly.
2. Actively listen to children and observe non-verbal communication.
3. Physically place themselves at the children’s eye level while interacting.
4. Promote identification and labeling of emotions in self and others.
5. Encourage children to talk about their feelings.
6. Use language and materials free from ethnic and gender bias.
7. Provide instruction to aid in the development of social skills
8. Stimulate critical thinking skills and cognitive concepts by using op-ended questioning, narration, modeling and other appropriate communication strategies.
9. Use daily experiences as opportunity for talking, listening, and learning language – language priority.
10. Demonstrate respect and caring for children in all interaction, giving reinforcement for children’s efforts.
11. Make every effort to include persons in the classroom who speak the primary language of each child and are knowledgeable about their culture.
12. Create a positive emotional climate such as frequent social conversation, joint laughter, and affection. Express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles. Staff use a relaxed, natural, pleasant voice.

**Persons Responsible:**

Teaching Staff, Ed Supervisors, Ed Manager CLASS Reliable Observers **Updated 7/2020**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 13**

**Subject: Fostering Trust and Emotional Security**

**Performance Standard:** 1302.31(a) (b) (i), The Creative Curriculum, Second Step (Pre-school)

**Policy:** Head Start classes provide a safe physical and social environment that is conducive to learning and reflective of the different stages of development of each child. The class environment supports children as they develop emotional security and facilitate social relationships. It is also an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition.

**Operational Procedures:**

**Relationships and Responsiveness**

Teaching Staff :

1. Develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive.

2. Provide sensitive transitions to new classrooms or caregivers, providing assurances to children of their safety and spend intentional time to build relationships. Staff help children separate from their parents or guardians. Children are assigned primary caregivers in EHS. Staffing and scheduling are consistent. To the fullest extent possible, a consistent teaching team remain in the classroom during the school year.
3. Relate in ways that build trust such as being dependable, responding promptly to needs, cries or cues; express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.
4. Watch for signs that children are becoming overwhelmed or overstimulated..
5. Ensure children are in a safe environment at all times and that children are supervised at all times.
6. Ensure the setup of the classroom environment is conducive to learning for all children including children with disabilities.

**Group /Peer Interactions and Friendship:**

Teaching Staff :

1. Create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility, and empathy.
2. Implement strategies that support positive peer interactions, relationships and friendships so peer interaction is possible much of the day. Non-mobile infants have supervised play near others; toddlers are encouraged to form natural groupings.
3. Support children’s beginning friendships and provide opportunities for children to learn from each other. Staff read books and tell stories about helpfulness and friendship.
4. Plan activities that foster positive social behavior, cooperating, helping, and turn taking.
5. Assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions.
6. Intercept negative and hurtful peer interactions (Ex. Stop name-calling, fighting, bullying, etc.). Teaching staff are proactive with children who hurt other children.
7. Provide children opportunities to affect what happens in the classroom through participation in decision making about issues concerning classroom behaviors, plans, and activities (e.g., classroom rules, class discussions, etc.).

**Acceptance and Respectful Environments**

Teaching Staff :

1. Are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background, or culture.
2. Ensure all children are integrated into the group and are able to participate in activities, as appropriate, including children with disabilities
3. Create learning environment that respects culture and lifestyle of every child and its family. The classroom environment provides activities and materials which are not limited to age, gender, race, disabilities, or ethnic and family composition stereotypes.
4. Provide an environment of respect:
  - a. Children are encouraged to talk about their families and home life.
  - b. Families are invited into the classroom to share art, books, stories, interests, music, celebrations of holidays, and clothing from various cultures.
  - c. The environment reflects the cultures of all children in the program in an integrated natural way.
  - d. Staff use various strategies to sustain and expand the home language, while children are in the process of learning English.
  - e. Staff initiate discussions and provide activities to build appreciation for differences and counter biases.
  - f. Materials and equipment include multiracial, nonsexist, non-stereotyping pictures, dolls, books, puzzles, music, and games. Posters and other materials represent a wide variety of family composition. (ECERS : 10 examples of diversity and dolls representing 3 races accessible)

**Person Responsible:**

Teaching Staff

BSS

Ed Supervisors

Ed Manager

**Updated 7/2020**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 14**

**Subject: Child Guidance and Discipline Policy**

**Performance Standard:** 1302.90 b 6; NCCC rule 110-91 &.1801

**North Carolina Child Care General Statutes 110-91 (10) requirement:** each staff member shall attend to any child in a nurturing and appropriate manner, and in keeping with the child’s developmental needs.

**Policy:** MPP 0-5 HS is based on the commitment to enhance the potential, self-esteem and dignity of children and their families and to support the children in their development of self-discipline skills. It is our desire to provide many opportunities for each child to learn and participate in a safe, secure and well-managed classroom.

MPP HS supports ongoing teacher training, positive reinforcement of children, graduated discipline practices and on occasion, special intervention plans to create successful experiences for children both educationally and behaviorally. Our goal is to provide accepting classroom environments where all children are viewed equally. The use of corporal punishment, using food as a reward or punishment, withholding access to bathroom or any denial of basic needs, isolation, name-calling or any other form of demeaning treatment is strictly forbidden. Use of these or any other methods that would fail to promote positive social skills, foster mutual respect, strengthen self-esteem, or support a safe environment will result in disciplinary action.

Teachers will employ the following positive behavioral strategies:

1. Building a positive relationship with each child
2. Using classroom preventative practices (such as redirection, offer choices, ignoring etc.)
3. Teaching social skills and emotional literacy (CSEFEL materials, FLIP IT approach, etc.)
4. Individualizing behavior interventions
5. Teaching children replacement skills
6. Participating in/with specialized services for children with severe, persistent behavior challenges, including dangerous behavior with potential injury to themselves or others.

When a child's behavior presents the potential of injury to self, other children, and/or staff; the Education Team (including the MHC) will determine the degree of risk and the degree of support that can be provided in the classroom to prevent injury.

Behavior concerns will be discussed with the parent and/or guardian of the child to discuss a plan and will work together to prevent the behavior(s) in the future so that the child may achieve successful participation in the program. A referral may be made for a complete psychological evaluation and the correct placement of services.

MPP reserves the right to place a child on shortened day if the program is not able to meet the needs of the child or the child is a serious threat to other children and/or staff.

#### **Operational Procedures:**

1. Upon hiring and at pre-service every year thereafter staff will be required to read and sign a copy of the program's Discipline and Behavior Management policy. This signed statement is maintained in the staffs' file in the office of the Human Resource Coordinator.

#### **Staff shall:**

1. All staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior
2. Staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition
3. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care
4. Attend to children in a nurturing and appropriate manner in keeping with the child's developmental needs. Staff voice tone and volume shall be pleasant and moderate
5. Develop clear and consistent classroom rules that focus on the desired behavior. Staff shall set limits for the children. Rules must be posted in the classroom and review with children regularly
6. Use effective guidance and behavior management techniques that focus on a child's development. Discipline must be age and developmentally appropriate. Staff shall model appropriate behavior for the children
7. Examples include; anticipating trouble, giving gentle reminders, distracting to a positive model, offering choices, giving praise and compliments, offering encouragement, clarifying messages, using redirection or substitution, natural and logical consequences, overlooking small annoyances, deliberately ignoring provocations, using appropriate renewal time, or modifying the environment to prevent problems before they occur
8. Treat the children as people and respect their needs, desires, and feelings.
9. Staff may use short supervised periods of time-out sparingly that is age appropriate. Time out is not an acceptable option for children age two and under.
10. **Report to management immediately any infraction that is witnessed.**

#### **Staff shall never:**

1. **Use corporal punishment as a form of discipline. The use of corporal punishment is strictly prohibited at all centers and applies to all agency staff, consultants, contractors, volunteers, parents, and MPP clients.**

2. Use isolation to discipline a child. No child shall ever be placed in a locked room, closet, box, or left alone in a room separated from staff.
3. Bind or tie a child to restrict movement or tape a child's mouth. The use of physical restraints is strictly prohibited and may not be used on children at any time including therapeutic holds, using cribs, beds, and other items that would restrict a child's movement
4. Physically abuse a child. Prohibited behaviors shall include, but not limited to: handling a child roughly in any way, including shaking, pushing, pulling, shoving, pinching, slapping, biting, kicking, spanking, tossing into the air or into a crib, chair or car seat
5. Use or withhold food as a punishment or reward
6. Use physical activity or outdoor time as a punishment or reward
7. Use toilet learning/training methods that punish, demean, or humiliate a child
8. Discipline a child for not sleeping during rest period. Using rest or cot for discipline
9. Delegate discipline to another child
10. Discipline a child by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms or floors or emptying diaper pails
11. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or the child's family
12. Use any form of emotional abuse, including public or private humiliation, rejection, terrorizing, extended ignoring, or corrupting a child
13. Use harsh tones with children.

Teaching staff utilize a variety of positive guidance strategies such as:

1. Arrange classrooms to meet the developmental needs of the children in their care and to maximize supervision and prevention of potential conflicts. e.g., duplicate toys for toddlers, large enough spaces for several pre-school age children to build, low furniture to ensure visual supervision of entire classroom
2. Provide consistent routines, planned transitions, engaging activities, opportunities for choice, schedules that meet the needs and abilities of children) are built into the curriculum and provide the basis for prevention and management of classroom behaviors
3. Classroom rules and expectations for behavior communicated and consistently enforced. Rules have clarity for understanding by children, are posted in the classroom, and are referenced daily as needed
4. All classrooms will post classroom rules
5. Identify events, activities, interactions, and other contextual factors that predict challenging behavior and may contribute to the child's use of challenging behavior
6. Focus on teaching the child social, communication, and emotional regulation skills and using environmental modifications, activity modification, adult or peer support, and other teaching strategies to support the child's appropriate behavior
7. Respond to a child's challenging behavior, including physical aggression in a manner that: a.)Provides for the safety of the child. b.)Provides for the safety of others in the classroom. c) Is calm. d) Is respectful to the child. e) Provides the child with information on acceptable behavior and f) Is age and developmentally appropriate
8. When **time out** is determined to be an appropriate strategy staff will implement it using the following steps:
  - a. Child is asked to leave or removed from the situation and told to sit in a pre-determined area. A very brief statement about the child's behavior is provided "You are not allowed to kick your friends. You need to sit in time-out until you are calm."
  - b. Time-out lasts, at most, 3-4 minutes after the child has complied with the direction to go to time out and has sat quietly.
  - c. With the support of an adult, the child is allowed to return to the play situation and practice more appropriate social skills. e.g., turn taking, using words to express emotion. Staff provide positive attention and feedback.
  - d. **Time out is not an acceptable option for children under the age of two.**

**Persons Responsible:**

Teaching Staff            Ed Supervisor    Ed Manager    DC    MHC

**Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 15**

**Subject: Learning Environments**

**Performance Standard 1302.31 (c)(1)(2); 1302.31(b)(1)(ii)**

**Policy:** The program ensures that learning environments are well-organized, nurturing spaces that support the development of children. Learning environments are arranged following The Creative Curriculum for Preschool (6<sup>th</sup> edition), The Creative Curriculum for Infants, Toddlers and Two's (3<sup>rd</sup> edition), and the Environment Rating Scales

guidelines. Daily schedules are developmentally appropriate and weekly lesson plans include a variety of opportunities for different types of learning experiences to take place in the indoor and outdoor setting.

**Operational Procedures:**

1. Child/staff ratios and learning environments are arranged to support optimal learning experiences and maximum visual supervision of children.
2. Teachers implement teacher-directed, child-initiated and individualized activities as documented on the lesson plan.
3. Teachers implement learning activities that align with the Head Start Early Learning Outcomes Framework., North Carolina Foundations for Early Learning and Development, and Teaching Strategies Objectives for Development and Learning.
4. Lesson plans follow a yearly Unit of Study and established format.
5. Lesson plans are posted in an accessible/visible place in the classroom for reference.
6. Lesson plans are submitted two weeks prior to implementation to Ed Supervisors for review and monitored on a weekly basis.
7. The daily schedule for preschool aged children is designed to establish structured blocks of time that include routines, teacher-directed and child-initiated activities, active and quiet activities, and opportunities for individual, large and small group and outdoor experiences. Schedules reflect substantial portion of the day as determined by center operating hours. The schedule is posted in the classroom.
8. The daily schedule for infants and toddlers is designed to be flexible in order to meet individual children’s needs. Routines are integrated as well as opportunities for individualized, small group and outdoor experiences.
9. The following interest areas and/or materials will be included in the learning environment. Teachers may want to add other play areas.

**Interest Areas By Age chart below:**

<b>Infants (birth through 11 months)</b>	<b>Toddlers (12 to 30 months)</b>	<b>Preschool (30 months and up)</b>
<input type="checkbox"/> Active physical play area <input type="checkbox"/> Books <input type="checkbox"/> Dramatic play materials <input type="checkbox"/> Fine motor materials <input type="checkbox"/> Musical toys <input type="checkbox"/> Nature/science materials <input type="checkbox"/> Soft/quiet area	<input type="checkbox"/> Active physical play area <input type="checkbox"/> Art materials (24 to 30 months) <input type="checkbox"/> Books <input type="checkbox"/> Blocks <input type="checkbox"/> Dramatic play <input type="checkbox"/> Fine motor <input type="checkbox"/> Music toys/instrument <input type="checkbox"/> Nature/science materials <input type="checkbox"/> Sand/water (18 months and older) <input type="checkbox"/> Soft/quiet area	<input type="checkbox"/> Art <input type="checkbox"/> Blocks <input type="checkbox"/> Dramatic play <input type="checkbox"/> Library/reading <input type="checkbox"/> Manipulatives <input type="checkbox"/> Music/movement <input type="checkbox"/> Nature/science (discovery) <input type="checkbox"/> Sand/water <input type="checkbox"/> Soft/quiet area

**Person Responsible:**

Teaching Staff      Ed Supervisors      Ed Manager  
**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**Updated 2019  
 ED SOP 16**

**Subject: Materials for Space & Learning**

**Performance Standard:** 1302.30; 1302.31(d); 1302.60; 1302.61

**Policy:** The program ensures indoor and outdoor learning environments are safe and developmentally appropriate for all children. Environments are organized into required interest areas and are equipped with age appropriate materials, equipment and supplies that reflect cultural diversity, avoid stereotyping, and match and challenge children’s skills and knowledge.

Quality indoor and outdoor environments are arranged using The Creative Curriculum, Environment Rating Scales and North Carolina Licensing Standards as guides.

Teachers and Ed Supervisors consult with the DC for obtaining any additional materials or equipment necessary for enrolled children with disabilities. Space is accessible for children with disabilities. Materials are intentionally changed based on children’s interests, developmental levels and unit of study. Changes are noted on lesson plans and monitored by Ed Supervisors.

**Operational Procedures:**

Classrooms are provided sufficient equipment, toys, materials, consumables, and furniture to meet the need and facilitate the participation of children and adults in the classroom.

Items are selected using the following criteria:

1. The developmental needs of currently enrolled children
2. Classroom Curricula – The Creative Curriculum
  - a. The Creative Curriculum for Infants, Toddlers and Two’s (3<sup>rd</sup> edition)
  - b. The Creative Curriculum for Preschool (6<sup>th</sup> edition)
  - c. NC Child Care Handbook
  - d. All About the ECERS-R book
  - e. All About the ITERS-R book
3. In addition, classroom and playground equipment, toys, materials, consumables, and furniture are:
  - a. Supportive of the cultural and ethnic background of the children
  - b. Unbiased (men and women dress up clothing, community helper props showing both men and women in all roles, as well as books and pictures showing women in leadership roles and men in nurturing roles).
  - c. Accessible, attractive and inviting to children
  - d. Designed to provide a variety of learning experiences
  - e. Safe, durable and kept in good condition
  - f. Stored in a safe and orderly fashion when not in use
  - g. Made of non-toxic materials and sanitized regularly.
4. Environmental monitoring of classrooms and playgrounds may include but not limited to:
  - a. Environmental Rating Scales
  - b. Monthly Playground Safety Inspections
  - c. Child Care Licensing Visit Summaries
  - d. Creative Curriculum Fidelity Tool

**Person Responsible:**

Teaching Staff      Ed Supervisors   Ed Manager      DC

**Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 17**

**Subject: Learning Experiences**

**Performance Standard:** 1302.30 1302.31b(1)(i)(iii)(iv)

**Policy:** The program plans for and implements activities and experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and MPP Head Start School Readiness goals.

**Operational Procedures:**

1. All classroom staff maintain copies of the following manuals and/or documents in the classroom.
  - a. The Creative Curriculum (CC) and all its curriculum components
    - i. The CC for Infants toddlers and Twos third edition
    - ii. The CC for Preschool sixth edition
  - b. The Head Start Child Development and Early Learning Framework (HSELOF)
  - c. North Carolina Foundations for Early Learning and Development
  - d. All About ECERS-R or All About ITERS-R
  - e. HS/EHS School readiness goals
2. The program provides supplemental curriculum materials to support children’ progress in the areas of social emotional development, creative arts, and literacy.
3. Teaching staff have realistic, appropriate expectations of children based on knowledge of early childhood development and each child’s strengths, needs and interests.
4. Staff participate in ongoing training to enhance their professional development in providing developmentally appropriate learning experiences that focus on achieving progress outlined in the HSELOF.
5. Weekly lesson plans include activities and experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development.
6. Lesson plans are created two weeks in advance and are reviewed by supervisors a week. Feedback is provided as needed and any necessary alterations are made prior to posting plans.
7. Lesson plans are posted in classrooms when classrooms open on Mondays.

**Teaching Practices to support Social and Emotional Development:**

Include but are not limited to:

1. Teachers establish and maintain strong, supportive relationships with individual children to promote the development of trust, security, positive self-image, respect, and self-control

- a. Greet each child as they enter classrooms
  - b. Treat each child with equal respect by the use of positive voice tones, un biased language, and appropriate physical affection.
  - c. Respond to cries and cues in a timely manner
  - d. Teachers plan for and embed activities, experiences and interactions that help children identify feelings and supportive strategies to manage feelings.
2. Teachers create classroom environments that are predictable, repetitive, and support autonomy and initiative
    - a. Set clear consistent limits, develop rules, post visual cues and apply them consistently. Review and update rules throughout the year with input from children.
    - b. Visual schedules are posted at child's eye level
    - c. HS classrooms implement the Second Step program daily to promote and support positive classroom climate and peer relations.
    - d. Involve children in maintenance of the classroom including the use of "job charts" in HS classrooms.
  3. Teachers promote a classroom community that supports children's knowledge of self and supports their growth in peer interaction and problem solving abilities.
    - a. Classrooms are arranged in interest areas that provide opportunities for children to work and or play alone or with others.
    - b. Teachers implement a classroom management system that promotes making choices and problem solving i.e. use of the symbol system in HS and two-year-old classrooms.
    - c. Materials for the classroom are chosen based on the children's abilities, needs and interests and enhance their knowledge of themselves and the world around them. e.g. books, music, dramatic play materials, dress up clothing etc.
    - d. Non mobile infants are moved throughout the classroom and given opportunities to spend time playing near others.

#### **Teaching Practices to support Language, Literacy and Math Skills and Development:**

1. Teachers set up a classroom environment that is rich in opportunities to promote the development of language, literacy and math skills.
  - a. Materials and displays in the classrooms are chosen to build vocabularies (including mathematical vocabulary), create opportunities for language building conversations, and promote age appropriate problem solving and numeracy skills.
  - b. Materials and displays are changed regularly to facilitate growth and support ongoing change and development of the children.
  - c. Teachers plan activities and experiences to promote language, literacy, and numeracy concepts throughout the day including routines and transitions.
  - d. HS classrooms plan for literacy building skills including letter recognition and phonological awareness using either the Letter People program or the Letterland program.
  - e. Classrooms engage and plan for many experiences to promote meaningful print throughout the day, waiting lists, names on art work, recorded stories etc.
2. Teachers make use of multiple sources to plan developmentally appropriate and individualized activities and experiences. Some sources include:
  - a. TS Gold ongoing assessment reports
  - b. Classroom individual child portfolios
  - c. Screening tools- Brigance, DECA

#### **Teaching Practices to Support Social Studies and the Arts:**

1. Classroom environments are set up and furnished to represent a diverse and unbiased representation of currently enrolled children, their families, the community, and the general world population.
  - a. Materials such as books, toys, music and art materials are selected to expose and inform children of the similarities/differences in themselves, their families and the world they live in.
  - b. Classroom displays are selected based on an unbiased representation of age, gender, ability, race, religion and culture.
  - c. The majority of classroom displays are children's work and/or photos of the children and their families.
2. Teachers plan activities and experiences which enhance children's awareness and knowledge of themselves and others.
  - a. Lesson plans follow a Unit of Study guide which builds on the child's knowledge and understanding of themselves and expands to the community (EHS) and world (HS).

- b. Children are exposed to diversity through the creative arts- music, dancing, art, literature, dramatic play.

**Teaching Practices to Support Physical Activities:**

1. Teaching staff recognize the importance of physical activity and promote the development of skills in both the indoor and outdoor environments.
  - a. Outdoor environments offer children many varied opportunities for active play such as jumping, running, balancing, climbing and riding tricycles/toys.
  - b. Indoor environment promotes active play through daily music and movement activities and some age appropriate indoor gross motor equipment.
  - c. All classrooms are equipped with many varied toys and materials to enhance the fine motor skills of all children.
2. Teachers incorporate a variety of gross and fine motor activities throughout the day including routines and transitions.
  - a. HS classrooms plan for at minimum 60 minutes of active play activities throughout the day.
  - b. EHS classrooms plan for at minimum 30 minutes of active play activities throughout the day.
  - c. Developmentally appropriate fine motor skills such as stacking, stringing, gripping, drawing, are planned for daily.
  - d. Activities are recorded on the lesson plan and reviewed by Ed Supervisors.
  - e. Physical activity is not used as a reward or punishment.
3. Teachers make use of multiple resources to plan developmentally appropriate and individualized activities and experiences. Some sources include:
  - a. TS Gold on going assessment reports
  - b. Classroom individual child portfolios
  - c. Screening tools- Brigance, DECA

**Persons Responsible:**

Teaching Staff                      Ed Supervisors                      Ed Manager

**Updated 7/2020**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 18**

**Subject: Technology and Interactive Media in the Classroom**

**Standards:** ITERS/ECERS, NCAC .0510 and .2508, NC Foundations for Early Learning and Development, The Creative Curriculum

**Policy:** Use of technology and media tools are planned and integrated into the learning environment and used as one of many options to support children’s learning. Media is used to supplement curriculum or as a special event rather than part of the regular daily routine. Screen time is defined as computers/tablets/IPads, whiteboards, hand held games and projectors and is limited to 30 minutes per day, per child and no more than 2 ½ hours per week. **Screen time is prohibited for children under 3 years of age.**

**Operational Procedures:**

1. Technology and Media in the classroom includes a broad range of digital and analog materials including but not limited to computers, tablets, multi-touch screens, white boards, cameras, DVD and music players, audio recorders, and older analog devices such as tape recorders, record and cassette players, light tables, projectors and microscopes.
2. Teachers must document screen time on the lesson plan. It must be used to meet a developmental or learning goal and/or to support and extend classroom themes or activities.
3. The use of TV/video/internet is not used in place of transition activities.
4. All programs are age-appropriate, stereotype free, non-violent and culturally sensitive.
5. Alternate activities are available for children during screen time. Children are not forced to watch the program.
6. Teachers are actively involved in screen time by discussing material, participating in activities and helping children learn to use technology to develop critical thinking skills.
7. All children, including dual language learners and children with special needs will have opportunities to use and learn from available technologies.
8. Software/apps cannot be installed/downloaded without permission.
9. Classrooms are provided tablets for documentation purposes.
10. Teachers are not be on computers during instructional teaching time.

**Person Responsible:**

Teaching Staff                      Ed Supervisors                      Ed Manager

**Updated 2019**



**Subject: Staffing**

**Performance Standard:** 1302.21; NCCC rule .0714

**Policy:** The program maintains child /staff ratios according to state and federal regulations. Supervision and ratios of staff to children shall be adjusted appropriately for different ages and abilities. Staff provide sufficient supervision to protect children’s safety.

**Operational Procedures: - Classroom Staffing:**

1. An active substitute list is created and maintained in order to provide necessary child/staff ratios.
2. Scheduled classroom absences are planned in advance using the *Leave Request* form and submitted to the Ed Supervisor. The Ed Supervisor and Education Team discuss leave requests, training sessions, etc. weekly and make necessary staffing arrangements as far in advance as possible. The Education Assistant makes daily adjustments to staffing changes as necessary and notes changes on the white board located in NH 2 upstairs lobby and sends e-mail of schedule/staffing changes to education team and agency receptionist.
3. In the event that classroom staff are needed and/or required to be out of the classroom for training sessions, committee meetings, special events, etc.; the integrated team member fills out a Classroom Staff Participation Request Form or administrative staff that are requesting the staff be out of the classroom. The request forms are routed to the appropriate Ed Supervisor to ensure an appropriate number of staff / substitutes are available to maintain required ratios.
4. The FCOS and Education Team meet as needed to coordinate the use of classroom volunteers for routine classroom activities, field trips, special events, etc. Family volunteers are encouraged to visit their child’s classroom as much as possible.

**Persons Responsible:**

Teaching Staff                      Ed Supervisors                      Ed Manager      EOA                      FCOS                      **Updated 7/2021**

**Subject: Safe Arrival and Departure of Children**

**Performance Standard:** 1302.47 (7)(v), NCCC rule .1003 (b)

**Policy:** The program maintains safe procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. The procedures are communicated to parents during parent orientation, open house and/or the first home visit. Safe arrival and departure procedures are included in the parent handbook and posted at each center/classroom in the parent information area as required by state licensing.

**Operational Procedures:**

**Attendance Sheets**

1. Classroom staff are responsible for generating, updating the Attendance/Sign-in/Sign-out sheets.
2. Teaching staff place the Attendance/Daily Sign-in/Sign-out sheet near the door where children enter the classroom.
3. Hardcopy attendance is recorded upon arrival in the classroom and/or as each child arrives. Attendance is recorded in Child Plus before 3:00 pm daily.
4. Attendance/Daily Sign-in/Sign-out sheets are taken out to the playground at outdoor playtime and in the afternoon.

**Signing Children In and Out**

1. Upon arrival, all children must be accompanied inside the facility by an adult and notify staff of the child’s arrival.
2. The parent or other responsible person enters their signature and the time of arrival.
3. The parent or the responsible person signs the child out at the end of the program day by entering their signature and time of departure.
4. Classroom volunteers/substitutes do not release children.
5. As needed, designated closing staff (or bus staff) fill out the “Late Pick-up” forms and forwards it to the PMS for processing fees.
6. A child is not to be released under any circumstances to anyone under the age of 16, including siblings (excluding underage parents) and not listed on the releases, emergency pickup list, or without prior written authorization from the parent.

**Emergency Pick-ups and Other Considerations**

1. Children will only be released to persons listed on the child's application or emergency pick-up list as authorized by the parent/guardian.
2. Prior authorization from parent/guardian is required in writing when anyone other than the designated person(s) on the child's application or emergency pick-up list arrives to pick up the child.
3. Staff will request to view official ID to verify identity of person(s) not known by staff.

Reference Extended Day SOP# 7 for morning/afternoon transfer of children.

**Person Responsible:**

Teaching Staff      Ed Supervisors      Ed Manager      PMS

**Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 21**

**Subject: Promoting Learning Through Approaches to Rest.**

**Performance Standard: 1302.31(e)(1)**

**Policy:** The program implements an age appropriate approach to rest time to accommodate children's need for rest.

**Operational Procedures:**

1. Health, safety and sanitation procedures for napping and resting are detailed in HS SOPs 19 & 22 and on the Classroom sanitation chart.
2. Cots and cribs are placed at least 3 feet apart or with a solid barrier between them whenever possible.
3. Infant and young toddlers need for rest and sleep is individualized. Toddlers are eased into group time schedules.
4. Preschool children are provided a regular time every day for rest. This time does not exceed 2 hours.
5. Infants are not left in cribs longer than 15min. when happy or 2-3 minutes when unhappy.
6. Space is conducive to resting;
  - a. Lighting is subdued but at least one source of light remains available,
  - b. Soft music is played but may be turned off during the rest time
  - c. Teachers help children relax by sitting close by, patting their backs or, with infants and toddlers, rocking them.
7. Provisions are made for non-nappers and early risers. Quiet activities are provided for preschoolers and some (developmentally ready) older toddlers. Infants and toddlers needs are individualized and appropriate care is provided; reading to them, playing in areas away from sleeping children, feeding.
8. Staff/child ratio and supervision are maintained at all times. Staff position themselves so all children may be visually seen and heard at all times. Children's heads must remain uncovered at all times.
9. Supervision should never be disrupted by cell phones or non-work-related computer use.

**Persons Responsible:**

Teaching Staff      Ed Supervisors      Ed Manager

**Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 22**

**Subject: Promoting Learning Through Approaches to Routines Including Diapering, Toileting, Changing Clothes and Handwashing.**

**Performance Standard: 1302.31(e)(3)**

**Policy:** The program implements an age appropriate approach to routines and transitions including hand washing, diapering, toilet training that provides opportunities for strengthening development, learning, and skill growth.

**Operational Procedures:**

1. Teaching staff participate in on-going training to support their professional development in providing experiences that integrate development, learning and skill building into daily routines.
2. Diapering is completed to support socialization and foster trust and security. Staff utilize these opportunities to provide infants with language rich interactions.
3. Toilet training is initiated in conjunction with and with the consent and support of the child's family. The timeline for completing toilet training is flexible and individualized.
  - a. Toileting accidents are treating as opportunity for skill building and the child is never punished or shamed.
4. Changing clothes is approached based on individual abilities of each child. Assistance and support are provided as needed and children are encouraged but not forced to move towards independence in completing self-dressing.
5. Handwashing routines are approached as opportunities to build trust, confidence and independence.
6. Staff plan for transitions and/ or routines and include materials, activities and experiences on lesson plans to enhance children's learning, development and skill growth.
7. Diapering, handwashing and toileting procedures are outlined in CH SOP # 15

**Person Responsible:**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT****ED SOP 23****Subject: Personal Items Brought into the Centers****Performance Standard:** 1302.30, 1302.31(c)1,2 (d), (e) 1,2,3,4, 1302.47**Policy:** The program has a procedure for items brought into the center to maintain safety and sanitation standards.**Operational Procedures:**

1. **No hot drinks are allowed** in classrooms or areas children has access- hallways, playgrounds.
2. All drinks brought into the classroom must be in covered cups and kept in a closed cabinet. No cups from any food establishment are allowed.
3. Staff do not bring in or consume food other than menu items in the classroom. Staff food is stored in a designated staff refrigerator.
4. All purses, backpacks etc. must be locked up. This includes volunteers and parents who stay in the classroom and participate in any activities including meals. Any purse, backpack, etc. brought to the playground must also be locked up.
5. At no time are cell phones used or are visible in classrooms or the playground.
6. Backpacks, diaper bags etc. brought to the center by children or families are not allowed. Needed items should be removed and properly stored and the bag/pack should be sent home with family.
7. Backpacks, diaper bags and car seats that must be left at the center are locked up and/or properly stored in a designated area.
8. All clothing/diapers/blankets etc. brought into the center should be immediately stored in the child's cubby.
9. Discuss the Birthday policy with parents on the first home visit. Birthdays are celebrated once a month for all the children born that month. A cake is provided by the program. Gently discourage parents from bringing cakes/favors etc. for individual birthdays. Staff are not allowed to distribute invitations or allow parents to place invitations in children' classroom mailboxes.
10. Only unopened food, bought and sealed from commercial businesses, can be brought into the classroom for consumption by the children.

**Persons Responsible:**

Teaching Staff

Ed Supervisors

Ed Manager

Updated 2019

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT****ED SOP 24****Subject: Approach to Birthdays, Holidays, and Special Celebrations****Performance Standard:**

**Policy:** The program ensures that all activities in the classroom are supportive and culturally relevant to all children. MPP Head Start understands that each family's traditions surrounding holidays and celebrations are not universal to all cultures. Celebrations focus on providing opportunities for children to develop an appreciation for celebration while honoring cultural and religious differences of families.

**Operational Procedures:**

1. Find "common ground" issues to celebrate about seasons changing, children's achievements, developmental milestones, etc. Examples of seasonal, all-inclusive celebrations are:
 

<ul style="list-style-type: none"> <li>• Fall festival</li> <li>• Spring fling</li> <li>• Friendship day</li> <li>• Pajama day</li> </ul>	<ul style="list-style-type: none"> <li>• Harvest festival</li> <li>• Winter festival</li> <li>• Summer fun fest</li> <li>• Special author day</li> </ul>
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2. Ask yourself: What is the purpose of teaching about this holiday? Is it developmentally suitable to my group of children? Is it related to their lives? If not, do not introduce it.
3. Be sensitive to the possibilities that families with low incomes may find holidays stressful because of the enormous amount of commercialization and media pressure to purchase things.
4. Food brought to planned classroom activities by staff, families or volunteers must be pre-packaged products that have been purchased. The packaging must not be open or seal broken.
5. Balloons are not permitted in the classrooms (NC Child Care Rule).
6. Food and /or candy may not be used as a reward or punishment.

**Birthday Celebrations:**



1. Classroom files and School Readiness Notebooks are kept locked up when not in use. Each file and section of the School Readiness Notebook are clearly labeled with the child's name.
2. Contents entered into Child File:
  - a. Updated Emergency Contact forms- remove and shred old emergency contact forms.
  - b. Health and Nutrition Care Plans
  - c. Home Visit Reports
  - d. Parent Conference Reports
3. Teachers review file contents for completeness at beginning of school year, when new children enroll or transfer into their classroom and whenever they enter items. Teachers date and initial cover sheets of each section. Cover sheets always remain on the top of each section.
4. Teachers enter all items into the file at the end of the school year or when a child withdraws from their classroom. Files are routed to appropriate FSAs or designated areas.
5. Contents entered into School Readiness Notebook:
  - a. Brigance
  - b. DECA
  - c. IEP or IFSP
  - d. Assessment reports/Individualized plans
6. All items in The School Readiness notebook are transferred to the child's classroom file at the end of the year or when a child withdraws.
7. When a child transfers to a different classroom all items from the School Readiness Notebook are removed and given to the FSA.
8. Ed Supervisors conduct random monitoring of all classroom files and School Readiness Notebooks throughout the year
9. At the end of the school year, teachers band all returning children's files together and label them "returning children" Files are taken to a designated area for collection.

**Persons Responsible:**

Teaching Staff

Ed Supervisors

Ed Manager

**Updated 7/2021**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 27**

**Subject: End of the Year Classroom Shutdown**

**Policy:** The program implements the following procedures for storing equipment, toys, materials and furniture at the close of the school year.

**Operational Procedures:**

1. Rooms are swept, mopped and rugs vacuumed before leaving for the summer. Bathrooms are cleaned and disinfected.
2. Return books, resource boxes and other items to the literacy room.
3. Provide supervisor with a prioritized list of materials and/or equipment needed for next school year.
4. All toys, furnishings and other washable classroom items are washed and disinfected.
5. Dramatic play clothing, doll clothes and blankets are washed and put back in classrooms.
6. Large items are cleaned as follows:
  - a. Shelves and sink fronts are wiped down with Dawn water.
  - b. Children's chairs are washed and disinfected top, bottom and legs.
  - c. Tables used for meals are washed and disinfected on top and underneath.
  - d. Cots are scrubbed with Dawn water and brush, sprayed with disinfecting solution and allowed to air dry. Remove any remaining tape.
  - e. Indoor sand/water tables are emptied, washed and disinfected.
  - f. Classroom and outside trash cans are washed and disinfected. Outside trashcans are turned over so they won't collect rain water.
  - g. Outside sand tables are emptied, washed and arranged so they won't collect rain water.
7. Blinds and window sills are dusted or washed and curtains taken down and washed. Flame resistant spray is applied to curtains before putting back up in classroom.
8. Teacher desks/work areas and storage are cleaned and organized. Purge materials if necessary.
9. Remove any food in cabinets
10. Remove all wall decorations and bulletin board displays, except for emergency information, evacuation route and other required postings.
11. Report to supervisor any large, broken items that need repaired.

12. Discard any broken toys/materials that cannot be repaired. If you have a question concerning an item being repaired, ask your supervisor.
13. Label unwanted items and put in a separate stack in classroom. Do not place in hallways at fireplace or in breakroom.
14. Outside decks and equipment should be left clean and items properly stored.
15. NH 1 teachers take laptops, tablets and cameras, labeled with room number, to supervisor's office for storage.
16. Unplug all classroom electronics.
17. Children's files are delivered by teachers to a designated location. Returning children's files are banded and labeled "returning children."

**Person Responsible:**

Teaching Staff

Ed Supervisor

Updated 2020

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 28**

**Subject: Aquatic Activities**

**Performance Standard:** NC Division of Child Development, Child Care Rule .1403

**Policy:** The program will provide water safety standards to ensure children's safety at all times when participating in aquatic activities. Aquatic activities are activities that take place in, on, or around a body of water such as swimming, swimming instruction, or wading. Aquatic activities do not include water play activities such as water table play, slip and slide activities, or playing in sprinklers. All swimming pools used by children must meet the "Rules Governing Public Swimming Pools" in accordance with 15 A NCAC 18A .2500

**Operational Procedures:**

1. Prior to aquatic activities, staff shall review all program policies and safety procedures related to aquatic activities as well as the public pool rules. Staff must also sign and date a statement that they have reviewed the center's policies. This statement must be maintained in the staff person's file for one year or until it is superseded by a new statement. Staff will receive a copy of the DCDEE resource on Drowning Prevention and Safety Tips.
2. Prior to aquatic activities, an administrative representative must ensure that the pool to be used meets the annual inspections, is fenced in, has one trained/certified lifeguard per 25 children, identify the location of the pool facilities first-aid kit, and gain copy of pool rules. Pool rules must be posted at the location of the pool being used.
3. Applicable rules are discussed prior to the outing and reviewed for all children at the water's edge just before the swimming activity begins. (See field trip ED SOP 25 and Transportation SOPs)
4. Children under the age of three may not participate in pool aquatic activities except when necessary to implement any child's IFSP or IEP.
5. Children must be fully potty trained to participate in swimming pool aquatic activities.
6. Children must be adequately supervised by center staff at all times. Prior to staff entering the water, staff must be stationed in pre-assigned areas that enable them to at all times to hear, see, and respond quickly to the children who are in water and children who are out of the water. Regardless of the number of children participating, a minimum of two staff members must supervise aquatic activities. Two staff members must supervise aquatic activities with one in the water and one out of the water. To the fullest extent possible, a third staff will be utilized to ensure supervision while children are using changing rooms and restrooms. Two or more children should be taken to the restroom together, staff shall avoid being alone with a child.
7. Children will change at the center before and after the pool. When taking a child to the restroom at the pool, the staff will ensure the door remains unlocked.
8. Children shall wear a colored waterproof wristband to provide program identification.
9. Discipline and guidance shall follow program policies and procedures (see ED SOP 14). A child not following the pool rules will have to sit on the bench out of the pool and will be supervised by the "out of the water" staff.
10. Preschool classrooms typically visit the pool once a week during the summer program in the late morning. Parents/families will provide a labeled towel, swimsuit, and water shoes for their child.
11. Parents shall apply sunscreen on their child the morning of the child's trip to the pool. Sunscreen or sun block must have a UVB and UVA protection with a recommendation of SPF 15 or higher or as ordered by a physician and applied only to exposed skin before the trip to the pool. The program must have a written statement from the physician to authorize the administration of sunscreens/blocks. Parents must also complete and sign "Permission to Administer Medication Form" for the sunscreen/blocks. Each child's sunscreen/block is to be labeled with the child's name. All sunscreens/blocks shall be kept locked in the classroom. (also see CH SOP 14). Sunscreens/blocks to be used at the center shall be in a lotion or pump form. No aerosol sunscreens/blocks shall be used in the center.

- Staff shall wear an appropriate style and cut of swimsuit that meets MPP appearance/dress codes. Swimsuit style and cut must ensure that there is no exposure of the mid-section, high French cut legs, or extreme low cut tops. Staff must wear shorts or swim cover over their suit when traveling to/from center. If a program manager or supervisor deems an employee's suit or appearance inappropriate, the employee may be required to change.

**Person Responsible:**

Teaching Staff      Ed Supervisors      Ed Manager      **Updated 2019**

**EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

**ED SOP 29**

**Subject: Program Licensure Compliance**

**Performance Standard: 1302.21 d; 1302.47 b 1 i; North Carolina Child Care Regulations**

**Policy:** The program meets and maintains applicable state, local and other licensing requirements.

**Operational Procedures:**

- The Head Start Performance Standards, NC Day Care Regulations, NC Quality Rating Improvement System, and NAECY Code of Conduct are used for guides of classroom quality indicators and for monitoring.
- The program follows Occupational Safety and Health Administration (OSHA) guidelines regarding unsafe or hazardous materials
- Emergency Drill Log and Report are posted in each building. Monthly fire drills, quarterly lockdown drills, and tornado drills are conducted and recorded.
- Each building/site maintains an up-to-date Emergency "Ready to Go" Notebook
- Annual fire inspections are conducted as required by local fire marshal and NC DCDEE. (Inspections are kept current and kept on file in the *Center Licensing Binder* located in the Ed Manager office).
- Health Department certifications are maintained and posted as required.
- A designated staff monitors playgrounds daily before children go out. Results are recorded on Playground Checklist.
- Maintenance staff or other staff that have the NC Division of Child Development Early Education (DCDEE) Playground Safety Certification complete **monthly** playground inspections. Inspections are recorded on the Playground Inspection Checklist. Maintenance staff make needed repairs as identified from the inspection. Monthly Playground Inspection reports are housed in the Ed Managers office for review when needed by NC DCDEE.
- Staff receive safety training as required by OHS and NC DCDEE.
- The program maintains an Emergency Preparedness Plan as required by NC DCDEE.

**Persons Responsible:**

Education Team      HC      HS Director      Maintenance Staff      **Updated 2019**

**CHILD HEALTH & SAFETY:**

- Determining Child Health Status**
- Child Health Screen**
- Ongoing Care**
- Extended Follow-Up and Treatment**
- Dental Screenings / Exams and Follow-Up**
- Involving Parents in Health Services**
- Emergency Medical Care Plan**
- Dental Emergency Procedures**
- Incident Reporting**
- Injury Prevention**
- First Aid Kits**

- 12. Medication Administration**
- 13. Hygiene, Hand-Washing, Diapering**
- 14. Tooth Brushing**
- 15. Conditions of Short-Term Exclusion and Admittance / Illness in Classroom; Child is Too Sick or Injured to Attend / Sending Sick or Injured Children Home**
- 16. Head Lice Procedure**
- 17. Blood Borne Pathogens**
- 18. Classroom Sanitation**
- 19. Animals in the Classroom**
- 20. Infant / Toddler Safe Sleep Policy**
- 21. Suspected Child Abuse**

## **CHILD HEALTH & SAFETY**

**CH SOP 1**

**Subject: Determining Child Health Status**

**Performance Standard:** 1302.40(a), 1302.41(b);

**Policy:** The program determines child health status by utilizing various practices and procedures.

### **Operational Procedures:**

1. In collaboration with the parents at enrollment and as quickly as possible, but prior to the child's entry into the program, the HC through involvement with other staff (FSA and ERSEA Specialist) will:
  - a. Strive to provide families with connections to services who offer high-quality health, oral health, mental health and nutritional services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness to the greatest extent possible.
  - b. Make a determination as to whether or not each child has access to a continuous, accessible health care provider, a dental care provider and health insurance. If a child does not have a source of ongoing health/dental care and/or insurance, the FSA and/or HC will communicate and assist the parents in an attempt to obtain a medical and/or dental provider for their child as well as insurance coverage.
  - c. Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health as indicated. Such a requirement incorporates the schedule of well child examinations utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the state Medicaid agency, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention and the state of North Carolina, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health concerns.
2. During enrollment the FSA, in collaboration with the parent, will complete a medical history (Child's Health Record) that could include information regarding prenatal history (in Early Head Start). Additionally, advance authorization from the parent or other person with legal authority will be obtained for all health and developmental procedures administered through the program or by contract or agreement up to and including consents, treatments and / or follow-up, denial for services, and permission to exchange information. FSA will share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention and will provide each family with a Parent Handbook describing the policy in written format. The FSA will enter information into Child Plus. The FSA and/ or HC will refer to appropriate content area if concerns are noted. Follow up will be documented by appropriate service area as indicated.
  - a. At enrollment or any time during the program year children are not up-to-date on the EPSDT schedule of well child examinations/immunizations, the FSA will assist parents in making the necessary arrangements to bring the child up-to-date with the exception of immunizations for which parents are using documented religious or medical exemptions.
  - b. The FSA and / or HC will monitor and encourage parents to follow the recommended schedule of well child visits and establish procedures to track the provision of health care services, through parent contact, past and



current medical records, child case reviews and referrals. Health care services are tracked by online database and various computerized methods to ensure that services and follow-up are initiated and / or provided in an efficient and timely manner. Parents will be notified by and assisted by their FSA in making any necessary arrangements to assure the completion of this process.

3. When children have a diagnosed, observable, suspected or known health/developmental concern the program communicates, encourages and assists parents in arranging for further diagnostic follow up to be completed by an appropriate licensed or certified professional.
4. FSA and / or HC will document in the Child Plus all contacts with the parents regarding the acquisition of follow-up care if a health concern is identified. FSA will contact parent on a regular basis to encourage the parent to seek evaluation for the identified concern. If the parent does not initiate follow-up care after multiple attempts, the HC will notify the parent via personal contact requesting the child complete follow up treatment. If the parent still does not initiate the process, the parent will be requested to participate in a parent meeting at which time the parent may choose to complete a denial of treatment form. The program strives to have health services treatment completed by the time the child completes the program year.
5. In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, the program performs and/or obtains linguistically and age appropriate developmental and behavioral screenings of motor, language, social, cognitive, perceptual, emotional skills as well as sensory (visual & hearing) screenings. To the greatest extent possible, these screenings are sensitive to the child's cultural background.
6. The program obtains direct guidance from a mental health or child development professional on how to use the findings to address identified needs. The program utilizes the expertise of a Mental Health Professional to provide guidance for staff and parents regarding children's issues, to assist in development of a mental health curriculum, and to assist with the referral process as needed.
7. The program utilizes multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior. The program philosophy supports the concept of a holistic approach in reviewing potential health or developmental issues.

**Person(s) Responsible:**

HC FSA ERSEA Specialist MHC DC

**Updated 7/2021**

**CHILD HEALTH & SAFETY**

**CH SOP 2**

**Subject: Child Health Screen**

**Performance Standard: 1302.42**

**Policy:** To review the child's overall health and developmental progress to determine if specialized services are needed.

**Operational Procedures:**

All age appropriate immunizations must be up to date based upon the North Carolina Immunization Registry (NCIR) current schedule before a child may attend class.

1. An up to date physical examination performed by a Medical Provider to include age appropriate hearing and vision screenings, growth assessments, Hematocrit / Hemoglobin results, lead results, blood pressures and physical examination findings based on Medicaid EPSDT recommendations must be received prior to the first date of attendance. Regulations recommend that physical examinations for infants and toddlers be done at 2, 4, 6, 9, 12, 15, 18, 24 and 36 months, and yearly thereafter.
2. Objective hearing and vision screenings will be obtained, attempted and / or performed within 45 days of child entry into the program following the North Carolina Medicaid (EPSDT) guidelines.
3. Hearing screenings performed at MPP will be attempted 3 times and if a child fails hearing screenings or if child is unable to complete the screening using an Otto Acoustic Emissions Device, a referral letter is sent to the parent for further evaluation by a qualified health care provider. If concerns should arise regarding a child's hearing, either from classroom staff, other content area or parent, then another hearing screening will be initiated and parent notified of results The HC and/or FSA ensure further follow-up is completed as indicated.
4. Vision screenings will be obtained or attempted within 45 days of entry and / or beginning at six months of age, to identify vision impairments. If a child fails the vision screening, the parents will receive a notice recommending further follow-up be completed to include a complete eye exam by an visio specialist. Every effort is made to inform parents of the types and or purpose of screenings in advance and the parents receive a copy of screening results and any subsequent follow-up that may be indicated.
5. Within 90 calendar days after the child first attends the program, a determination from health care and oral health care professionals will be obtained as to whether or not the child is up-to-date on a schedule of age appropriate

preventative oral health care, based on: dental periodicity schedules as prescribed by the EPSDT. If a Private Dental provider is chosen, a copy of the most recent services will be requested and follow-up and monitoring for treatments will be performed.

6. Hemoglobin and lead will be assessed at ages regulated by EPSDT guidelines. Required Blood lead level test should be completed at 12 months and 24 months of age and any time between the ages of 36 to 72 months of age if they have not been previously screened for lead poisoning. If child does not have a lead level on file with a medical provider or Health Department, the Family Service FSA and / or HC will work in partnership with parents to encourage and suggest the child receives a blood level screening as soon as possible.
7. With the consent from the parent, the program will screen children using the Brigance Screening Instrument, which includes sections for cognitive, language, motor, social-emotional, adaptive behavior and parent/teacher observations. Parents and Teachers each complete the Brigance Rating Form for each respective child 45 days of child's entry into the program.
8. The HC schedules, coordinates and assists the vision, hearing and dental screenings along with FSA and/or other designated staff. The Family Service FSA and/or Teaching Staff assist in transporting or collecting the children for the screening.

**Person(s) Responsible:**

HC NS FSA Teaching Staff

**Updated 7/2021**

**CHILD HEALTH & SAFETY**

**CH SOP 3**

**Subject: Ongoing Care**

**Performance Standard(s): 1302.43**

**Policy:** The Program implements ongoing procedures for staff to identify health concerns and report concerns to the HC and/or appropriate staff.

**Operational Procedures:**

1. In addition to assuring children's participation in a schedule of well child check-ups, the HC collaborates with content area specialists in implementing ongoing procedures by which the staff can identify any new or recurring medical, dental, developmental, or behavior concerns so they may discuss with parents and quickly make referrals to appropriate content Areas-Supervisors, Health, Nutrition, Disabilities and/or Mental Health. Examples- Teacher Observations, Daily Attendance Record and Health Checklist, Phone or Direct contact with FSA or Nurse and Case Reviews and Parent input or concern.
2. These procedures include but are not limited to periodic observations and recordings, as appropriate, of:
  - a. Individual children's developmental progress
  - b. Changes in physical appearance (e.g., signs of injury or illness)
  - c. Social and Emotional patterns
  - d. Behavioral patterns
  - e. Input from parents and/or staff
3. Child Case Review will be conducted bi/annually (See Family and Community Partnership SOP 11). Intervention staffing for families/children will be scheduled as needed.

**Person(s) Responsible:**

HC Content Area Specialists Teaching Staff Ed Supervisors FSA **Updated 9/2017**

**CHILD HEALTH & SAFETY**

**CH SOP 4**

**Subject: Extended Follow-Up and Treatment**

**Performance Standard: 1302.42**

**Operational Procedures:**

1. FSA and / or HC work collaboratively in obtaining health information to include updated physicals, follow up appointments, immunization updates, treatment needs/recommendations and dental information.
2. Child's health, and/or follow up / treatment information is recorded in program's database.
3. HC proceeds with referrals as indicated to the appropriate Content Area Specialists.
4. Parents are assisted as needed with community resources to provide the child with treatment and to initiate any follow-up as indicated.
5. Nutrition referrals may be initiated via email, phone, or personal conversation to the NS. After parental consent and/or approval, the NS reviews nutrition information and collaborates with the FSA, Food Service Staff, HC and/or Registered Dietician as needed to ensure further follow-up is initiated and/or completed.

6. The FSA utilizes written notices, as well as personal contact with parents regarding expiration/due date information on physicals, immunizations, screenings/exams, treatments and/or follow up.
7. Immunizations must remain current in accordance to North Carolina Rule 110-91(1) (except for documented religious exemption). If a child's immunizations are out of compliance, the child may be temporally excluded from center-based services until immunizations are current.
8. Health information forms are to be filed in child's main file, according to the cover sheets of required documents.
9. Verification will be completed for any child receiving private vision, hearing or dental services.
10. The program participates in the development and implementation of Health Care Plans for children with medical/health concerns, impairments, or acute health problems.
  - a. Examples of care plans include: Asthma, Seizures, Severe or Anaphylactic Allergies, Diabetes, Food Allergies
  - b. The health care plan should be a collaboration between the parent/guardian and the child's health care provider with both reviewing the plan.
  - c. Health Care Plans are forwarded to HC to ensure completion, accuracy and correct distribution.
  - d. Original plans are kept in the child's main file; copies are placed in the HC office, front desk, and the classroom to include the teacher file, medication drawer (if applicable), clipboard, fanny pack, both evacuation bags.
  - e. Any care plan with medications included must be updated every 6 months.
  - f. Care plans must be updated any time a child is hospitalized or there is a change in the child's plan of care by a health care provider. It is the parent's responsibility to notify HC when and if any changes need to be made. Otherwise, health care plan will be good for one year from date of completion, with the exception noted above.
  - g. It is the responsibility of the parent/guardian to provide the medications and/or equipment necessary to carry out a health care plan. (example: epi-pens, inhalers, spacers, nebulizer machines and medication) Ideally, the parent/guardian will obtain the necessary medication and/or equipment to be left at center 24/7. The program will provide assistance as needed.
  - h. The HC will provide any necessary training to teaching staff in relation to health care plans. (Example: use of epi-pen, use of inhaler etc.)

**Person(s) Responsible:**

HC    NS    FSA    DC    Classroom staff

**Updated 7/2021**

**CHILD HEALTH & SAFETY**

**CH SOP 5**

**Subject: Dental Screenings / Exams and Follow-Up**

**Performance Standard: 1302.43**

**Policy:** The program ensures dental services are received by each child in the program.

**Operational Procedures:**

1. All newly enrolled children must have a dental screening/exam within 90 days of program entry. Caregivers/Parents may choose to utilize the services at MPP provided by MC Molar Roller or choose to use a private dental practice. For children who are seen onsite by the Molar Roller, parents fill out a yearly Molar Roller application at time of program enrollment and may elect to sign a consent allowing their child to be transported by MPP staff to the Molar Roller for the screening/exam or they may elect to schedule an appointment on their own to take their child. Once children have completed the screening/exam, results are recorded on an Apple Form by the Molar Roller staff and forwarded to the HC for caregiver/parent distribution and review. If it is determined that a child requires treatment by the Molar Roller, parents are notified and a Consent to Treat form must be signed by the parent. Results are recorded in the data monitoring system, scanned and filed in the child's permanent record. For children in the HS and NC-PreK programs, children will be transported to the Molar Roller. For children in EHS the dentist and assistants will visit the classrooms to conduct exams.
2. The child that requires immediate treatment will be scheduled first. If a child begins to exhibit pain or worsening of decay prior to treatment, FSA/ HC will work with provider to obtain the soonest appointment available.
3. The child that requires extensive or surgical dental treatments unable to be performed at the Molar Roller will require a dental referral. The referral will provide the caregiver/parent with information regarding the needed treatment and information regarding approved dental referral facilities. Once a treatment provider is identified, the caregiver/parent will sign a Permission to Exchange Information allowing MPP to request treatment information from the provider. Assistance will be offered to parents to help facilitate the referral, and treatment and follow up process.
4. Family Service FSA and/or HC will document regular progress or completion of follow up and/or treatment.

Hard copies will be placed in child's file.

5. For any child that is under the care of a private dental provider, the parent is to provide name of private dental provider and complete a Permission to Exchange Information for that dental provider. The FSA or the HC will fax the Permission to exchange in order to obtain screening/exam results from the private dental provider and will enter the information into the Child Plus for tracking purposes. The screening/exam results will be placed in child's main file.

**Person(s) Responsible:**

HC FSA

Updated 7/2021

**CHILD HEALTH & SAFETY**

CH SOP 6

**Subject: Involving Parents in Health Services**

**Performance Standard:** 1302.41

**Policy:** In conducting the child health status, screening, follow-up and treatment process, the program involves caregivers in child health and developmental services.

**Operational Procedures:**

1. The program ensures that each child enrolled is receiving appropriate health care services by providing caregivers with notification of all health/mental health or developmental concerns and providing follow up to ensure all referrals and follow-up are completed.
2. At enrollment, parents are provided information regarding developmental and health screenings, and consent is obtained.
3. Health, Safety and Nutrition information is shared with parents in a variety of ways. The program will assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their child's health care process.
4. For any child that is under the care of a private health care provider, it is recommended that the Parent/Guardian provide name of private health care provider and sign the Permission to Exchange Form so that the program can obtain needed information. FSAs assist the Parent/Guardian with this form and will file the form in the child's main file after the HC has obtained information from private care provider and entered this information into the database system.
5. If a parent elects completely to decline any recommended health service the parent will be requested to sign a "Denial of Services Form", which is placed in the child's main file. The parent will be provided with information on the reason, importance and possible consequence for their child in not receiving the particular health service. The parent has the option to reconsider the denial at any time.
6. The Health/Education Advisory Committee is composed of Parents, Staff, Community Professionals and Community Partners, who are encouraged, invited and given the opportunity to participate in the Health/Education Advisory Committee, which meets twice a year to discuss issues related to Health, Safety, Development, Nutrition, Education and Mental Health of children.

**Person(s) Responsible:**

HC All Staff

Updated 9/2017

**CHILD HEALTH & SAFETY**

CH SOP 7

**Subject: Emergency Center Care Plan**

**Performance Standard:** 1302.47; NCDCEE Rule 10A; NCAC 09 0802(a)

**Policy:** An Emergency Medical Care Plan is posted in each classroom. Staff are trained on the Emergency Medical Care Plan and procedures during new staff orientation and two times during each school year to ensure that staff are familiar with policies and procedures on how to respond to medical and injury emergencies.

**Operational Procedures:**

Emergency Medical Care for Injuries/Incidents or Illness

1. First aid and/or CPR will be immediately administered, as necessary, by staff certified in first aid/CPR. Each classroom is equipped with First Aid/CPR/choking procedure posters.
2. Call Emergency Medical Services (EMS) 911 immediately if the child's life is at risk, there is a risk of permanent injury, or if the child:
  - a. Is acting strangely, much less alert or much more withdrawn than usual
  - b. Has difficulty breathing, is unable to speak, and/or is choking
  - c. Skin or lips look blue, purple, or gray
  - d. Has a seizure complicated by lack of breathing, or lasting for more than five (5) minutes

- e. Is unconscious
- f. Is less and less responsive
- g. Manifests any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking
- h. Has increasing or severe pain anywhere
- i. Has a cut or burn that is large, deep, and/or will not stop bleeding
- j. Is vomiting blood
- k. Has a severe stiff neck, headache, and fever
- l. Is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating
- m. Has heart concerns – deterioration of blood circulation
- n. Is in shock – including allergic reaction to insect bites or food
- o. Has had an epi-pen dosage given
- p. Has been poisoned or subjected to smoke inhalation
- q. Has a head, neck, back, or large bone injury
- r. Has been involved in a motor vehicle accident
- s. Is drowning.

Note: When dialing 911 from any phone on the NHC campus or Pruett House, an alert will automatically sound on the phones in the offices of the Executive Director, Program Director, HC, and the front desk. This does not apply to the HC's cell phone.

3. Upon observation of an injury/incident immediately:
  - a. Secure the accident scene as needed to prevent further injury/incident
  - b. Elicit a response from the injured child to determine consciousness
  - c. Ask child where they are hurt
  - d. Ask child if they can move on their own
  - e. If child is unable to get up on their own, do not move the injured child
  - f. Notify additional classroom staff and coordinate assistance
  - g. Never leave an injured child unattended
  - h. Use closest telephone to contact 911, HC, Ed Supervisor, Ed Manager, HS Director or Executive Director (in this order)
  - i. Using First Aid Training, provide necessary intervention to stabilize injury until management assistance arrives on site
4. Upon observation of illness, immediately:
  - a. Utilize designated sick area of the classroom in an attempt to contain the spread of illness and provide privacy as needed
  - b. Ask child what hurts and observe any unusual behavior that may be related to illness
  - c. Notify additional classroom staff and coordinate assistance in order to maintain constant monitoring of the child
  - d. Meet the needs of the child based on the illness observed
  - e. Contact the HC, Ed Supervisor, Ed Manager, HS Director or Executive Director as indicated utilizing exclusion guidelines for specific illnesses from CH SOP 17.

NOTE: If child returns to normal classroom activity, classroom staff will continue to evaluate the child throughout the program day. The classroom staff will continue to observe the child and will document observations accordingly using an Incident Report, Boo-Boo report, or daily health check as appropriate (See SOP 11). Any physical and emotional behaviors demonstrated by the child, and any statements made by the child should be documented in the report.

5. If unsure about the urgency of the situation, staff shall immediately seek medical assistance from the following as needed who may choose to notify 911 or seek consultation from Medical Consultant as listed Center Emergency Medical Care Plan.
  - a. HC – if unavailable proceed to...
  - b. Any Ed Supervisor – If unavailable, proceed to...
  - c. Ed Manager – if unavailable proceed to...
  - d. HS Director – If unavailable, proceed to...
  - e. Executive Director
6. The following information should be provided to HC, Ed Supervisor, Ed Manager, HS Director or Executive Director when placing the call:
  - a. Child's name
  - b. Nature of incident/injury/illness

- c. Current physical condition of child (breathing, unconscious, allergic reaction, bleeding, seizure)
  - d. Location of child
7. Responsibilities for child related emergencies are as follows:
- a. Lead Teacher
    - i. As directed, contacting the Parent/Guardian or emergency contact as listed on the child's Emergency Contact Update Form immediately after evaluation by HC, Ed Supervisor, Ed Manager, HS Director or Executive Director.
    - ii. As directed, accompanying the ill/injured child by emergency transport if emergency medical attention is necessary.
    - iii. Assuring that the General Consent Form is taken with the child to the emergency room
    - iv. Within 24 hours, completing an incident report on any child sent off-site for treatment by a medical professional, obtain parent/guardian signature, and submit report to the HC (see CH SOP 10)
    - v. In the event that the Lead Teacher is unavailable, the Teacher will assume the above responsibilities.
  - b. Teacher
    - i. Obtain the child's Teacher File and give it to the Lead Teacher
    - ii. Call the EOA, Ed Supervisor(s), or HS Director to assure staff coverage is obtained in the classroom.
    - iii. In the event that the Teacher is not available, the Classroom Assistant or Ed Supervisor will assume the above assigned duties.

### **Urgent Medical Care**

Note: Urgent situations do not necessarily require ambulance transport but still need medical attention within one hour.

1. Seek medical attention within **one hour** for:
  - a. Fever in any age child who looks more than mildly ill.
  - b. Fever in a child less than two months (eight weeks) of age.
  - c. A quickly spreading purple or red rash.
  - d. A large volume of blood in the stools.
  - e. A cut that may require stitches.
  - f. Any medical condition specifically outlined in a child's health or nutrition care plan requiring parental notification.
2. Responsibilities for Urgent Medical Care are as follows:
  - a. Lead Teacher or Teacher shall immediately seek medical assistance from the HC, Ed Supervisor(s), Ed Manager or HS Director.
  - b. HC, Ed Supervisor, Ed Manager or HS Director will assess the situation and provide care as needed.
  - c. HC, Ed Supervisor, Lead Teacher or Teacher will contact Parent/Guardian and request pick-up and hospital/medical evaluation. In the event the Parent/Guardian cannot be reached or has not arrived at the center, the child should be transported for medical care.
  - d. Lead Teacher will complete an incident report for any child sent off-site for treatment by a medical professional, obtain parent/guardian signature, and submit to the HC within 24 hours (See SOP 9)
3. Transportation: Agency vehicles may be used for urgent transport by staff to a medical facility if offsite medical treatment is indicated. There must be two staff present: one to drive and one to maintain care and ongoing assessment of the child being transported. A copy of General Consent Form, which includes consent to receive medical care and/or transportation in case of emergency, a cell phone, and a copy of any current Health Care Plan must be taken to the medical facility. MPP staff will call ahead to alert the receiving medical facility of impending arrival.

### **Potential or suspected injuries, incidents or illnesses:**

1. If a child comes to school injured to include casts, stitches and shows difficulty participating in regularly scheduled classroom activities, the HC, Ed Supervisor(s), Ed Manager or HS Director must be contacted in order to determine inclusion/exclusion. Parent will be contacted in order to gain information regarding said injury. The program will request medical release regarding inclusion/exclusion from a professional medical provider.
2. For suspected injuries or illnesses that occur within the program day, the classroom staff will continue to observe the child and document any observations accordingly using an Incident Report, Boo-Boo report, or daily health check as appropriate. Any physical and emotional behaviors demonstrated by the child, and any statements made by the child should be documented in the report.

### **Person(s) Responsible:**

HC Classroom Staff Ed Supervisors

FSA

**Updated 7/2021**

**CHILD HEALTH & SAFETY****CH SOP 8****Subject: Dental Emergency Procedures****Performance Standard: 1302.43; North Carolina Rule 10a .0802****Dental Emergency Procedures**

<b>Type of Injury</b>	<b>First Aid</b>
Toothache	Rinse mouth vigorously with warm water to clean out any debris. If swelling is present, place towel wrapped cold compress to the outside of the cheek. <b>DO NOT USE HEAT.</b> Call the parent to take the child to the dentist
Object Wedged	Do not try to remove the object; call the parent to have the child taken to dentist or physician immediately.
Knocked Out Tooth	Place tooth in milk or cool water. <b>DO NOT CLEAN TOOTH.</b> Call the parent to take child to the dentist immediately.
Broken Tooth	Try to clean dirt or debris from injured tooth with warm water. Place towel wrapped cold compress on face next to the injured tooth to minimize swelling. Call the parent to transport child to the dentist immediately.
Bitten lip or Tongue	Use protective gloves; apply direct pressure to the bleeding area with sterile gauze. If lip is swollen, apply cold compress. If bleeding does not stop readily or if bite is severe, call 911 to transport the child to hospital emergency room immediately.
Fractured Jaw	If fracture is suspected, immobilize jaw (triangular bandage, handkerchief, and towel) and call 911 to transport child to the hospital emergency room immediately. Suspect neck or spinal injury

**Dental Emergency Posters are located in each classroom.**

Contact parent, guardian, or other adults as listed on the child’s emergency form. Complete necessary forms to notify the HC of any accidents and injuries. Refer to Emergency plan.

**Person(s) Responsible:**

HC Classroom Staff

**CHILD HEALTH & SAFETY****CH SOP 9****Subject: Incident Reporting & Boo Boo Reports****Performance Standard: 1302.47; NC110-91(6), .0802, 10a NCAC 09. .0802 (6) (d-e) 0601-.0605****Policy: The program completes and maintains effective recordkeeping on all incidents as required by NCDCDEE.****Operational Procedures:**

1. Classroom staff complete an Incident Report when:
  - a. A child is hurt and needs off-site medical treatment.
  - b. There is any medication error.
  - c. A child is stung by a Bee.
2. Both the staff completing the report and parent will sign the report.
3. Incident Reports are in triplicate: HC receives the original and the yellow copies (within 24 hours) and the parent receives the pink copy.
4. All incident reports are reviewed and logged by the HC. Originals are kept in logbook in HC’s office. Incident Reports resulting in outside provider treatment or emergency treatment are forwarded to the NCDCDEE Child Care Consultant within seven days of occurrence and documented on the Incident Log form required and provided by NCDCDEE.
5. Staff completes a Boo-Boo Report when a child has a minor incident stating what happened, what was done to make the child feel better and who provided the care. Staff completing the report and parent will both sign the report (white copy for the HC, yellow copy for the parent, and pink copy for the classroom).
6. Classroom Staff and/or Ed Supervisor may initiate a Bite Log when a classroom identifies a persistent biting pattern or issue. This log is to be turned in at the end of each month to the HC. The Bite Log consists of date, time bite occurred, area in which bite occurred, victim’s name, biter’s name, documentation of condition of skin (i.e. was the skin broken), and a comments section if needed. Attempted bites are also logged. Interventions to

decrease or prevent excessive biting are initiated by Ed Supervisors with classroom staff.

7. HC documents all incidents/injuries that occur in the program's Child Plus and provides a summary of incidents and injuries to the Integrated Team for case review as requested.

**Person(s) Responsible:**

HC Classroom Staff Ed Supervisors DES Updated 7/2020

**CHILD HEALTH & SAFETY**

**CH SOP 10**

**Subject: Injury Prevention**

**Performance Standard:** 1302.41, 1302.47, 1302.90; NC110-91(6), .0802, 10a NCAC 09. .0802 (6) (d-e) 0601-.0605

**Policy:** The program must make every effort to prevent injuries to children, staff, and visitors by training staff and volunteers in injury prevention, as well as providing families with information on injury prevention in the home.

**Operational Procedures:**

1. Staff will remain current in Health and Safety trainings.
2. The program follows a schedule of safety drills that include fire, tornado, high alert, lock downs, and emergency evacuations as required.
3. Emergency Medical Care Plans and safety posters for emergencies that require rapid response are posted in each classroom. Parents are provided with resources and/or training to increase safety awareness at home.
4. Children, when developmentally appropriate, will be taught safety and injury prevention by teaching or health staff.
5. Caregivers receive the Pedestrian and Transportation Safety Booklet that includes information on pedestrian safety, general transportation information, car seat safety, bus danger zones and arrival/departure procedures (in English or Spanish).
6. Each playground is checked daily for safety hazards and documented by qualified staff. A monthly Playground Inspection is conducted for each playground.
7. Safety inspections are conducted on each building and classrooms annually.
8. Repairs/improvements are completed as needed.
9. Daily bus/vehicle pre- and post-trip inspections are completed.
10. The HC and/or other designated staff will conduct random classroom health and safety monitoring via the HC Checklist on the program's monitoring system.

**Person(s) Responsible:**

HC Classroom Staff Ed Supervisors Ed Manager Maintenance Supervisor NS Updated 7/2020

**CHILD HEALTH & SAFETY**

**CH SOP 11**

**Subject: First Aid Kits**

**Performance Standard:** 1302.47

**Policy:** The program ensures readily available, well-supplied first aid kits.

**Operational Procedures:**

1. Readily available, well-supplied first aid kits appropriate for the ages served and the program size are maintained at each facility.
2. Bus/vehicle first aid kits are found on program vehicles and kits are available to be taken on outings away from center sites.
3. First aid kits restocked as needed and an inventory is conducted monthly by the HC.
4. Fanny packs and bus first aid kits are restocked by teachers after use and are monitored at random by the HC.
5. OSHA Kits are monitored and restocked as indicated by HC
6. Designated staff will inventory first aid kit located on Head Start playground and request supplies from HC as needed.
7. Teachers in outlying centers conduct inventory and request supplies from HC.
8. Bus first aid kits and Occupational Safety and Health Administration (OSHA) Kits are checked and restocked by bus driver three times per year and/or as needed.
9. Fanny Packs should contain the items listed in the Emergency Care Plan and are restocked by teachers. Call HC for supplies as needed.
10. Emergency evacuation backpacks should contain the items listed in the Emergency Care Plan and are to be restocked by teachers after each use.
11. Automatic External Defibrillator (AED) – staff are trained in the operation of AEDs located at the centers and monitored monthly by HC.



**Person(s) Responsible:**

HC                      Bus Drivers                      Classroom Staff

**CHILD HEALTH & SAFETY**

**CH SOP 12**

**Subject: Medication Administration**

**Performance Standard:** 1302.47(7)(iv); N.C. Rule .0803; 10A NCAC 09.0803

**Policy:** The program establishes and maintains written procedures regarding the proper administration, handling, and storage of medication, including the use of any necessary equipment.

**Operational Procedures:**

1. All prescription medication will be in the original containers with a pharmacy label that should include child's name, the licensed health care provider's name, name of medication, dosage amount, how and when to give, date medication was filled, the expiration date of the medication and start/stop dates of the medication administration.
2. Over the counter medications will be in original containers and staff must ensure that they have a written order from the licensed health care provider that includes child's name, name of medication, dosage, how and when to give medication and how long medication is to be given. Classroom staff will apply a label provided by the program for the medication to include:
  - a. Child's name
  - b. Name of medication
  - c. Date brought to center
  - d. Dates to be administered (start and stop dates)
  - e. Initials of person accepting
3. The parent must complete and sign a "Permission to Administer Medication Form" for each medication that will be administered at the center, which will indicate child's name, name of the medication with the expiration date, exact dosage to be administered, times medication is to be administered, and the dates the medication is to be given.
4. No medication can or will be administered at the center past the expiration date on container or past date indicated by physician. No acute illness medication will be kept at the center indefinitely to be administered "as needed". If an order reads "prn" (as needed) specific details of how, when, how long, etc. should be obtained from the physician.
5. Classroom staff, that have completed training in Medication Administration may administer medications. Staff will receive procedure updates on medication administration from the HC as needed.
6. The program will ensure that all medications, including those required for staff and volunteers are labeled and stored under lock and key. Exceptions to the "locked" rule are emergency medications for asthma, diabetes, seizures, and epi-pens. These medications should be easily accessible, but out of reach of children. Staff lotions are to be labeled and kept five-feet out of reach of children. Toothpaste is kept five-feet out of reach of children.
7. The program will maintain an individual record of all medications titled Permission to Administer Medications Form dispensed while the child is in the center and classroom staff will review the records at least monthly and/or as needed with the child's parents, then sign and date in column designated for review with parent.
8. A written statement from the physician may give permission for up to one year to authorize administration of sunscreens, insect repellents, and over-the-counter diaper creams. Sunscreen or sun block will have UVB and UVA protection as ordered by a physician or by parent choice and applied only to exposed skin. The program requires parent to apply sunscreen in the AM. Teachers will re-apply on extended day children as needed.
9. The program recommends that a parent give the first dose of a medication before bringing the medication to the center, with the exception of emergency medications (e.g. for asthma, allergy, seizure, or diabetes).
10. After a medication is given to a child, the staff will document any reactions and/or changes in a child's behavior and inform parent and HC. Caregivers will be assisted as needed with communicating with the child's primary care provider regarding the effects of medication on the child.
11. The program will ensure that an adult hand delivers directly to the bus driver any medication that is to be administered to the child while at the center. Bus drivers have the Parent/Guardian sign and complete a permission to administer medication form and place medication in an appropriately secured location. Medications cannot be transported to and from the center in backpacks or diaper bags.
12. After medication end date is reached, any leftover medication will be returned to Parent/Guardian for disposal.
13. Parent/Guardian and HC are to be notified of any incidences of a missed dose, if wrong medication was given, or if medication was given to the wrong child. An Incident Report is completed, signed by staff and parent, and then forwarded to the HC within 24 hours. The HC then forwards the Report to Childcare Licensing Consultant within seven (7) calendar days.

14. HC will do random classroom checks to ensure that proper procedures are followed regarding the administration of medication, completion of forms and storage of medication.
15. As forms are completed, teaching staff forward to HC. Records related to medication administration should be kept on file for one (1) complete year after the medication was last given.
16. A Parent/Guardian may opt to administer a medication to their own child during the child care day when the following requirements are met:
  - a. The Parent/Guardian must give the medication himself or herself.
  - b. The Parent/Guardian must complete documentation at the time of medication administration on designated form that includes:
    - i. Who medication was given to
    - ii. Who it was given by
    - iii. The time of administration
    - iv. The date of administration
    - v. The reason for administration
    - vi. The route of administration
    - vii. Copy of form forwarded to HC
  - c. Must be minimally disruptive to classroom activities.
  - d. This should only occur in rare instances and should not be a routine procedure.

**Person(s) Responsible:**

HC Trained Staff

Updated 7/2020

**CHILD HEALTH & SAFETY**

**CH SOP 13**

**Subject: Hygiene, Hand Washing, Diapering**

**Performance Standard:** 1302.47 (6); 10A NCAC 09.1720

**Policy:** The program incorporates a wide variety of practices and standards for personal hygiene that adequately protects the health and safety of children and staff. The program conducts random classroom checks to ensure that proper hand washing and diapering procedures are followed as recommended by local, state and federal guidelines.

**Operational Procedures:**

1. Staff and all other adults working in the classroom will participate in the modeling and teaching of hand washing to reduce the risk of transmission of infectious diseases to themselves and others.
2. Staff/volunteers wash their hands with soap and running water at least at the following times:
  - a. Upon reporting to work or class
  - b. Upon entering a classroom and/or participating in an activity
  - c. After toilet use or child diaper change
  - d. Before food preparation, before bottle feeding, or before serving children food
  - e. When hands are visibly dirty or contaminated with blood or other bodily fluids
  - f. After wiping nose
  - g. Before/after sand and water play, or using play dough
  - h. Handling pets or other animals (see SOP 20)
  - i. Before and after giving medications, including sunscreens or bandaging a wound
  - j. After removing disposable gloves
3. Children wash their hands with soap and running water:
  - a. When they arrive at the center or after playing outdoors
  - b. Before and after meals or food activity
  - c. After using the bathroom or diaper change
  - d. After coming in contact with body fluids (i.e. soiled clothing) or when visibly dirty
  - e. Before and after sand or water play or using play dough
  - f. Handling pets or other animals
4. Nonporous (e.g., latex or vinyl) gloves are worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids as well as washing hands after glove removal.
5. Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned using OSHA kit and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration (OSHA), U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids are cleaned and disinfected immediately after use. Other blood-contaminated materials are disposed of in plastic bag with a secure tie and placed in outside trash containers.

6. In certain or extreme situations and only as a temporary measure for hand washing, when a sink with running water is not accessible, the use of a hand sanitizer or a wipe is acceptable as long as the following requirements are met: the water less wash or wipe must be used according to the manufacturer guideline (i.e. labeled safe for use by children, used only with adult supervision, use only small amount and allowed to dry properly), must be stored out of reach of children and does not take the place of traditional hand washing, which should take place as soon as running water is available.

### **Diapering a Child Policy:**

Diapers shall be visually checked for wetness/feces every two hours or less, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The child shall be changed when found to be wet or soiled. Diaper or soiled clothing changes occur in designated areas only and are located away from food preparation areas. Staff whose primary function is preparing food does not change diapers until food preparation is completed for the day. Staff will follow recommended guidelines regarding proper diapering procedures as follows:

### **Changing Table Diapering Procedures:**

1. Refer to Diapering Procedure Chart posted in each classroom and changing areas.

### **Standing Diapering/Toileting Procedures:**

1. Wash hands
2. Gather supplies needed:
  - a. Enough wipes for change, including cleaning the child's bottom, wiping the teacher's and child's hands before putting on the clean diaper – take wipes out of container
  - b. A diaper
  - c. Plastic bag for soiled clothes and clean set of clothes (if needed)
  - d. Gloves
  - e. Diaper cream as necessary
3. Take child to changing area in the restroom
4. While child is standing, remove shoes, socks and pants to prevent soiling
5. Ask child to hold up their shirt above their waist to avoid contamination
6. Remove diaper by pulling sides / tabs to remove  
Note: do not slide down the child's legs
7. Place soiled diaper into a lined, covered, hands-free trash container
8. Clean child with wipes from front to back and place wipe in trash
9. Remove gloves at this time and discard
10. Use a fresh wipe to remove soil from your hands and dispose
11. Use another wipe to remove soil from child's hands and dispose
12. Put on clean diaper and redress the child
13. Wash child's hands at sink and return child to play area without touching any other surfaces.
14. If floor is soiled, disinfect floor where change took place and allow to air dry for at least two (2) minutes before wiping
15. Wash hands

### **Cleaning and Disinfecting Changing Table/Soiled Floor Procedures:**

1. Clean area with soap solution
2. Wipe dry
3. Thoroughly wet the surface with disinfecting solution and leave glistening wet to air dry for a minimum of two (2) minutes
4. A bleach solution of 1:500 to 800 ppm (2/14 teaspoon) of bleach per quart bottle is to be used in the disinfecting processing
5. Bleach solution is to be mixed, labeled and tested daily and kept out of reach of children.
6. Document the diaper change as indicated on the diaper-changing chart or cuddle gram.

### **Person(s) Responsible:**

HC Teaching Staff Ed Supervisors

Updated 7/2020

### **CHILD HEALTH & SAFETY**

CH SOP 14

### **Subject: Tooth Brushing**

**Performance Standard:** 1302.43; 10A NCAC 09.0803(7)

**Policy:** The program ensures each classroom has supervised or assisted tooth brushing with the use of fluoride toothpaste to promote effective dental hygiene among children once daily. Permission is obtained from each Parent/Guardian in order to administer fluoride toothpaste.

**Operational Procedures:**

1. Permission to administer fluoride toothpaste is located on the general consent form signed by parent/caregiver.
2. Until age one or until teeth erupt, a disposable gauze sponge is used to clean the teeth and gums once a day. Hands are to be washed before and after using gauze to clean a child’s gums.
3. Children from with teeth will brush teeth with a toothbrush, fluoride toothpaste, and running water.
4. Sanitation and Storage of Toothbrushes
  - a. After use, each toothbrush is covered with an individual, clean, plastic cup and placed in a holder, which is stored in a mesh cover, out of reach of children. Classroom staff use a permanent marker to identify each child’s toothbrush (do not use labels).
  - b. Each classroom is provided with a new toothbrush as needed but no less than three times per school year.
  - c. If a child is sick, classroom staff will replace all toothbrushes.
  - d. Two (2) toothbrush holders are provided for each classroom. They are washed and rotated so that a clean holder is available each day.
5. Brushing
  - a. Classroom staff should facilitate tooth brushing. Staff should hand each child their own toothbrush until children are able to identify their name and or symbol located on the toothbrush.
  - b. Classroom staff place only a tiny amount (a smear for children under three (3) years old and a pea sized amount for children over three (3)) of fluoride toothpaste on the bottom of each child’s cup.
  - c. Children scoop the paste off the bottom of the cup onto the toothbrush and brush their teeth at the sink with running water. Classroom staff assist any children lacking motor skills in brushing their teeth.
  - d. After a child has completed brushing teeth, the child is assisted or shown how to rinse and spit the toothpaste into the sink with running water. Children fill up the cup with water and rinse their mouth and cover their toothbrush with a clean small plastic cup.
6. The HC and/or NS and or designated staff will conduct random checks to ensure proper tooth brushing and toothbrush storage is followed.

**Person(s) Responsible:**

Classroom Staff      Ed Managers      HC      NS

**Updated 7/2020**

**CHILD HEALTH & SAFETY**

**CH SOP 15**

**Subject: Conditions of Short-Term Exclusion and Admittance/Illness in Classroom; Child Is Too Sick to Attend or Injured/Sending Sick or Injured Children Home**

**Performance Standards:** 1302.41; 10A NCAC 09.0804

**Policy:** The program ensures that no child is excluded from the program for a long period based on health care needs unless keeping the child in care poses a significant risk to the health and safety of the child or anyone who may meet the child.

**Operational Procedures:**

1. Each child receives a daily visual health check for general appearance and obvious signs of illness or injury. The staff receiving the child must ask questions regarding child’s health at the time of drop off as a part of this health check or inquire of any complaint of illness or injury by a child or parent.
2. When classroom staff has any concerns, they will observe the child and notify HC or appropriate Ed Supervisor.
3. See Parent Handbook for Sick Policy and illness exclusion and illness or diseases to be reported to health department.
4. In the event the State or Local Health Department issues an “Epidemic or Pandemic Influenza” or “Norovirus/Stomach Flu” alert:
  - a. The program will follow all recommendations and/or requirements issued by the above-mentioned agencies, along with increasing prevention precautions and follow appropriate sick child policy as well as close monitoring of all children for signs and/or symptoms of the “flu”.
  - b. During this time, any child with a fever of 100 or greater (tympanic or temporal) with accompanying symptoms will be temporally excluded until the child is fever/vomiting and/or diarrhea free for a least 24 hours without the use of medications. The program will refer any child with symptoms to his or her physician as indicated.
  - c. During this time, any child with one (1) or more episodes of out of the diaper or out of the underwear

diarrhea, along with a fever of 100 or greater (tympanic or temporal), and/or other accompanying symptoms will be temporally excluded until the child is diarrhea free for a least 24 hours without the use of medications. The program will refer any child with symptoms to his or her physician as indicated.

- d. The program will provide parents and staff with “Flu” information and updates as indicated, as well as, information on handwashing and hygiene practices, including proper coughing/sneezing practices and the use and proper disposal of tissue.
  - e. As approved by the Health and Education Advisory Committee, in the event of extreme situations, such as confirmed community or county wide epidemics of communicable or contagious diseases, exceptions to the above rules may apply. For example, children may be sent home after one occurrence while at the center. Such changes will have prior approval from authorized personnel such as Directors, Managers, and/or the HC.
5. Children should have daily opportunities for fresh air, exercise, and outdoor play, when air quality and environmental safety conditions do not pose a health risk and/or when weather conditions permit. Weather permitting means unless there is active precipitation, a weather advisory or a weather related public announcements indicating that environmental conditions such air quality conditions, extreme cold/wind chill or heat/heat index conditions could pose health risks. The Ed Supervisors, Ed Manager and/or Operation Assistant will utilize appropriate Weather Chart along with local weather announcements in determining if outdoor activities are safe. Staff will look to see that children are appropriately dressed for warm or cold weather conditions, have access to water and shaded areas in warm weather.
6. The program spaces cribs and cots at least three (3) feet apart to avoid spreading contagious illness and to allow for easy access to each child.

**Person(s) Responsible:**

HC Classroom Staff Health Advisory Board Bus Drivers Updated 7/2021

**CHILD HEALTH & SAFETY**

**CH SOP 16**

**Subject: Head Lice Procedure**

**Policy:** The program will follow the following procedure when a live louse is found on a child or multiple children.

**Operational Procedures:**

1. If a live louse is found on a child, the classroom staff will secure the live bug on a piece of clear tape and seal it into the tape.
2. Staff will then contact the HC or appropriate Ed Supervisor for verification.
3. The parent will be contacted for pick up and the following will apply:
  - a. First Occurrence: The caregiver will be contacted regarding louse findings and will be provided information on appropriate treatment. A checklist and notification letter will be put in the child’s classroom mailbox for the parent at the time of pickup. The child may return to the center 24 hours after treatment.
  - b. Second Occurrence: The procedures above will be followed, and there will be follow-up from the Family Service FSA to include support and education on:
    - i. Lice treatment
    - ii. Prevention for the child, home, and family
    - iii. Tips on how to clean the home
    - iv. Nit removal and combing
  - c. Third Occurrence: The caregiver will be contacted for pickup and given a checklist and notification letter. The child may not return to the classroom until a meeting with the Family Service FSA and HC has occurred, where additional education on prevention and treatment of head lice will be provided.
4. At any time, if there are two or more children in the same classroom with lice at the same time, a letter will go home to all caregivers in that classroom.

**Person(s) Responsible:**

HC Teaching Staff Ed Supervisors FSA Updated 7/2018

**CHILD HEALTH & SAFETY**

**CH SOP 17**

**Subject: Blood Borne Pathogens**

**Performance Standard:** 1302.47

**Policy:** The program follows the Universal Precautions regarding potential exposure, exposure to blood, blood borne pathogens, and other potentially infectious materials.

**Operational Procedures:**

1. When an employee or volunteer has come into contact with human blood and any other potentially infectious

- materials, he/she notifies the HC immediately.
2. The program provides the affected employee or volunteer with access to laboratory tests and/or medical evaluation after the exposure has been reported to the HC and Human Resource Coordinator.
  3. The program provides all new full time employees with access to the Hepatitis B vaccine.
  4. Blood borne pathogen training is conducted online every three years.

### **Exposure Control Plan for Blood Borne Pathogens:**

**Purpose:** This document sets forth the Exposure Control Plan (“ECP”) of the program required by paragraph (c) of the Occupational Health Standard for Blood borne Pathogens (29 C.F.R. 1910.1030, “the Standard”) promulgated by the Occupational Safety and Health Administration. (“OSHA”), United States Department of Labor.

This ECP identifies the job classifications, which have been determined to have potential exposure to blood and other potentially infectious materials at MPP. Other potentially infectious material is defined in Standard as including the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures. It is best to consider any body fluid contaminated and to use universal precautions at all times.

The ECP also describes the methods of compliance with the applicable requirements of the Standard, it sets forth a compliance schedule for such methods, and it describes a procedure for evaluating exposure incidents.

All personnel employed by MPP are required to comply with this ECP and with the requirements of the Standard. Any failure to comply may be cause for disciplinary action.

In the event that the requirements of the ECP or the compliance requirements of the Standard should conflict with established infection control procedures, the more protective procedure will be followed to obtain the maximum protection for the client/children and the worker. Questions concerning this ECP and compliance with the Standard would be directed to the Person(s) Responsible for the design and implementation of the plan.

### **Person(s) Responsible for OSHA Compliance:**

The 0-5 HC and Office Staff (other than Head Start), has responsibility for implementing the ECP and ensuring compliance with it and the Standard.

### **Accessibility of the Exposure Control Plan:**

Employees of MPP during the employee’s regular working hours or at such other time as is reasonable may examine the ECP. A copy will be maintained at each center.

### **Review:**

This ECP will be reviewed and updated by MPP at least annually and whenever necessary to reflect new or modified tasks and procedures, which may affect an employee’s potential for exposure to blood and other potentially infectious materials, and to reflect new or revised employee potential exposures.

### **Exposure Determinations:**

All employees in the following job classifications are potentially exposed employees:

HC, Teachers, Teacher Assistants, All Education Staff, Maintenance / Janitor

(This, however, is not an inclusive list)

### **Methods of Compliance**

1. Work Practices
  - a. Body Substance Isolation—the program will observe Body Substance Isolation procedures to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials.
  - b. Hand-washing—the program ensures that all employees wash hands using soap, running water, and friction in the following situations:
  - c. Immediately after or as soon as feasible following contact with blood or other potentially infectious materials (other skin should be washed with soap and water and mucous membranes flushed with water after such contact)
  - d. Immediately or as soon as feasible after removal of gloves or other personal protective equipment.
    - i. Hand-washing facilities are readily accessible to employees in work areas. When provision of hand-washing facilities is not available, the employer shall provide either an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
  - e. Procedures involving blood—Procedures involving blood or other potentially infectious materials will be

performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

- f. Eating, Drinking, etc.—Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of potential exposure.
  - g. Food and Drink will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
  - h. Application of hand cream is permitted in work areas provided the hands be thoroughly washed prior to application.
  - i. The individual responsible for reviewing and maintaining OSHA compliance will examine these work practices for effectiveness at least annually.
2. Use of Sharps
- a. Disposable needles—only disposable needles will be used at MPP. Contaminated disposable needles will not be bent, recapped or removed. Shearing or breaking of contaminated needles is also prohibited.
  - b. Disposable Sharps:
  - c. Contaminated sharps, which include any contaminated object that can penetrate the skin such as needles and broken glass, will be disposed of immediately or as soon as feasible after use.
  - d. Contaminated sharps will be disposed of in containers that are closeable, puncture resistant, and leak proof on the sides and bottom. The container will be either red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
  - e. The disposable sharps containers will be located in the designated storage area. Should an employee need access to a sharps container; one will be provided for that employee by the HC. The containers must be maintained upright throughout use, replaced routinely, and not allowed to overfill.
  - f. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage is possible, the sharps container will be placed in a secondary container. The secondary container must also be closeable, constructed to contain all contents and prevent leakage, and affixed with a red, fluorescent either orange or orange-red label with the letters in contrasting colors along with a biohazard label.
  - g. Reusable containers are not to be opened, emptied, or cleaned manually or in a manner, which would expose employees to the risk of percutaneous injury.
3. Personal Protective Equipment
- a. Use: The program will provide appropriate personal protective equipment (“PPE”) to employees at no cost to be used when there is potential for exposure to body fluids. All persons who may have exposure to blood or other potentially infectious materials shall use PPE, which is appropriate for the anticipated exposure.
  - b. Limited Exception for Use of PPE.
    - i. The program will ensure that its employees use appropriate PPE unless an employee temporarily and briefly declines to use it. A limited exception to this would include, under rare and extraordinary circumstances, it was the employee’s professional judgment that the use of PPE equipment would have prevented the delivery of First Aid or public safety services or would have posed an increased hazard to the safety of the employee or co-employee. As soon as situation changes, employee is expected to implement full use of all PPE. The fact that PPE might alarm a child/client or make routine First Aid more difficult is not adequate reason not to use it.
    - ii. In all circumstances when an employee makes a judgment to not use and does not use the PPE, the program will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The staff Person(s) Responsible for OSHA compliance will perform the investigation, with the assistance of such persons as he/she designates.
  - c. Accessibility
    - i. Personal Protective Equipment will be readily accessible for employees who are at risk for occupational exposure.
    - ii. For employees who are allergic to the gloves provided, they should inform their supervisors and they will be provided with hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives.
    - iii. If an employee refuses to wear the appropriate PPE, such action will be reported to appropriate individual responsible for OSHA compliance.
  - d. Gloves
    - i. Appropriate protective gloves must be worn whenever it is reasonably anticipated that an employee may have hand contact with blood, other potentially infectious materials, mucus membranes, and non-

intact skin. (They also must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. Disposable gloves should be worn during invasive and aseptic procedures.

- ii. Disposable (single-use) gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. They will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised. After use, disposable gloves and utility gloves, which cannot be reused for the reasons stated above, will be placed in the appropriately designated container.
  - iii. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternates shall be readily accessible to those employees who are allergic to the gloves normally provided.
- e. Masks
- i. Disposable masks shall be worn whenever reasonably anticipated that an employee may have contact around the mouth area with blood or other bodily fluids.
  - ii. Disposable masks will be disposed of after use. Masks are to be changed whenever soiled with blood or other potentially infectious materials.
- f. Ventilation Devices
- i. Pocket masks will be readily available for employees who could reasonably be expected to resuscitate clients/children as part of their occupational duties.
- g. Protective Body Clothing
- i. Appropriate protective body clothing that will not permit blood or other potentially infectious materials to reach the employee's working clothes, undergarments, or skin, under normal conditions, is readily available.
- h. Removal
- i. If blood or other potentially infectious materials penetrate PPE or clothing, the employee must remove and replace it immediately or as soon as feasible. All PPE must be removed prior to leaving the work area. This would mean that PPE must be removed when the employee leaves the work area where potential exposure existed.
- i. Cleaning, Laundering, and Disposal
- i. The program will clean, launder, and dispose of all PPE at no cost to the employee. Such equipment will also be repaired or replaced as needed to maintain effectiveness at no cost to the employee.
  - ii. As appropriate any used disposable PPE can be placed in a red biohazard bag
- j. Housekeeping
- i. The worksite will be maintained in a clean and sanitary condition. All spills of body fluids will be cleaned up immediately after incident All equipment, environmental and working surfaces may be disposable or shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials. (Blood spills on carpet will be spot cleaned with a disinfectant and then will be commercially cleaned)
  - ii. Appropriate disinfectants will be available in each spill kit and in each classroom.
  - iii. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Disposal of large amounts contaminated materials shall be placed in a red biohazard bag that prevents intentional spills.

#### Hepatitis B Vaccination

1. The employer shall make available the Hepatitis B vaccination series to all employees who have occupational exposure risk, and post-exposure evaluation and follow-up to all employees who have had an actual exposure. The employer shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluations and follow-up shall be:
  - a. Made available at no cost to the employee
  - b. Made available to the employee at a reasonable time and place
  - c. Performed by a licensed healthcare professional and provided according to the recommendations of the US Public Health Service current at the time these evaluations and procedures take place



2. Post-Exposure Evaluation and Follow-up Purpose: To define significant body substance exposure; To provide investigation and management of persons with body substance exposures in the course of employment.

**Policy:** It is the responsibility of all employees to report all suspected body fluid exposures by reporting each exposure immediately to their supervisor and to complete an incident report. Employee orientation includes instruction on this process. All puncture wounds, blood, bloody body substances, unprotected mouth-to-mouth resuscitation, or splashes into the mouth or eyes will be reported promptly and an investigation made to determine the possibility of a blood-borne disease exposure.

1. Procedure
  - a. The HC will assist in the investigation of significant body substance exposure such as needle puncture wounds or splashes into the mouth or eyes.
  - b. The HC will collaborate and assist the designated staff as indicated in the maintaining of bodily substance exposures records and monitoring for trends in the numbers, circumstances surrounding the exposures, departments or individuals involved and immunizations given.
2. Training
  - a. All employees with potential exposure will be required to participate annually in a training program at no cost and during working hours.
  - b. The programs training will include at least the following elements:
    - i. An explanation of the OSHA Standard
    - ii. A general explanation of blood borne diseases
    - iii. An explanation of the modes of transmission of blood borne diseases
    - iv. An explanation of the program's "Exposure Control Plan" and the way that each employee can obtain a copy
    - v. An explanation of the use and limitations of methods to prevent or reduce exposure
    - vi. Information on all types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
    - vii. An explanation of the basis for selection of personal protective equipment
    - viii. Information on Hepatitis B vaccine including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

#### Procedure for Cleaning Blood Spills

1. Purpose: Cleaning of blood spills according to the Environmental Protection Agency
2. Performed By :HC, Nutrition Assistant, Specialist Staff, Supervisors, Teachers, Teacher Assistants, Maintenance Staff, Janitorial
  - a. Equipment
    - i. Small bucket
    - ii. Disposable cleaning cloth
    - iii. Disposable glove
    - iv. Bleach solution- 1 part Clorox to 10 parts water (1/2 cup to 1-gallon water)
    - v. Dust pan & broom
    - vi. Mop for large spills
    - vii. Red Z absorbent material
  - b. Procedure
    - i. Obtain necessary cleaning supplies: buckets, Clorox solution, gloves, mop, cleaning cloths, etc.
    - ii. Cleaning personnel should wash hands thoroughly
    - iii. Wear gloves
    - iv. Apply Red Z absorbent material to spill
    - v. Use broom and dust pan to pick up material
    - vi. Flood ENTIRE AREA OF BLOOD SPILL with Clorox Solution- 1-part bleach to 10 parts (1/2 cup of bleach to 1 gallon of water) water. Let stand a few minutes. Wipe up with disposable cloth as noted below.
    - vii. Re-clean entire area of the blood spill with soapy water and dry with clean cloth.
    - viii. Everyday blood spills that are contained by absorbable materials and equipment are to be placed in regular plastic bag that is securely tied and disposed of in trash receptacle outside of centers. (as per county waste disposal manager)
    - ix. Wash hands thoroughly before and after applying gloves
  - c. Spills

- i. Everyday blood spills that are contained by absorbable materials and/or equipment are to be placed in regular plastic bag that is securely tied and disposed of in trash receptacle outside of centers (as per county waste disposal manager)
- ii. Large Spills—utilize bucket and mix 1-part bleach to 10 parts water (1/2 cup Household bleach to 1 gallon of water). Use bleach solution to clean the bucket. Blood-Spill Kit is designated and stored in each center
  - New Horizon Centers Spill Kits are monitored by the HC and are restocked as needed.
  - Off Site Centers will be checked by teachers and obtain replacement supplies from the HC.

**Person(s) Responsible:**

HC                      Executive Director                      HS Director                      All Staff

**CHILD HEALTH & SAFETY**

**CH SOP 18**

**Subject: Classroom Sanitation**

**Performance Standard: 1302.47**

**Policy:** The program ensures that each classroom is trained on, maintains, and implements sanitation regulations set forth by the local health department and other regulatory agencies. Refer to MPP Head Start/Early Head Start Classroom Cleaning Schedule posted in each classroom.

**Operational Procedures:**

1. All surfaces within the classroom that come into contact with food, hands, pets, various other substances, as well as, between each different activity on that surface must be cleaned and sanitized daily and on an as-needed basis per the following instructions:
  - a. Ensure children are a safe distance away before using any cleaning/sanitizing/disinfecting solutions.
  - b. Clean area with soap and water.
  - c. Sanitize with 1:50 to 200 ppm sanitizing solution (see instructions for mixing solutions/concentrations of solutions below)
  - d. Allow sanitizing solution to air dry for a minimum of two (2) minutes.
2. Changing table cleaning and disinfecting should be done at the start and end of each day and after each use per the instructions below:
  - a. Ensure children are a safe distance away before using any cleaning/sanitizing/disinfecting solutions.
  - b. Clean changing table area with soap solution and wipe dry.
  - c. Thoroughly wet the surface with 1:500 to 800 ppm disinfecting solution and leave glistening wet to air dry for a minimum of two (2) minutes.
3. When there is only one sink in a room and that sink is utilized for multiple activities, staff must clean/disinfect the sink, faucet and handles with each ‘change of use’.
  - a. Clean with soap and water solution
  - b. Disinfect with 1:500 to 800 ppm disinfecting solution.
4. Any surface that is contaminated with blood or bodily fluids must be cleaned and disinfected according to OSHA guidelines, see CH SOP 20.
5. Before walking on surfaces that infants use specifically for play, adults and children remove, replace or cover shoes that have been worn outside of the room with clean foot coverings. Adults and children should have feet covered at all times. If parents, staff or visitors do not proceed past the cubbie area in each infant room, they will not be required to cover or remove shoes.
6. Ventilation and sanitation procedures are used to control odors to help ensure that staff or children with allergies are not exposed to chemicals.
7. During sanitation, gloves must be worn and any other personal protective equipment deemed necessary by the employee.
8. Flooring is commercially cleaned on a six-month rotation schedule or as-needed with documentation located in the maintenance department.

**Concentrations of Solutions and Instructions for Mixing:**

1. 1:10 ppm -- Bleach solution for blood spill: Standard recommendation is to use approximately ½ cup household bleach in 1 gallon of water depending on size of spill.
2. 1:50-200 ppm -- Sanitizing bleach solution: approximately one (1) teaspoon of household bleach to one (1) quart of water (use test strips).
3. 1:500-800 ppm -- Disinfecting bleach solution: (use test strip) = approximately 2¼ teaspoon of household bleach to one (1) quart water.
4. Solutions are to be mixed and labeled daily with date of mixing included on information label and concentrations verified using test strips.

5. All chemicals are stored under lock and key and out of reach of children. Do not mix or pour chemicals in child-friendly containers.

**Person(s) Responsible:**

Classroom Staff      Ed Supervisors      HC      Maintenance Staff

**CHILD HEALTH & SAFETY**

**CH SOP 19**

**Subject: Animals in the Classroom**

**Performance Standard:** 15A NCAC 18A.2831

**Policy:** The program ensures that only animals considered allowable are brought into the classrooms and appropriate safety and sanitation procedures are maintained at all times.

**Operational Procedures:**

1. The program follows the NC Rules Governing the Sanitation of Child Care Centers that state the following pets be considered “allowable”- (providing there are no animal/pet allergies in the classroom): fish, guinea pigs, gerbils, domestic rabbits, mice and upon approval - certain spiders. Because turtles, snakes, frogs, birds, baby chicks and other reptiles can carry the salmonella bacteria in their feces or transmit various diseases to humans, they are not allowed in the classroom.
2. All pet cages and/or aquariums and its components are cleaned/disinfected by staff (gloves are to be worn to protect staff). All food and water dishes are removed before spraying cage with disinfectant. Caution is exercised that the animal is not put back into the cage until the cage has a chance to completely air dry.
3. Children only hold animal(s) outside the cage. The children wash hands and clothing is changed immediately if soiled by the animal(s). Only staff hands are to be inside the cage.
4. Animals do not roam the classroom freely without supervision. When they are out, they are closely monitored to ensure that any accidents are cleaned up with soap and disinfectant immediately. Animals are not allowed in food preparation areas.
5. Animals visit the classroom under certain circumstances such as scheduled on lesson plans and approved by Ed Supervisors prior to entering classroom.
  - a. Dogs and cats are only brought in if they have no history of biting/scratching, have an updated rabies vaccination and are free of fleas, ticks, mites and lice. Children in the classroom who might be afraid are taken into consideration prior to allowing the pet to enter the room.
  - b. Other animals, with the exception of snakes, turtles, and other reptiles, may be brought in for sharing for a limited time if they do not bite and if hands are washed before and immediately after handling.
6. In the event of an animal bite involving children or staff, remove the animal from the environment immediately and follow the appropriate first aid and accident reporting procedures. Notify parent if child is involved. In order to avoid a bite, be sure to follow these guidelines:
  - a. Staff and children’s hands are washed prior to handling an animal.
  - b. Classroom staff should talk about animal safety with children. Children must be supervised when handling animals.
  - c. Talk about how to handle animals (or not to handle) prior to introducing a classroom pet

**Person(s) Responsible:**

Teaching Staff      Ed Supervisors

**Updated 7/2018**

**CHILD HEALTH & SAFETY**

**CH SOP 20**

**Subject: Infant / Toddler Safe Sleep Policy**

**Performance Standard:** 1302.47; North Carolina Child Care Law – GS 110-91-15; 10A NCAC9 .0705 and .0606

**Policy:** In order to lower risks of SIDS (Sudden Infant Death Syndrome), all children 12 months of age or younger will be placed on their backs to sleep, unless there is a signed sleep position waiver (from a physician) on file.

**Operational Procedures:**

1. All staff that could potentially work with infants 12 months of age and under receive training on SIDS and safe sleep practices; this policy is required by NC Childcare Licensing.
2. Infants are always placed on their backs to sleep, unless there is a signed sleep position medical waiver on file which is posted on the child’s crib.
3. A signed waiver from a physician is required for infants under the age of 12 months if parents wish to authorize an alternative sleep position for their child. Waiver must be reviewed between parent and staff. Copies are provided to parent and appropriate content areas as indicated on bottom of waiver. Post notice on crib that child has “sleep waiver” in effect if child is under 12 months of age.

4. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily turn over from back to stomach, they can be allowed to adopt whatever position they prefer to sleep and a sign will be posted on child's crib that states: "I can roll over" with the date the child rolled over.
5. Lighting in the room should allow staff to see each sleeping infant. Sleeping infants will be visually checked by staff every 15 minutes (visually means observing positioning, skin coloring and breathing activity and placement of pacifier if utilized.) Staff is especially alert to monitoring a sleeping infant during the first weeks the infant is in childcare.
6. Staff will record sleeping positions daily on the Child Sleeping Log form that is posted in the classroom. When complete, this form will be filed in the individual child's classroom folder for a minimum of one month. Teaching staff ensures all rows are completed. Example: if child absent, document "absent"; if the child did not sleep in bed, document "did not sleep in bed".
7. Steps are taken to keep infants from getting too warm or overheating by regulating room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
8. Each infant room will post a copy of the safe sleep policy or a poster about safe sleep practices in a prominent place in the infant sleeping room or area.
9. Infants will not nap or sleep in a car seat, bouncy seat, infant seat or any other type of furniture/equipment that is not a safety-approved crib.
10. It is suggested to parents that infants should not wear necklaces and/or earrings at center. Amber necklaces are not allowed in classrooms due to toxicity as per North Carolina Child Care regulations.
11. If an infant arrives at the facility asleep in a car seat, parent/guardian or caregiver/teacher should remove sleeping infant from this seat and place them in supine position in a safe sleep environment.
12. During CPR training, practice drills are performed on unresponsive infant mannequins. In the event of an unresponsive infant, staff will immediately dial 911 on agency phone (which will also alert designated staff) and will begin recommended procedures for CPR, complete documentation of the event and prepare to discuss information with the required officials. If a Sudden Infant Death occurs at the center, staff are not to disturb scene. The HS Director and/or Ed Manager will contact the parent, law enforcement, and local and regional agencies as required by NC and the Office of Head Start.
13. Program encourages awake infants to receive supervised tummy time to promote healthy development, exercise and play.
14. Random monitoring of infant classrooms will be conducted by Ed Supervisor or designated staff to ensure the proper placement of the infant; visual monitoring is being conducted and documentation on the Sleep Log is completed.

**Safe Sleep Environment:**

1. Room temperatures are kept between 68-72 degrees F.
2. No blankets, bedding or other items are draped over cribs while infant is in crib.
3. No loose bedding, fluffy blankets, pillows or bumper pads are used in cribs.
4. Infants do not sleep on pillows, comforters, soft mattresses, or other soft surfaces at any time.
5. Toys and stuffed animals are not allowed in/or attached to the cribs.
6. Pacifiers are allowed when the child is in the crib (per parent permission). If pacifier falls out of the infant's mouth while the infant is asleep, pacifier is to be removed from the crib.
7. A safety-approved crib with a firm mattress and tight fitting sheet or fitted sheet is used.
8. Cribs are positioned at least three (3) feet apart and away from hanging objects (coats, blinds, shelves).
9. Only one infant is in the crib at a time, unless we are evacuating infants in an emergency.
10. Smoking is not permitted in any of the centers at any time or in a vehicle when a child is being transported or during any program activities.
11. All parents/guardians of infants cared for in the infant rooms receive a written copy of the Infant/Toddler Safe Sleep Policy at enrollment or before child's entry into the classroom.

**Person(s) Responsible:**

Classroom Staff      Ed Supervisors      HC      HS Director      ERSEA Specialist      **Updated 7/2018**

**CHILD HEALTH & SAFETY**

**CH SOP 21**

**Subject: Suspected Child Abuse/Neglect**

**Performance Standards:** 1302.47; 1302.53; 1302.92; 1303.22; 10A NCAC 09.070, 10A NCAC 09.1102

**Policy:** The programs goals are to promote the prevention of child abuse and neglect; to identify child abuse and neglect; to assist in the response to child abuse and neglect and to cooperate with the state agency which has established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable federal and state

laws. All personnel who know, suspect, or believe child abuse and/or neglect, including cases of suspected drug use and/or domestic violence, are themselves legally required to report, not pass the information to a supervisor or someone else to report to the local Department of Social Services (DSS).

Failure to do so may result in continued danger or harm to the child, and/or the loss of the program's license to operate, and/or personnel action against the employee or volunteer, and/or legal action against staff failing to make a report. Failure to report properly is grounds for disciplinary action from the Head Start program, as well as other regulatory agencies. Any person who knowingly fails to make a report may be guilty of a misdemeanor and upon conviction is punishable by a fine.

North Carolina Statutes define an abused child as:

Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker inflicts or allows to be inflicted serious physical injury by other than accidental means, or creates or allows to be created serious risk of injury, inappropriate behavior modifications, sexual abuse, or emotional abuse as evidenced by severe anxiety, depression, withdrawal, or aggressive behavior toward himself/herself or others.

North Carolina Statues define a neglected child as:

Any juvenile who does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, or caretaker; or who has been abandoned, or not provided necessary medical care, or who lives in an environment injurious to the juvenile's welfare, or who has been placed for care or adoption in violation of law.

Please also be aware that under N.C. Gen. Stats. § 7B-302 (f) and (g) the Dept. is required to provide reporters of suspected child maltreatment written notices following a report being made. The first notice is whether the report was accepted for assessment and, if it was accepted, the second notice is provided at the conclusion of the assessment explaining general findings.

### **Operational Procedures:**

1. All staff are mandated reporters and are required to report to the local Department of Social Services (DSS) and/or local agencies designated by the state under the applicable state or local Suspected Child Abuse and Neglect reporting law and preserves the confidentiality of all records.
2. Incidents of suspected child abuse and/or neglect are reported directly to Department of Social Services.
  - a. Incidents must be reported as soon as they are suspected because waiting for proof may result in serious risks to the child.
  - b. The staff person who witnesses or suspects an incident of child abuse or neglect will place a call to Department of Social Services and will complete a Suspected Child Abuse and Neglect Reporting Data form, before or while speaking to the Department of Social Services. Information on the Suspected Child Abuse and Neglect Reporting Data form is required information and includes the following:
    - i. Child's Name and date of birth and age
    - ii. Parent(s) or guardian(s) name and address
    - iii. Where the child is located at the time of the report, if he is not at home
    - iv. Any information regarding the presence of weapons in the home, alcohol/drug abuse or other factors affecting a social worker's safety
    - v. What happened and the nature and extent of suspected abuse or neglect
    - vi. Signature of the person making the report. This signature is indicated for tracking use only. The person making the report to DSS can remain anonymously, but the HC's Name must be given to DSS as the contact person, along with the programs address.
    - vii. Other related information
  - c. Original Suspected Child Abuse and Neglect Reporting Data form is then placed in a locked box within the HC's locked office.
3. The HC will assist in the following:
  - a. Informing parents and staff of what state and local laws require for identifying and the process of reporting suspected child abuse and neglect.
    - i. The staff (FSA, Heath Coordinator, Classroom staff etc.) can provide parents with information regarding prevention and reporting suspected child abuse and neglect
    - ii. Parents receive information pertaining to child abuse issues at parent meetings, newsletter articles, flyers, etc.
  - b. Reporting instances of suspected child abuse and neglect among Head Start children that are reportable under state law.
  - c. Providing the HS Director with copies of suspected abuse and/or neglect reports that were generated during the school year.
  - d. The HS Director as indicated anytime a there is a reported child abuse and/or neglect at a center, or if a center has an open abuse or neglect investigation.

4. The program provides orientation and annual training for all staff on identification and reporting cases of suspected child abuse and neglect.
5. Areas of concern for a child under the age of 18 include, but are not limited to:
  - a. Beaten, burned, or injured in other ways
  - b. Sexually molested
  - c. Abandoned
  - d. Sick (family has not sought medical care)
  - e. Left alone without adult supervision
  - f. Verbal and/or emotional abuse

**Dealing with Allegations of Abuse of Head Start Children by Head Start Staff**

1. The staff is advised that abuse of children is illegal and a violation of Head Start policies and standards (abuse can be physical, psychological, and/or sexual).
2. Head Start staff is reminded that all persons working with young children are vulnerable and susceptible to allegations of abuse merely by virtue of our access and opportunity
3. Head Start policies and procedures are designed to protect both children and staff from these dangers. Children are protected from abuse and staff are protected from allegations of abuse.
  - a. Applicants for employment must receive satisfactory reports from criminal record checks and from work references prior to employment.
  - b. Staff are provided training, supervision, and assistance in carrying out their job duties with children in a professional, responsible manner.
  - c. For the safety of children and staff, the program follows regulatory guidelines for adequate staff coverage and supervision in classrooms, on buses, playgrounds, etc.,
  - d. Adequate documentation of staff’s and children’s activities and whereabouts assures minimum time and opportunity for such activity/behavior and is reassuring to authorities and parents.
  - e. The presence of video monitoring systems (cameras) in classrooms provides an additional monitoring system of staff and children’s activities, thereby minimizing the likelihood of inappropriate behaviors.
4. The following procedures will be followed if there is a suspicion of inappropriate behavior on the part of staff or if there are allegations or charges of inappropriate behavior by staff:
  - a. The alleged staff member will immediately be removed from the classroom.
  - b. The HS Director will immediately notify the Head Start Regional Office and state licensing and any other regulatory agencies of the suspicion and/or the allegation and will provide as full an explanation/description of the facts as is available.
  - c. Following the substantiation of any abuse or neglect complaint or the issuance of any administrative action against a childcare staff or facility, the Director and/or Ed Manager must notify parent within 30 days and the operator must document the date the written notice was given to all parents and have parents sign an acknowledgement that they have received the notice.
  - d. The HS Director will assure program compliance with all safety plans and/or restrictions that are required until the matter is resolved and safety plans or restrictions are lifted.

**Person(s) Responsible:**

All Staff

**Updated 7/2018**

**CHILD NUTRITION:**

- 1. Child Nutrition**
- 2. Identification of Nutritional Needs**
- 3. Provision of Nutrition Services**
- 4. Family-Style Meal Service**
- 5. Diet and Nutrition History**
- 6. Special Diet / Food Allergy Accommodation**
- 7. Menu Approval**
- 8. Menu Substitutions**

- 9. Nutrition Tracking**
- 10. Nutrition Education for Children**
- 11. Parent Involvement in Nutrition**
- 12. No Food Brought in from the Outside**
- 13. Nutrition Management**
- 14. WIC Referral**
- 15. Food Safety / Sanitation – Compliance and Posting**
- 16. Breastfeeding, Storage / Management of Breastmilk and / or Formula**
- 17. Safe Drinking Water**
- 18. Lead Policy**
- 19. Height and Weight Screenings**
- 20. Collaboration and Communication with Parents**
- 21. Parent / Guardian Refusal to Authorize Health Services**
- 22. Child and Adult Care Food Program (CACFP)**

**CHILD NUTRITION**

**CN SOP 1**

**Subject:** Child Nutrition

**Performance Standard:** 1302.44

**Policy:** The program implements nutrition services.

**Operational Procedures:**

1. The program designs and implements nutrition services that are culturally and developmentally appropriate to the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and disabilities.
2. MPP utilizes family style meals program-wide (see CN SOP 4).
3. MPP ensures the following:
  - a. Each child in the program receives meals and snacks that provide two-thirds of the child’s daily nutritional needs (see CN SOP 3).
  - b. Meals and snacks conform to Child and Adult Food Care Program/ USDA requirements in 7 CFR parts 210, 220, and 226, that are high in nutrients, low in fat, sugar, and salt.
  - c. Infants and toddlers are fed according to individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and infants are fed-on-demand.
  - d. Bottle-fed infants are held during feedings.
  - e. Any child arriving after breakfast will receive a nourishing breakfast.
4. Children receives food appropriate to his or her nutritional needs, developmental readiness, feeding skills and recommended in the CACFP/USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226. 1304.23(b)(1)(iv) A nutritional menu is provided to ensure the best practices in feedings and meal experiences using age appropriate serving utensils.
5. The quantities and types of foods served conform to the recommended serving sizes and minimum standards for meal patterns recommended in the USDA/CACFP meal pattern or nutrient standard menu planning requirements for children (7 CFR parts 210, 220, and 226. 1304.23(b)(1)(v) To assure recommended serving size is available to children, and USDA/CACFP standards are met, NS will complete classroom observation to assure that each child receives the minimum required portion recommended by the USDA/CACFP.
6. Foods served are high in nutrients, low in fat, sugar, and salt. 1304.23(b)(1)(vi) Fresh fruits, vegetables, lean meats, and whole grains are served to ensure the healthiest menu. Cycle menus (six weeks) are written, designed, monitored, and reviewed by the NS, with input from parents, staff, and RD. Register Dietitian and Policy Council approve menus. Foods served is tasty, well prepared and presented in an appropriate manner for children. Menus are posted in centers and sent home monthly to families Menus are kept on file for three years for review.
7. Meals and snacks are appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers are fed “on demand” to the extent possible. 1304.23(b)(1)(vii). Children will be

given sufficient time to eat their meals and snacks. Extra serving will be available. Infant's feeding schedules will include directions from the infants' parents, doctor, and posted in the classroom.

8. Staff promotes effective dental hygiene among children in conjunction with meals. 1304.23(b)(3)
9. Parents and appropriate community agencies are involved in planning, implementing, and evaluating the agencies' nutritional services. 1304.23(b)(4) The NS with assistance from parents and community agencies (i.e., WIC, Health Department, HSAC, etc.) will assist with the self-assessment and evaluation of the nutrition program. Parents and community agencies has input into the nutrition area in conjunction with the registered dietitian.
10. The program provides healthy meal or snacks during group socialization activities in the home-base option;
11. The program uses funds from CACFP/ USDA as the primary source of payment for meal services.
  - a. Head Start funds may be used to cover unallowable costs not covered by the CACFP/ USDA.

**Person(s) Responsible:**

NS                      FSA                      Administrative Staff

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 2**

**Subject: Identification of Nutritional Needs**

**Performance Standard:** 1302.44(a)

**Policy:** Identification of nutritional needs of children in the program.

**Operational Procedures:**

1. Staff and families collate to identify and discussions of a child's nutrition needs:
  - a. Relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit, lead screening), including nutrition-related health problems such as: obesity, iron deficiency, failure-to-thrive, food allergies and intolerances, special diets and dietary considerations.
  - b. Information about family eating patterns, cultural, religious, ethnic, personal food preferences, and special dietary requirements for each child with nutritional-related health problems and the feeding requirements of infants, toddlers and children with disabilities.
  - c. For infants and toddlers, current feeding schedules with the amounts and types of food provided, including breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding habits. Information is shared and updated regularly.
  - d. Information about major community nutritional issues, as identified through Community Assessment, the Health/ Education Services Advisory Committee and health department.
2. Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists and/or dietitians are consulted on ways to assist parents of children with disabilities with problems with chewing, swallowing or feeding needs.
3. Nutrition Care plans are implemented for any children with a nutrition related concern.

**Person(s) Responsible:**

NS      DC      Teaching Staff                      Nutrition Staff

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 3**

**Subject: Provision of Nutrition Services**

**Performance Standard:** 1302.44(a)

**Policy:** Meeting the nutritional needs of children in the program.

**Operational Procedures:**

1. The program designs and implements a nutrition program that meets the nutritional needs and feeding requirements of all children in the program. The nutrition program serves a variety of foods which consider cultural and ethnic preferences, nutritional needs, feeding requirements, developmental readiness, and broaden food experiences.
  - a. Foods posing a high risk of choking are: (e.g. hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts, etc.) are not served.
  - b. Foods, such as fish, and eggs that pose health risks are not offered to children under one year of age.
2. Infant and toddler receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills as recommended in the CACFP/USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220 and 226.
3. 3- to 5-year-olds receive the quantities and types of food served conforming to recommendations in the CACFP/ USDA meal pattern or nutrient standard menu planning requirements outlined in CFR parts 210, 220 & 226.



4. During socialization experiences foods served are high in nutrients and low in fat, sugar and salt.
5. Meal and snack times are appropriately scheduled and adjusted to ensure individual needs are met.
  - a. Infants are fed “on demand”.
  - b. Young toddlers are fed at appropriate intervals.
6. The program provides appropriate snacks and meals to each child during group socialization activities.
  - a. Program staff communicate with parents to gather information about the children’s nutritional needs requiring accommodation, including disability, food allergy, medically based need, or other special dietary requirements.
  - b. Program staff plan and implement nutrition activities for group socialization by inviting parents and volunteers to participate in the program.
  - c. Program staff ensures appropriate snacks and meals (e.g. formula, breast milk, baby food, etc.) are provided to infants and toddlers during socialization.
7. The program ensures that parents and appropriate community agencies (HSAC) are involved in planning, implementing and evaluating the agencies’ nutrition services.
8. The program implements parent education activities with opportunities to assist individual families with food selection and preparation and nutritional skills.

**Person(s) Responsible:**

NS

Updated 7/2021

**CHILD NUTRITION**

CN SOP 4

**Subject: Family-Style Meal Service**

**Performance Standard:** 1302.44(a)(1)

**Policy:** The program implements the experience of eating in a family-style setting.

**Operational Procedures:**

1. The program ensures that nutrition services contribute to the development and socialization of children by providing meals in a family style setting:
  - a. Family style meals contribute to a child’s daily nutritional needs in a pleasant environment by recognizing individual differences and cultural patterns.
  - b. There are opportunities for families to learn and gain an understanding of the relationship between good nutrition habits and increased health and well-being, including the factors which influence eating habits
  - c. A variety of food is served which broadens each child’s food experiences.
  - d. Fresh foods and whole foods are provided; while processed foods are limited.
  - e. Food is not used as punishment or reward, children are encouraged to try different foods, but not forced, to eat or taste food.
  - f. Sufficient time is allowed for each child to eat.
  - g. Children, and staff eat in a family style setting and share the same menu.
  - h. Child-led conversation is encouraged during mealtime.
  - i. Adults provide a relaxed atmosphere.
  - j. Teachers model table skills through language, encourage conversation, and social interaction and introduces of healthy foods.
  - k. The environment supports and promotes the use of family-style meal as an opportunity for learning.
  - l. Infants are held while being fed and talked too.
  - m. Medically-based diets or other dietary requirements are accommodated.
  - n. As developmentally appropriate, opportunity is provided weekly for the involvement of children in food-related activities.

**Family Style – Before Meal or Snack Procedure:**

1. Staff prepare children for mealtime by describing what they will eat.
2. Before eating, children and adults wash their hands.
3. Staff create an attractive arrangement using child-size furniture, plates, cups, utensils, and milk cartons.
4. Staff ensure table/counter surfaces have been properly cleaned and avoid cross-contamination before the children arrive at the table.
5. Staff place tables far enough apart to permit walking between them and quiet conversation to take place.
6. Each table seats five to seven children with one adult.
7. Staff assist the children in setting the table.
8. No salt or sugar is served.

9. Food spills are cleaned up by the spiller with adult assistance.
10. All food provided is placed on each table in the proper serving dishes with serving utensils.
11. Adults model good hygiene, safety practices and manners.
12. Children should never handle raw meats.
13. Sharp knives are not permitted in the classroom.

1. Adults are encouraged children to assist in:
  - a. helping set the table
  - b. passing food bowls from one child to another. Hot foods are not passed by children
  - c. pouring drinks
  - d. preparing food
  - e. serving food
  - f. cleaning up (i.e., scraping their own plate, wiping tables, etc.)
2. Adults model good safety practices, manners, and hygiene
  - a. Children and adults wash hands before meal times.
  - b. Relaxed, polite conversation occurs during meals.
  - c. Adults provide opportunities for nutrition education such as: teaching serving sizes with discussions about healthy foods and food groups.
  - d. Adults help build independence by allowing children to make decisions and take responsibility (i.e., how much food they put on their plate, helping to clean up when they make a mess, etc.)
  - e. Adult plates include the same foods as the child's plates.
  - f. Adults do not discuss their food biases with children.
  - g. Adults encourage children to try all foods offered.
  - h. All components of the meal are offered at the same time.
  - i. Adults model a willingness to try new or different foods while sharing, in a positive manner, their food preferences.
3. When possible, children serve themselves from the foods provided during all meals.

**Family Style – After the Meal or Snack Procedure:**

1. Children scrape plates or bowls, discard disposable items and assist in other ways to clean up.
2. Clean cloths (not sponges) and proper disinfectant are used for sanitizing surfaces.
3. Staff and children wash hands after clean-up.

**Person(s) Responsible:**

NS Classroom Staff

Updated 7/2021

**CHILD NUTRITION**

CN SOP 5

**Subject:** Diet and Nutrition History

**Performance Standard:** 1302.44(a)

**Policy:** Identification of nutritional needs through a nutritional history.

**Operational Procedures:**

1. The program implements a nutrition program that identifies the nutritional needs of children
2. During the enrollment process parents/ guardians complete a nutritional assessment
3. Nutrition Assessment is used to identify the nutritional status of the child such as: special diet needs and/or potential areas of concern that may affect his or her behavior in the classroom and during mealtime.
4. Parents are given information about the programs CACFP/USDA program such as: Building for the Future, WIC, and the My Plate,.
  - a. Parents are provide with education opportunities and nutrition information materials. Individual families are assisted by the staff, RD, and community partners in food preparation and nutritional skills.
  - b. Pregnant moms are encourage to breastfeed in the programs breastfeeding area.
  - c. Staff document all information given to the family.

**Person(s) Responsible:**

NS FSA

Updated 7/2021

**CHILD NUTRITION**

CN SOP 6

**Subject:** Special Diet / Food Allergy Accommodation

**Performance Standard:** 1302.44(a)

**Policy:** Accommodations of medically based diets or other dietary requirements children.

**Operational Procedures:**

1. Food allergy, food intolerance, special dietary need or condition (medical or religious) is noted during enrollment or participation, parents are ask to complete a CACFP Medical Diet Form.
  - a. Staff emphasize to the parents/guardians the importance of completing the form.
  - b. Parents signs the form and it is returned to the NS. The NS forwards to RD for recommendations.
2. If a physician prescribes a special formula or a food/drink supplement (such as: Pedia-Sure), the program will attain a physician’s note with detail description of child condition.
3. NS will place a copy in the classroom, kitchen, and child’s file.
4. Staff is informed of the special feeding instructions.
5. NS monitor the process and follow-up.
6. NS consult with appropriate professionals of children with disabilities or with problems chewing, swallowing and/or feeding needs.
7. Parents and Staff work together to identify each child’s nutritional needs, taking into account family and staff discussions.
8. A doctor’s or parent’s note will be required for the following concerns
  - a. diet request from a parents
  - b. changes in the meal pattern,
  - c. diet changes from and to a regular diet,
  - d. food intolerance, allergy,
  - e. change in food preferences,
  - f. change in the consistency of food,
  - g. any feeding apparatus is needed,
  - h. any other nutritional concern.

**Person(s) Responsible:**

NS FSA

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 7**

**Subject: Menu Approval**

**Performance Standard:** 1302.44(a)

**Policy:** Menus meeting the nutritional needs and feeding requirements of children.

**Operational Procedures:**

1. One month prior to start of a new menu cycle, the Nutrition Committee meeting is held, parents, staff, register dietitian, and the NS are in attendances. Menus are evaluated and discussed.
2. The NS and the Registered Dietician evaluate menus changes according to Head Start Performance Standards, and the CACFP guidelines.
  - a. If errors in the menus are identified, the NS and the Registered Dietician make necessary changes before menu approval.
3. The Registered Dietician signs off on the menu and it is than sent to Policy Council approval.
4. After reviewing the submitted menus to policy council. Policy Council approves and the menu is than implemented the next month.
5. Upon receipt of the approved menu cycle, the NS sends out the approved menu to all parents, teaching staff, and nutrition staff to implement.

**Person(s) Responsible:**

NS Registered Dietician Policy Council Teaching Staff

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 8**

**Subject: Menu Substitutions**

**Performance Standard:** 1302.44(a)

**Policy:** Meeting the nutritional needs of children with food substitutions.

**Operational Procedures:**

1. The program substitutes items on the menu as appropriate for each child’s needs.
2. The NS reviews the substitution request, contacts the Nutrition Staff for an alternative item
3. The NS approves menu substitutions before substituted foods are served and notifies the program of approved menu changes via email.

4. The menu substitution is written on the posted menu in common areas.
  - a. Menus are posted in view for the parent and public monthly per CACFP Federal guidelines.
  - b. Menus are sent out monthly to parents thru classroom mailboxes, posted in common areas, and social media.

**Person(s) Responsible:**

NS Registered Dietician

Nutrition Staff

Updated 7/2021

**CHILD NUTRITION**

CN SOP 9

**Subject: Nutrition Tracking**

**Performance Standard:** 1302.44(a)

**Policy:** Implements a system of tracking the nutritional needs of children with noted concerns.

**Operational Procedures:**

1. The program assesses, tracks and monitors the nutritional needs of each child
  - a. The program designates staff to manage nutrition data.
2. Nutrition Supervisor monitors the nutritional needs of children with food allergies, intolerances, special diets preferences (i.e. no pork, vegetarian) using the electronic record-keeping system.
3. Monthly up-dated food allergy and intolerances information are sent to appropriate staff as notification of changes.
4. NS tracks lead levels, hemoglobin level, and growth assessment using the electronic record-keeping system.

**Person(s) Responsible:**

NS

Updated 7/2021

**CHILD NUTRITION**

CN SOP 10

**Subject: Nutrition Education for Children**

**Performance Standard:** 1302.44(a)

**Policy:** Education of children through Nutrition.

**Operational Procedures:**

1. Staff discuss the menu with children prior to each meal.
2. Staff implement nutrition education activities through food experiences, cooking activities, books, puzzles, games, puppets and other educational media.
3. The program's nutrition education topics covered include, but are not limited to:
  - a. Manners
  - b. Hand-washing and hygiene
  - c. Where food comes from
  - d. Colors, shapes and textures of food
  - e. Food safety and nutrition
4. Staff document nutrition education on lesson plans.
5. NS provides weekly food related activities to the education staff through the monthly menu

**Person(s) Responsible:**

NS Teaching Staff

Nutrition Staff

Updated 7/2021

**CHILD NUTRITION**

CN SOP 11

**Subject: Parent Involvement in Nutrition**

**Performance Standard:** 1302.44(a)

**Policy:** Parent involvement in nutrition education.

**Operational Procedures:**

1. The program encourages parents to participate in nutrition activities such as:
  - a. Co-planning menus (within established guidelines) with the Nutrition Committee assistances twice yearly
  - b. Contributing recipes of their child's favorite foods and / or cultural recipes
  - c. Acting as chaperone for nutrition-related field trips
  - d. Working with groups of children on cooking projects
  - e. Making materials for nutrition learning activities
  - f. Collecting appropriate food packages and other props to be used in role-playing activities
  - g. Supervising the children during mealtime
  - h. Confering with caregivers or teachers about feeding problems

- i. Placing recipes on displays or helping develop nutrition-related bulletin boards
- j. Writing or contributing recipes or nutritional-related concerns to a newsletter
2. The program encourages such parent participation by means of verbal and / or written communication.
3. Parent education activities include opportunities to assist individual families with food preparation and nutritional activities.

**Person(s) Responsible:**

NS Registered Dietician Nutrition Committee Teaching Staff Parents

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 12**

**Subject: Outside Food Sources**

**Performance Standard:** 1302.44(a)

**Policy:** Outside foods are prohibited from the program except from approved sources.

**Operational Procedures:**

1. No food is allowed into the program from outside sources.
  - a. Additional exceptions may apply to parents providing authentic cultural foods for children to sample.
2. Food served is prepared on site by qualified staff and is approved by the NS.
3. The program is responsible for meeting the nutritional needs of children while onsite.
4. The program meets the needs of children with special dietary needs.
5. The program monitors and provides nutritious meals for children with allergies.
6. The program honors parent preferences to the extent possible.
7. All foods are purchased from approved sources and vendors
8. The Registered Dietician is available for parents to discuss nutrition concerns.
9. Parents are encouraged to meet with the RD for related child nutrition issues

**Person(s) Responsible:**

NS FSA Nutrition Staff

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 13**

**Subject: Nutrition Management**

**Performance Standard:** 1302.44(a)

**Policy:** Referral process for Nutritional concerns.

**Operational Procedures:**

1. Identification of the nutritional concern
2. Staff send the child's name, description of nutritional issue(s) and related information to the NS
3. NS follows-up with the parents, doctors, teaching staff and nutrition staff.
4. The RD and NS are available for parents to discuss nutrition concerns or questions.
5. NS select and distribute nutritional handouts and literature to the families.
6. Staff refer parents to appropriate nutrition-related services.
7. Staff document the referral and material distributed to parents through the electronic record-keeping system.

**Person(s) Responsible:**

NS Registered Dietician FSA Teaching Staff

**Updated 7/2021**

**CHILD NUTRITION**

**CN SOP 14**

**Subject: Referral process of Nutrition Services in the Community**

**Performance Standard:** 1302.44(a)

**Policy:** Connecting families with food sources in the community.

**Operational Procedures:**

**CACFP Requirement:**

1. In compliance with CACFP requirements, the program provides WIC information to parents during enrollment and the school year.

**WIC Referral Form:**

1. Staff ensures WIC/Food Stamp Information is included in the enrollment packet.
2. Staff will assist families without WIC/Food Stamps with local services
3. Staff will encourage families to participate in the WIC/Food Stamp Services

- a. Staff will follow up with the parent / guardian to evaluate follow through with the referral and additional assistance.
- b. Staff document the referral in the electronic record-keeping system.

**Person(s) Responsible:**

NS FSA

Updated 7/2021

**CHILD NUTRITION**

CN SOP 15

**Subject: Food Safety / Sanitation – Compliance and Posting**

**Performance Standard:** 1302.47(b)(5)(iii)

**Policy:** Federal, State and local food safety and sanitation compliances.

**Operational Procedures:**

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

**Person(s) Responsible:**

NS Nutrition Staff

Updated 7/2021

**CHILD NUTRITION**

CN SOP 16

**Subject: Breastfeeding, Storage / Management of Breastmilk and / or Formula**

**Performance Standard:** 1302.44(a)(2)(viii), 1304.23(e)(2)

**Policy:** Education of Breastfeeding and the proper storage of Breast Milk.

**Operational Procedures:**

**The Program Supports Breastfeeding:**

1. Staff provides enrolled pregnant moms with in-depth information and resources on the importance of breastfeeding.
2. Staff provides pregnant moms with the opportunity to participate in training, workshops and seminars to gain knowledge about the benefits of breastfeeding.
3. Staff educators reference the *Prenatal Diet History Form* to support moms in making appropriate food choices supporting breastfeeding.
4. Instructions for the handling of baby food, bottle-feeding and breast milk are posted in each infant classroom and in the kitchen as the *Bottle Feeding Poster* in the *Keeping Kids Safe* brochure.

**Lactation Area Procedure:**

1. The program provides a Lactation area for pregnant moms to use for breastfeeding their newborn.

**Storage and Handling of Breastmilk:**

1. The program encourages mothers to breast feed their child during center openings
2. Breastfeeding Mom that cannot breast feed at the center are encourage to bring pumped Breast milk to the center on a daily basis.
3. Breastfeeding mothers are provided with bottles to store breastmilk and bag cooler for safe transportation to the center;
4. Staff ensure the bottle are clearly and properly labeled and stored with Mother's name, Child's name, date the breastmilk was express and the time and date to discard breastmilk on each bottle.
5. Breastmilk brought in by the parent is in a tightly sealed container.
6. Staff store breastmilk in the main refrigerator compartment in a box, not in the refrigerator door.
7. All breastmilk is kept refrigerated between 35°F and 38°F until used.
8. Unused refrigerated breastmilk is discarded after 48 hours; unused frozen breastmilk is discarded after three (3) months.
9. Breastmilk that has been refrigerated the longest is used first unless it is past its expiration.

**Breastmilk Procedures:**

1. Expressed breastmilk is placed in a clean and sanitary bottle with nipple that fits tightly to prevent spilling during transport and labeled with the mother's name, infant's full name, date of collection and date of discard.

- a. Breastmilk being transported from home to the center is transported in an insulated bag with an ambient temperature below 86°F and the out of refrigerator time is less than two (2) hours.
- b. Breastmilk is given only to the child for whom it is labeled.
- c. Insulated containers / bags are provided by the centers to the parents upon request.
2. All filled containers of breast milk are of the ready to feed type.
3. Bottles of breastmilk are stored in refrigerator and / or freezer immediately upon receipt from the parent.
4. Bottles of breastmilk are discarded if they are noted to present a threat to the infant. Such as:
  - a. Breastmilk is in an unsanitary bottle.
  - b. Breastmilk has been un-refrigerated for an hour or more.
  - c. Breastmilk has been fed over a period that exceeds an hour from the beginning of the feeding.
5. Unused breastmilk is discarded at the end of the day, or by seven (7) days if frozen. Breastmilk is maintained at a temperature of 0°F in the freezer. Unused frozen breastmilk, which has been thawed in the refrigerator, is used within 24 hours.
6. Breastmilk is maintained in a **separate container** in the refrigerator/freezer from the other infant formula and food in order to prevent cross-contamination.
7. Breastmilk is thawed under cold running water or in the refrigerator.
8. Breastmilk needing to be warmed is placed in a pitcher of hot, not boiling water (approximately 120°F) for no more than five (5) minutes. After warming, breastmilk is gently mixed (to preserve special infection-fighting and nutritional components in breastmilk) and tested (usually on the wrist) to ensure uniform temperature.
9. Staff who receives breastmilk from the parent, ensures that the correct child receives the correct breastmilk from the parent, by placing the breastmilk in separate container in the refrigerator.

**Guidelines for Human Milk Storage for 0-3 Program:**

<b>North Carolina Guidelines.</b>		
	Refrigerator	Freezer
Freshly expressed milk	Up to 72 hours	Do not freeze
Frozen Milk from home	Up to 72 hours	Up to 7 days
Previously frozen, thawed in refrigerator, but not warmed	Up to 72 hours	Do not refreeze
Previously frozen, brought to room temperature	Send home or discard per feeding plan	Do not refreeze
National Guidelines * (to be used where supported by state guidelines):		
	Refrigerator	Freezer
Freshly expressed milk	5 days	3-6 months

**Important Reminders:**

1. The CDC classifies human milk as a FOOD, not a bodily fluid. It is considered a bio hazardous substance.
2. To prevent the spread of germs, wash your hands before preparing any bottle.
3. An unfed bottle of human milk can be left at room temperature for up to 2 hours if brought from home and up to 4 hours if freshly expressed at the center.
4. Thaw and feed the oldest milk first
5. Do not refreeze previously-frozen human milk
6. NEVER use a microwave to thaw or warm human milk
7. Return all thawed and frozen milk to the child’s parents/guardian, or discard, as indicated by family’s feeding plan.

**Infant Formula Preparation:**

1. Nutrition Staff preparing formula, wash their hands thoroughly prior to beginning preparation. Formula cans are labels with date it was opened.
2. Refrigerator temperatures are checked and recorded on a daily basis to ensure the safety of the formula
3. Formula is stored separately from breastmilk at all times.
4. A feeding schedule is completed for all children 16 months and younger and posted in the child’s classroom. Monitored on a monthly basis by the NS.
5. Formula being brought or prepared at the center by the nutrition Staff and parents should be:
  - a. Ready to Feed
  - b. Labeled with the Infant’s name, date and time prepared, type of formula, preparer’s initials and date of discard.

6. Infants are held for feeding and are not laid down to sleep with a bottle. Bottle propping and carrying of bottles for all children is never permitted.
7. At the age of 12 months, formula and whole cow's milk can be given in a bottle for a period of one month. After the age of 13 months, the toddler must have a doctor's order for any formula to continue. Toddlers are transitioning from the bottle to the cup at 13 months are encouraged to drink from a cup but are allowed to drink whole milk from a bottle until 15 months of age with a note from the doctor. These bottles will be sanitized by the cook.
8. Bottles, bottle caps and nipples used by the facility are cleaned and disinfected by the Nutrition staff in accordance with Health Department regulations using a commercial dishwasher. Parent's bottles, bottle caps, and nipples will be rinsed out by staff and placed back in infant's bag for home cleaning.
9. Only whole pasteurized milk will be served to children under the age of 24 months who are not on formula or breastmilk. Skim milk, reconstituted nonfat dry milk and milk containing one percent to two percent butterfat will not be used for drinking purposes by any child less than 24 months of age except with written direction from a parent and the child's doctor.
10. Infants will be "fed on demand" unless the parent provides written instructions otherwise.
11. Staff does not offer solid food to infants younger than six months unless that practice is recommended and approved by the child's doctor. Infants are never given water or juice. Infants must reach the age of 14 months before fruit juice is allowed.
12. Bottle feedings do not contain solid foods, such as infant cereal, unless the child's doctor gives written instructions and a medical reason for this practice.
13. Liquids and foods that are hotter than 110°F are kept out of children's reach.

#### **Infant Formula Procedures:**

1. Formula is provided by the center between the hours of 9:00 a.m. and 3:00 p.m. and Monday through Friday, unless the parent has signed a denial form.
2. Private pay parents much provide formula for their child/children for the whole day.
3. Formula given to infants are in factory-sealed containers and is the same brand served at home.
4. Formula is ready-to-feed strength or powdered is prepared according to the manufacturer's directions.
5. Nutrition staff use the scoop that comes with the can of formula and are preparing and do not interchange the scoops from one product to another, since the volume of the scoop may vary from manufacturer to manufacturer and product to product.
6. Concentrated infant formula must be diluted with water.
7. Open containers of powdered formula are never used beyond the stated shelf period.
8. Formula prepared for children 6 months of age and younger is prepared either using water that is bottled or tap water that has been brought to a rolling boil and boiled for 2 minutes. Water used in formula preparation is to be prepared on a daily basis.
9. After boiling, water is cooled in a covered container. After cooling, water is placed in a sealed container, dated and labeled specifically to be used for formula preparation and is maintained at room temperature or in the refrigerator.
10. Formula placed in bottles is labeled with the type of formula, date formula prepared, time formula prepared and initials of person preparing the formula.
11. All bottles of iron-fortified formula are refrigerated until immediately before feeding.
12. Formula is warmed in a warm water bath and never in a microwave or at room temperature. Water used for warming the formula should be no warmer than 120°F and no more than five minutes.
13. After warming, formula is shaken and tested (usually on the wrist) to ensure uniform temperature.
14. Formula is used only for the intended child.
15. Any contents of formula remaining after a feeding, is discarded after one hour.
16. Prepared bottles of formula are refrigerated and discarded after 24 hours..
17. The cook prepares the correct formula, staff ensures the correct formula is given to the correct child before feeding takes place.

#### **Refrigeration Log:**

1. Classroom Staff record the date and time the breastmilk / formula is stored in the refrigerator on the *Refrigeration Log*.
2. At the end of each month, staff submit the *Refrigeration Log* to the NS who reviews and make recommendations to the staff before files it



**Feeding Log / Feeding Schedule:**

1. Classroom Staff who feed infants / toddlers record the date, time and amount of breastmilk / formula consumed by each child on the Daily cuddy gram for parent information.
2. Each month, the NS monitors the *Infant Feeding Schedule* for follow-up on infant current feeding experience.

**Person(s) Responsible:**

NS Teaching Staff Ed Supervisor(s)

Updated 7/2021

**CHILD NUTRITION**

CN SOP 17

**Subject: Safe Drinking Water**

**Performance Standard:** 1302.44(a)(2)(ix)

**Policy:** Daily drinking water is provided to the children.

**Operational Procedures:**

1. Only sources of water approved by the local or State health authority are used.
2. The program obtains and posts documentation of licensing inspection for water supply deemed adequate and approved by State licensing and the local sewer authority, which includes the date of the most recent inspection.
  - a. Fresh drinking water is provided daily to all classrooms.
  - b. Staff is responsible for the return of water jugs to the kitchen at the end of the day.

**Person(s) Responsible:**

Nutrition Staff Classroom Staff

Updated 7/2021

**CHILD NUTRITION**

CN SOP 18

**Subject: Lead Policy**

**Performance Standard:** 1302.43(d)(1)

**Policy:** Lead Screening and follow-up on concerns.

**Operational Procedures:**

1. Children are tested for lead levels at 12 and 24 months of age by medical provides.
2. The program recommends that parents ask their primary care physician to utilize a Risk Assessment Questionnaire twice between 9 and 36 months of age with 12 months between assessments unless clinically indicated sooner.
3. Staff give information handouts to children with elevated lead.

**Lead Testing:**

1. Parents are asked to provide results of their child’s lead test.
  - a. If parents cannot provide the results of their child’s lead test, staff will educate the parents about the requirement and the importance of having their child’s lead level tested.
  - b. Staff give parents resources of testing sites and assist them in making an appointment, as needed.

**Person(s) Responsible:**

NS FSA

Updated 7/2021

**CHILD NUTRITION**

CN SOP 19

**Subject: Height and Weight Screenings**

**Performance Standard:** 1302.33(a)(1)

**Policy:** Growth Assessment requirement.

**Operational Procedures:**

1. If a growth assessment is not available in the child’s *Physical Examination / Assessment Form*, within 45 days of enrollment, staff conduct a height and weight measurement of the child and record the data in the data system.
2. Staff perform several growth assessments yearly for follow-up on the progress of the child.

**Measurement of Height and Weight – Preschool Age:**

1. NS use appropriate equipment and materials to perform measurements of child height and weight.
  - a. Height: The program scales with attached measuring device is used during these height and weight times.
    - i. With the child’s body aligned against the scales, with shoes removed, and with head and heels touching back of scales, and with the child’s chin up.
    - ii. NS enter the information into Electronic record-keeping system to plot growth chart.

- b. Weight: Appropriate equipment and materials for measuring weight include a portable scales balanced at zero for center-based programs, Home School and home providers, and protective barriers (such as paper towels) to prevent children’s bare feet touching the scale.
  - i. To complete a weight measurement, NS:
    - 1. Ensure that heavy clothing on the child has been removed.
    - 2. Place the protective barrier (paper towel) on the scale so that no bare feet touch the scale.
    - 3. Have the child stand in the center of the scale?
    - 4. Read and record the weight measurement.
    - 5. Have child step off of scale.
    - 6. Return the scale back to zero.
    - 7. Enter the information into Electronic record-keeping system.

**Person(s) Responsible:**

NS Teaching Staff

Updated 7/2021

**CHILD NUTRITION**

**CN SOP 20**

**Subject: Collaboration and Communication with Parents**

**Performance Standard:** 1302.40-1302.47

**Policy:** Communicates with parents in accordance with health requirements.

**Operational Procedures:**

- 1. For all activities described in 1302.40-1302.47, the program collaborates with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicates with parents about their child’s health needs and development concerns in a timely and effective manner.
- 2. At a minimum, the program:
  - a. Obtains advance authorization from the parent or guardian for all health and developmental procedures administered through the program or by contract or agreement, and maintains written documentation if they refuse to give authorization for health services
  - b. The program shares with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

**Person(s) Responsible:**

NS FSA Teaching Staff Registered Dietician

Updated 7/2021

**CHILD NUTRITION**

**CN SOP 21**

**Subject: Parent / Guardian Refusal to Authorize Health Services**

**Performance Standard:** 1302.41(b)(1)

**Policy:** Parental denial for Services in Nutrition.

**Operational Procedures:**

**Parent Refusal to Authorize Health Services:**

- 1. If a parent / guardian refuses to give authorization for health services, staff must obtain written documentation of the refusal.
  - a. The Grantee requires that the parent / guardian provide a written statement on Denial of Services form when an authorized health service is refused.
- 2. Staff discuss with the parent / legal guardian all benefits of and reasons for recommended health procedures, including medical screenings, immunizations and medical referrals.
- 3. Staff will use the signed Denial of Services form to document parent / guardian refusal to receive nutritional/ medical treatment for their child / children
- 4. Parents at any time can request nutritional /medical services
  - a. Staff enter the Denial *Form* data into the electronic record-keeping system and place the *Form* in the child’s file.

**Person(s) Responsible:**

NS FSA Teaching Staff Registered Dietician

Updated 7/2021

**CHILD NUTRITION**

**CN SOP 22**

**Subject: Child and Adult Care Food Program (CACFP)**

**Performance Standard:** 1302.44(a)

**Policy:** Head Start requires the use of CACFP funds to cover the costs of meals for enrolled children.

## **Operational Procedures:**

### **CACFP Annual Enrollment Form:**

1. Parent complete the CACFP Annual Participation Enrollment form for child every year.
  - a. The CACFP APE form must be signed and dated to be valid
  - b. NS signs off on form, and form is kept in secure place and monitored monthly.

### **State CACFP Meal Count:**

1. The program follows all applicable CACFP guidelines, including meal counts, use of family-style dining, etc.
  - a. All meal counts are taken at point of service or after the end of meal service per CACFP standards
  - b. Copies of meal count documents are kept on file for three (3) years and monitored monthly for reimbursement.

### **CACFP Block Claim:**

MPP 0-5 HS Program designs and implements a nutrition program that ensures the compliance and integrity, by enforcing the following Block Claim Procedures:

1. Cooks will turn in the center meal count by name records to the NS every Monday by 12:00pm through email.
2. NS edit checks center meal count by name records after center meal count records are collected.
3. NS collects and reviews CACFP meal count documentation for all participating sites each claim period (monthly). CACFP meal count records are compared to center meal count by name records for accuracy.
4. NS conducts edit checks to verify accuracy of data. mathematical counts are verified by the Finance Assistant.
5. NS conducts a manual block claim edit check for each participation site each claim period. If a participating site submits identical meal counts for the same meal type for 15 consecutive days, the site will be flagged; the NS will notify the Executive Director / HS Director.
6. The following action will occur:
  - a. The Executive Director / HS Director will conduct an unannounced monitoring review within 60 days of the date the block claim was identified. During the monitoring review, the Executive Director / HS Director will:
    - i. Observe a meal service to ensure correct meal count procedures are in place
    - ii. Conduct a reconciliation of enrollment, attendance and meal count for a five-day period (in the current claim period). The reconciliation will occur during the monitoring review.
  - b. The Executive Director / HS Director will examine multiple months of reporting meal counts and identify suspicious patterns.
  - c. The Executive Director / HS Director will examine the site's meal counts and validate the meal counts for the month in question.
7. Next steps will be determined once the actions noted above are completed. Possible next steps are:
  - a. Provide additional training (point of service, meal count procedures, attendance procedures, meal service procedures, etc.).
  - b. Disallow meals on the claim
  - c. Suspend site from participating in the program (temporarily or permanently)
  - d. Conduct parent contacts
  - e. Conduct a thorough review of documentation submitted in subsequent months until concern is resolved.

### **CACFP Household Contacts:**

MPP 0-5 HS Program designs and implements a nutrition program to ensure Program compliance and integrity. MPP will enforce the following household contacts. Household Contact is defined as "a contact made by a sponsoring organization or a state agency to an adult member of a household with a child in the MPP Progress program in order to verify the attendance and enrollment of the child and the specific meal service (s) which the child routinely receives while in the care."

1. Identify childcare centers that have repeatedly submitted questionable claims. Criteria for conducting household contacts include, but are not limited to:
  - a. Complaints or conflicting information received related to attendance or meal served
  - b. Claims with little or no variation in attendances or participants
  - c. Large claims and other claiming patterns, such as children not seen at monitoring visits
  - d. Systemic irregularities in income eligibility forms
  - e. Center management's repeating absence at the time of unannounced review
2. Select recent month or months to verify so that household responding to the requests will be able to accurately remember the days that children were in attendance at the center.
3. Select the household to contact. For some claims only select children's attendance will need to be verified. Other claims may require that attendance of all children need to be verified.
4. Do not verify the centers prior to initiating household contacts.

5. Contact the households by mail or telephone.
6. Document the contacts and all contact attempts completely, including:
  - a. Name of household
  - b. Date of contact or attempted contact
  - c. Method of contact
  - d. Results of contact including name of child in care, dates of meals and meal service
  - e. Name of person conducting the household contact
7. Use secondary verification if all first attempts have been unsuccessful. Secondary verification of participation is acceptable only when the sponsor can document compliance with the requirement to make a minimum of three (3) attempts to contact the child's parent or guardian.

**Examples of Secondary Verification are:**

1. Itemized deposit slips or receipts showing the childcare payments of the child for whom the sponsor is trying to verify participation were received for the child in the month that is being verified.
2. Collateral contact such as member of the child's family other than the parent or guardian.
3. Sign in / sign out sheets that show that the child was present during the meal service in the month that is being verified.
4. Monitor review reports for the review conducted on the verification review month dates showing the child was present and received a meal.
5. Compare the responses from the household contacts to the monthly claims submitted for verification to determine if there is an over claim.
6. Submit a revised claim, if necessary.
7. Issue findings and a corrective action plan if there are discrepancies found in the reimbursement claim, including:
  - a. Specific finding(s) of noncompliance with program requirements
  - b. Actions to be taken by the center to ensure compliance
  - c. Date by which the corrective action is to be taken

**Person(s) Responsible:**

NS FSA

Updated 7/2021

## **CHILD MENTAL HEALTH:**

- 1. Mental Health Professional**
- 2. On-Site Consultation**
- 3. Coordination with Community Mental Health Resources**
- 4. Early Identification of Children's Mental Health Needs**
- 5. Parent Involvement in Children's Mental Health**
- 6. Parent Awareness of Mental Health**
- 7. Mental Health Education and Intervention for Parents**
- 8. Special Help for Children's Individualized Mental Health Needs**

## CHILD MENTAL HEALTH

CMH SOP 1

**Subject: Mental Health Professional**

**Performance Standards: 1302.45; MPP Head Start Mental Health Service Plan**

**Policy:** The program secures services of MHCs on a schedule of sufficient frequency to enable timely and effective identification of and intervention in family and staff concerns.

### **Operational Procedures:**

1. The program secures and maintains the services of a qualified MHC on site for up to twenty hours per week. Qualifications of the MHC are maintained in Human Resources and those qualifications are monitored annually.
2. The MHC's schedule is posted on their office door and on each parent information board per site. The schedule allows the MHC to become familiar with the needs of children requiring assistance, to provide information and consultation, and to help locate any needed treatment of service in a timely fashion.
3. The MHC meets on a regular schedule to debrief and coordinate with supervising Disability Coordinator. The MHC maintains relevant records of services provided.

### **Person(s) Responsible**

HS Director    DC    MHC

Updated 6/2018

## CHILD MENTAL HEALTH

CMH SOP 2

**Subject: On-Site Consultation**

**Performance Standards: 1302.45**

**Policy:** Mental health program services include a regular schedule of on-site mental health consultation involving the MHC, program staff, and parents. Program practices are designed to be responsive to the individual child or groups of children and to promote children's mental wellness by providing group, individual, staff and parent education on mental health issues.

### **Operational Procedures:**

1. The MHC (MHC) will be available to assist teachers, parents and children with mental health and/or behavioral needs.
2. The MHC, Ed Supervisors, Disability Coordinator, Ed Manager, TPDS, and Regional Behavior Specialist (Southwestern Child Care Resource & Referral and/or Region A Smart Start) help staff and families select practices, strategies, and intervention procedures that foster social and emotional development and prevent challenging behaviors. This may be accomplished through the following ways:
  - a. Short-term regular counseling
  - b. Behavior intervention strategies
  - c. Parent support groups
  - d. Staff or parent consultations
  - e. Staff/parent social-emotional training
  - f. Promotion of mental health wellness
3. In order to support the social and emotional development of children birth through five, MPP Head Start has adopted the conceptual model of evidence-based practices for promoting young children's social and emotional competence and for preventing and addressing challenging behavior. This model is referred to as the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. The program utilizes this model developed by the Center for Social Emotional Foundations for Early Learning (CSEFEL) as a framework for early care and education systems.
4. Classrooms are observed using the *Classroom Assessment Scoring System (CLASS)* by reliable observers. MPP Head Start completes the CLASS observations three times per year sharing feedback with teachers in order to establish goals for improving teacher-child interactions. Based on CLASS scores or supervisor request, classrooms needing additional support receive a Mental Health Classroom Observation by the MHC. Follow-up is provided based upon results of the observation and could be in the form of general Classroom Support Plans, specific child Positive Behavior Support Plans or needed referrals with parental consent for additional evaluations or assessments.
5. At enrollment, program obtains general consent for mental health services. This enables the MHC an initial brief consultation as requested by staff to assist with challenging behavior and social-emotional development in the classroom.
6. If more in-depth mental health services are indicated, then the program staff follows the mental health referral process:

- a. When teachers have concern(s) regarding behaviors of an individual child, they meet with their assigned Ed Supervisor to discuss concerns.
  - b. Teachers complete a Functional Behavior Assessment (FBA) for two weeks and route to DC.
  - c. DC reviews the behavior data collected on the FBA, follows-up with an observation, and confers with Ed Supervisor for feedback.
  - d. DC makes decision regarding need for Mental Health Consultation Services; if so, mental health referral and consent is completed with parent and forwarded to MHC.
  - e. Ed Supervisors can make a direct request for MHC to make a classroom observation.
7. To ensure that staff's overall health and well-being are at their best, the program offers Head Start program staff up to four counseling sessions at a duration of up to one hour each on site with the MHC per school year. Supervisor(s) will submit a referral to the MHC. The MHC will schedule a counseling session and inform the staff person of the date/time. If supervisor recommends counseling, then scheduled coverage will be provided. Confidentiality is maintained at all times. The MHC will maintain relevant records of counseling sessions and store in confidential location in Mental Health office.

**Person(s) Responsible:**

DC MHC BSS Education Team Teaching Staff

**Updated 7/2021**

**CHILD MENTAL HEALTH**

**CMH SOP 3**

**Subject: Coordination with Community Mental Health Resources**

**Performance Standards: 1302.45**

**Policy:** The program will utilize other community mental health resources, as needed and take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access for children and families to community services.

**Operational Procedures:**

1. Program maintains a current resource list of community services including those that offer specialized services (e.g. domestic violence, substance abuse, maternal depression, infant mental health, crisis intervention) The Health Advisory Committee is utilized as an additional resource to assist in locating community mental health resources.
2. Program provides information and education on community mental health resources.
3. The MHC will assist staff and the family to make contact with and to take advantage of all existing resources that promote the healthy development of children.
4. If the scope of need is outside the parameters of on-site mental health services, then the MHC will facilitate referral to an outside mental health provider.
5. The MHC acts as a liaison between specific agencies and the program, if necessary, and FSAs for the child and family should the process slow down or become unsatisfactory.

**Person(s) Responsible:**

FCOS HC DC MHC FSA

**Updated 6/2018**

**CHILD MENTAL HEALTH**

**CMH SOP 4**

**Subject: Early Identification of Children's Mental Health Needs**

**Performance Standard: 1302.45**

**Policy:** It is the program's policy to screen children using the BRIGANCE Head Start and Early Head Start Screens III and the Devereux Early Childhood Assessment (DECA) social-emotional screen. Screening instruments meet professional standards for standardization, reliability, and validity and have normative scores available on a population relevant for children being screened. The screening results are used to make referrals to appropriate professionals, when needed. The program maintains systems in place that ensures that the referrals are followed up. Teaching staff receive guidance from the Disability Coordinator, Mental Health Consultant, or Behavior Support Specialist on how to use the findings to address identified needs. MPP Teaching staff utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

**Operational Procedures:**

1. Staff obtains pertinent development information from parents of each child.
2. FSA (FSA) staff informs and orients parents of the screening and assessment process and obtains parent consent during the enrollment and orientation process (also see Ed SOP 2)
3. Needed health and medical information is obtained from the FSA, Home Visitor, or from Childplus.

4. Designated teaching staff and FSAs will assist teachers in administering the screens to children who speak a language other than English.
5. Children scoring in the re-screen range are re-evaluated within the second 45 day timeframe (90) days. The Education team along with the Disability Coordinator will review the re-screen list and schedule any modifications or arrangements for the re-screens to occur within the timeframe. Effectiveness of the screening program will be evaluated during the annual program self-assessment process.
6. Teachers/Home Visitor will enter screen dates and scores in the program's database; Brigance screens are submitted to Ed Supervisors for monitoring. Ed Supervisors forward failed screens to Disability Coordinator for action (rescreen or referral). Follow-up on Brigance results are recorded in database by the Disability Coordinator.
7. After review and necessary feedback or referrals, the Disability Coordinator will return the screens back to the classrooms/home visitor to be filed appropriately under each child's name in the classroom's School Readiness Notebook (SR Notebook). When not in use for review or planning, the SR Notebooks are kept locked for record confidentiality.
8. Brigance scores discussed during the parent/teacher conference or home visit.
9. The TSG Report Card report (Individual Plan) of long and short-range educational/developmental goals are determined and developed by the parent and staff during the parent/teacher conference or home visit (see current program schedule of home visits/parent teacher conferences).

**Staff uses multiple sources of information on all aspects of each child's development and behavior. This includes but is not limited to:**

1. Parent information- communication with parents during home visits and parent conference.
2. Screening information from the Brigance and DECA.
3. Classroom staff conducts ongoing assessments by conducting observations, recording data, and planning activities in the classroom to assist them in obtaining information on each child, their levels of development and on-going progress. Data is collected three times during the year (checkpoints).
4. A sampling of children's work is collected through monthly work samples. This includes collections of representative work by children such as artwork, writing samples, photos, and dictated stories.
5. Program staff engage with families to gain information based on the parent's knowledge of their child's interests, approaches to learning, temperament, and the child's developmental patterns/needs. Parents are encouraged to express their concerns and goals for their child; this information is incorporated into ongoing classroom planning.

**Person(s) Responsible:**

DC Ed Supervisor MHC Teaching Staff

**Updated 7/2021**

**CHILD MENTAL HEALTH**

**CMH SOP 5**

**Subject: Parent Involvement in Children's Mental Health**

**Performance Standards:** 1302.45

**Policy:** It is a goal of staff at MPP 0-5 Head Start to be in communication with parents to draw upon their knowledge of their child's development and behavior enabling staff to better understand the child. At the enrollment/intake visit, the FSA initially solicits parental information, observations, and concerns regarding mental health through interviewing the parent/guardian. The staff will respect the parents' values, culture and childrearing approach. Ongoing communication will occur through phone calls, home visits, and Parent/Teacher Conferences.

**Operational Procedures:**

1. Staff will work under the guidance that some families may view mental health issues as a very sensitive topic and will respectfully work to build rapport and trusting relationships with parents so they feel comfortable understanding and discussing issues relating to mental health.
2. Discussions between parents and staff may focus on a variety of topics, such as:
  - a. Developmental, social/emotional, and cognitive phases, and typical behaviors or concerns associated with each phase.
  - b. The child's special interests, needs, and strengths.
  - c. Changes in the child's behavior, mood, or physical appearance, which may reflect recent experiences.
  - d. Classroom and home strategies may be developed in conjunction with parents, if needed.
3. Parents will fill out a DECA screen to give formal input on where they see their child in the areas of social and emotional development.
4. Parents are encouraged to discuss with staff, at any time, any changes in their child's behavior and/or development so staff and parents can be proactive and take the necessary steps to help the child's growth and development.
5. Goals for children's development and learning are established in partnership with parents and based on the child's ongoing developmental assessment. Teaching staff will share with parents the assessment and observation

results at the scheduled home visits or parent/teacher conferences. During these meetings, parents set goals, provide their input into the curriculum, and process any needed individualization for their child.

6. Through the home visits, parent/teacher conferences, parent meetings, support groups, classroom visits, newsletters, and informational handouts; information on the following topics may be presented to parents:
  - a. The typical social/emotional development of young children.
  - b. The development of individual children.
  - c. Supporting parenting in the first few months following birth.
  - d. Recognizing and understanding behavior that is an expression of a child's response to a stressful situation.
  - e. Ways to assist a parent in helping children deal with separation issues.
  - f. Attachment issues and importance of facilitating secure relationships and attachments to adult caregivers.
7. Staff will use the opportunity when a parent inquires about their child's behavior to explore and/or to model alternative approaches and techniques. As needed, staff will discuss how parent's reactions to or how they handle stress can affect the child including children imitating the behaviors of the parent. The MHC will be available to discuss and assist the parent with developing appropriate responses to their child's behavior.
8. Discussions and/or interactions between parents and staff happen in multi-formats and in both formal and informal settings, such as parent support groups, parent meetings and trainings, home visits, parent-teacher conferences, home based home visits, visits with MHC, parent handouts, and newsletter information. Home visitors provide information on developmental stages and experiences that support acquisition of skills such as self-regulation, problem solving, and capacity to use language for expression of feelings and ideas.

**Person(s) Responsible:**

DC MHC Teaching Staff FSA

Updated 7/2020

**CHILD MENTAL HEALTH**

**CMH SOP 6**

**Subject: Parent Awareness of Mental Health**

**Performance Standard: 1302.45**

**Policy:** The program works collaboratively with parents in better understanding mental health issues and supporting parent's participation in needed mental health interventions.

**Operational Procedure:**

1. Staff supports parent participation in mental health intervention in many ways. Some of these may include:
  - a. Introduction to the program's mental health system and how they can access those services.
  - b. Includes parents in meetings that discuss issues related to individual children, and respecting and supporting the right of parents to make informed decisions to meet the needs and interests of their child.
  - c. Meet with parent to review Mental Health Action Plan and encourage implementation of recommended strategies in the home.
  - d. Assists parent to break down any barriers to mental health services they may be experiencing, such as:
    - i. Attending the first mental health session, at the parent's request
    - ii. Providing or locating transportation that may be needed to attend mental health services.
    - iii. Helping parents access insurance and/or other services.
    - iv. Discusses the importance of interventions for the mental health of the entire family.
  - e. MHC is available to discuss mental health issues.
2. Information on mental health agencies and how to access them are included in the Parent Handbook/Calendar.

**Person(s) Responsible:**

DC MHC Teaching Staff

**Updated 7/2020**

**CHILD MENTAL HEALTH**

**CMH SOP 7**

**Subject: Mental Health Education and Intervention for Parents**

**Performance Standard: 1302.45**

**Policy:** The program provides families with emergency assistance either directly or through referrals to other agencies

**Operational Procedure:**

1. The FCOS identifies crisis intervention programs available to the community. Community Partnership Agreements are updated annually by FCOS or designated content area staff. to ensure information and eligibility requirements of each agency is current along with updated contact information. The FCOS is responsible for providing updated information of the Partnerships and other referral resources within the community both in the program Childplus and to FSA.



2. When a family is identified to be in a crisis or has an issue that is causing them concern, the FSA and other program staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. When a non-English speaking family member has a crisis or a difficulty, all efforts are made for a staff member familiar with the family's native language to assist that family in managing the crisis. FSA maintain contact as needed (daily, weekly, etc.) with the family in crisis and provide support both personally and in terms of locating community resources/services.
3. The program assists pregnant women through referrals to access comprehensive prenatal and postpartum care immediately after enrollment in the program, if not already in place.

**Person(s) Responsible:**

FCOS            HC        DC        MHC    FSA

**Updated 7/2020**

**CHILD MENTAL HEALTH**

**CMH SOP 8**

**Subject:** Special Help for Children's Individualized Mental Health Needs

**Performance Standard:** 1302.45

**Policy:** The program MHC will be available to assist teachers, parents, and children with mental health and/or behavior needs. Systems are in place to assist in providing special help for children with atypical behavior or development.

**Operational Procedure:**

1. The MHC, Ed Supervisors, DC, and/or the BSS help staff and families select practices, strategies, and intervention procedures that foster social and emotional development and prevent challenging behaviors.
2. Individual staff assistance may be provided for a child identified with possible atypical behavior or development by the BSS and/or MHC
3. The program will implement a positive behavior support approach in order to develop effective and individualized interventions for children with severe challenging behavior(s).

**Person(s) Responsible:**

DC    MHC    BSS    Ed Supervisors

**Updated 7/2020**

**FAMILY & COMMUNITY PARTNERSHIPS:**

1. **Family Services Assessment, Family Partnership Process and Goal setting**
2. **Guidelines for Documentation**
3. **Monthly Parent Contacts**
4. **Non-Duplication of Services**
5. **Family Services Reports**
6. **Accessing Community Resources**
7. **Crisis Intervention and Emergency Assistance**
8. **Children Files**
9. **Services to Enrolled Pregnant Women**

10. **Case Review**
11. **Parent Opportunities**
12. **Parent Bulletin Board**
13. **Parent and Family Engagement**
14. **Parent Involvement in Community Advocacy**
15. **Accessing Community Services Resources – Parent Education**
16. **Parent Involvement – Health**
17. **Volunteers – Parent and Community**
18. **Transition Services**
19. **Community Partnerships and Coordination with Other EHS / Education Programs**
20. **Health Services and Education Advisory Committee**
21. **In-Kind / Matching Funds (Non-Federal Share)**
22. **Family Literacy**
23. **Family Participation / Input in Development and Approach to Child Development and Education**
24. **Parent Handbook**
25. **FSA Monthly Supervision Report**

#### **FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 1**

**Subject: Family Partnership Process (FPP), Family Outcomes Assessment, and Goal Setting**

**Performance Standard: 1302.50 (b) (3) & 1302.52 (a-d)**

**Policy:** The program engages in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths, necessary services and other support. The process is initiated during the application process and will continue for as long as the family participates in the program, taking into consideration each family's readiness and willingness to participate in the process.

#### **Operational Procedures:**

1. The FSA engages in an ongoing and reciprocal relationship with each family on their caseload from the first interaction and maintains this over time by demonstrating professionalism and trustworthiness. The FSA demonstrates this by being cordial and prompt, professional and ethical, as well as, by demonstrating effective communication skills such as active listening, empathy, and problem solving with parents at each interaction. The relationship usually begins formation during enrollment and Parent Orientation.
2. During Parent Orientation, the FSA or FSM will explain to the family their role as an advocate and inform the parent of the Family Partnership Process (FPP).
3. It is the responsibility of the FSA to market the FPP to the family in a way that demonstrates the benefits of engaging with him/her in the process as being in the best interest of the family and/or child(ren).

#### **Family Partnership Services:**

1. Each family will be invited to participate in a FPP. The FPP is made up of the following parts: on-going two-way communication between the family and FSA, a Family Outcomes Assessment, a Family Partnership Agreement (FPA) if desired by the family, and activities related to positive family outcomes.
2. Specific services that will be offered that are related to positive family outcomes will include but are not limited to: safety, health, economic stability, child learning and development, disabilities, parental confidence and skills to foster early learning and development of children.
3. Prior to the first day of school, the first Education Home Visit must be conducted within reasonable limitations with the FSA, when possible.
4. The FPP will be introduced by the FSA to the parent/caregiver during enrollment.
  - a. The FSA will note FPP introduction in Child Plus.

- b. If the parent/guardian does not wish to participate in an FPA, it will be noted in the Child Plus. The FSA will continue contact with the family to encourage a future partnership.
- c. FSA will document all progress towards goal completion on the original Family Partnership Agreement Form. A case note will also be made in CP under the Family Services Tab->Family Services Information Tab->Family Partnership Agreement section. The FSA will discuss goal completion with the parent/guardian during regular monthly contact and will strive to help families achieve their goals in a timely manner.

**Family Outcomes Assessment:**

- 1. The FSA is required to complete a preliminary Family Outcomes Assessment using the electronic Child Plus within three (3) months of enrollment in order to identify the family’s needs, interests, strengths, and goals, along with services and resources needed to support the family’s well-being. The results of the assessment will be linked to the family engagement outcomes as described in the Parent, Family and Community Engagement (PFCE) framework.
- 2. A copy may be given to the parent/guardian if they request it.
- 3. Family Outcomes Assessment are also conducted at mid- and end-of-year points.

**Goal Setting:**

- 1. Each family will be encouraged to set at least one goal for the school year. Families are to determine what their goal will be with the assistance of the FSA. Families can choose to work on similar goals that are already established by other agencies such as the Department of Social Services, Children’s Developmental Services Agency (IFSP Goals), Macon County School System (IEP Goals), etc. to avoid duplication of effort. The FSA is responsible for helping families brainstorm and determine long-term goals (or ongoing) from short-term goals. The goals should support family well-being and should be based upon the Family Outcomes Assessment and correlated to the family’s needs, interests, and strengths.
- 2. Once the family has agreed to engage in goals setting, a formal Family Partnership Agreement (FPA) will be developed alongside the FSA. During this process, the FSA will:
  - a. Connect the FPA with the Family Outcomes outlined in the PFCE Framework
  - b. Enter the new goal statements into Child Plus
  - c. Provide parents with a copy of goals for personal accountability, if requested
- 3. As the school year progresses, the FSA and family members will review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary.
- 4. Families will be referred to community resources based upon urgency and intensity of identified family needs and goals. This information is also logged in the data management.
- 5. Completed FPAs will be uploaded into Child Plus. Hard copies are maintained in a binder by the FSA and are shredded at the end of the school year. Goals may be carried over to the following school year.

**Person(s) Responsible:**

FSA    FSM

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 2**

**Subject: Guidelines for Case Note Documentation**

**Policy:** The program maintains a standardized format for case note documentation.

**Operational Procedures:**

- 1. All documentation must be written utilizing the following guidelines:
  - a. Brief, informative and objective: Use dates and times upon entering case notes; use numbers if needed.
  - b. Use appropriate and professional terminology; no slang terms
  - c. Refer to staff and parent/guardian in the third person using titles.
- 2. Proofread all notes before submitting them into the Child Plus to ensure correct spelling and grammar. Notes can be reviewed further for accuracy by copying and pasting them into a Word Document.
- 3. Enter case notes into Child Plus after contact has been attempted or made with the family.
- 4. Routine contacts will be printed monthly or as requested by the FSM for monitoring purposes.

**Person(s) Responsible:**

FSA    FSM    Home Based Educator                      All Staff

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 3**

**Subject: Monthly Parent Contacts**

**Policy:** The FSA is responsible for making regular contact, no less than once per month, with family members who are legally responsible for the care and well-being of all the children on their caseload. Regular contact is defined as two-way communication (e.g. phone call, email, Remind text message, face-to-face, etc.).

**Operational Procedures:**

1. Contacts are made in order to encourage participation in the FPP and to inform family members about support/resources as needed, program services, or other necessary information.
2. The following information may be discussed: FPP progress, transitions, health information needed, MPP closings or events, extended day or contact information.
3. All Regular Parent Contact must be documented in event notes
4. If the parent contact deals with attendance, information will be documented under the Attendance tab in Child Plus.
5. If contact information has changed, the following will be completed:
  - a. The FSA will update the Emergency Contact Books, main and teachers’ files, Remind, and the online Child Plus. Bus drivers should be updated by providing them directly with a copy. Copies are located in the following areas:
    - i. NHI – workroom
    - ii. NH2 – upstairs lobby, reception area
    - iii. NH3 – staff sign-in desk, and extended day clipboards
    - iv. Pruett House – supervisor’s office
    - v. Main Files
    - vi. Teacher Files (FSA will place copy in inner-office envelope, then in classroom mailbox – NH2 mailboxes for NH2, NH3 and Pruett House classrooms, and NH1 mailboxes for NH1 classrooms)  
Note: do not leave copies on desks, shelves, sign-in areas, etc.
  - b. FSA will remove the old Emergency Contact Update form from the emergency contact books and main file and will replace it with the updated copy. Classroom teachers will be responsible for removing old emergency contact forms and replacing them with updated forms in teacher files.
  - c. If classroom staff receive updated contact information, they will notify the FSA, who will make changes listed in the above areas.
  - d. FSA will email mailing address changes to the Finance Clerk for extended day children for billing purposes.

**Person(s) Responsible:**

FSA FSM

Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

FCP SOP 4

**Subject: Non-Duplication of Services**

**Performance Standard:** 1302.52 (d)

**Policy:** To avoid duplication of effort, or conflict with, any pre-existing family plans developed between other programs and Head Start families, the FPP takes into account, and builds on appropriate information obtained from the family and other community agencies concerning pre-existing family plans. The program coordinates, to the extent possible, with families and other agencies to support the accomplishment of goals in any pre-existing plans.

**Operational Procedures:**

1. In order to embark on a comprehensive approach for partnering with the family, the FSA will gather information during the Family Outcomes Assessment, regarding the child’s involvement in other community agencies in which the family has gained assistance in the past or present. The FSA can also gain information when parents invite them to attend and participate in an IFSP or IEP meeting initiated by the LEA’s (e.g. CDSA or Macon County Public Schools) respective formal invitation system.
2. When the family has goals in other programs, the FSA will work in conjunction with these programs to assist the family in accomplishing set goals in order to provide continuity of services for the child. This will be done by collaborating with other agencies and programs (such as CDSA, the school system, DSS, etc.) to achieve mutually desired outcomes for children and to guide collaborative work.
3. The FSA will add these goals to the FPA and follow-up regularly.
4. The FSA will note the family’s progress toward goals in a family case note in the Child Plus.

**Person(s) Responsible:**

FSA Related Specialists

Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

FCP SOP 5

**Subject: Family Services Reports**

**Policy:** In order to ensure that each child has full case management services, each FSA is responsible for submitting the following reports on a weekly, bi-weekly, and monthly basis, as required

**Operational Procedures:**

1. Absenteeism Report:
  - a. The purpose of the report is to monitor when children have been absent for three days along with the reason for their absence.
  - b. The Head Start Absenteeism report is emailed weekly by 5:00 pm on Mondays by the FSA as an attachment to the ERSEA Specialist and FSM unless otherwise assigned.
  - c. The report is also emailed at the end of the month to the ERSEA Specialist and FSM by 5:00 pm on the first working day of the following month.
2. Enrollment Report:
  - a. The purpose of the report is to share information about newly enrolled children as they enter the program during the year.
  - b. The FSA completes the Enrollment report
  - c. The FSA emails the report to Integrated team, classroom staff and Nutrition Staff.
3. Monthly Supervision Report:
  - a. The FSA completes the Monthly Supervision Form using the “File Review” module under the “Family Services Tab” in the electronic Child Plus for 10 families, unless otherwise assigned, for the FSM to review. Results of the review are discussed with the FSA.
  - b. The following areas are addressed on the Monthly Supervision Form: PIR, Health and Nutrition Requirements, Health and Nutrition concerns, Attendance, Transitions, Family Partnership Agreement Status, Parent, Family and Community Engagement and referrals.
  - c. The FSA is responsible for reviewing each file (hard copy and Electronic copy) to ensure consistency.

**Person(s) Responsible:**

FSA    FSM                    ERSEA Specialist

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 6**

**Subject: Accessing Community Resources**

**Performance Standard:** 1302.52

**Policy:** The program works collaboratively with all parents/guardians to identify and access services and resources that are responsive to each family’s needs, interests, and goals.

**Operational Procedures:**

1. FSAs and other staff have access to community resource listings (e.g. the electronic Child Plus, the Parent Handbook, community resource notebook, etc.).
2. Staff members share new community resources or updates of current resources with the Data Entry Specialist(DES). DES updates the community resource list on a continuous basis.
3. The FSA and the FCOS update parents as needed regarding local community events.
4. The FSA makes referrals for parents on an as needed basis. Once an FSA makes a referral for a parent, it is the FSA’s responsibility to follow-up whether or not the service was received and to record this information into the corresponding event note and PIR section of Child Plus.

**Person(s) Responsible:**

FSA                    FCOS                    FSM                    DES

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 7**

**Subject: Crisis Intervention and Emergency Assistance**

**Performance Standard:** 1302.53 (a)

**Policy:** The program provides families with emergency assistance either directly or through referrals to other agencies.

**Operational Procedures:**

1. It is the role of the Family Services staff, specifically the FCOS, to identify and become knowledgeable about all crisis intervention programs available to the community, to establish contact with someone working in these programs, and to be informed about the eligibility requirements of each. Typically, this is done through yearly Community Partnership Agreements.

2. The DES is responsible for updating the on-going resources within the community and updating this information in the on-line database.
3. When a family is in a crisis or has an issue that is causing them concern, the FSA and other program staff use a variety of techniques to address difficulties that arise in their interactions with family members. When a non-English speaking family member has a crisis or a difficulty, all efforts are made for a staff member familiar with the family's native language to assist that family in managing the crisis.
4. FSAs maintain contact as needed (daily, weekly, etc.) with the family in crisis and provide support both personally and in terms of locating community resources/services.

**Steps the FSA will take in managing crisis:**

1. Contact appropriate program/agency staff for assistance in areas that may be related to: substance abuse, child abuse and neglect, domestic violence, etc.
2. Make appropriate reports to community agencies as needed to protect the welfare of the child/family in the situation.
3. Refer families to other agencies outside of the program as needed.
4. The FSA will follow up with any referrals or direct assistance by contacting the community agencies or families as soon as possible.
5. The FSA enters objective information in a case note in Child Plus.

**Person(s) Responsible:**

FCOS                      FSAs                      FSM                      DES

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 8**

**Subject: Children Files**

**Performance Standard:** 1303.20; 1303.22; 1303.23; 1303.24 & NAEYC 10.D.05

**Policy:** MPP Head Start maintains efficient and effective record keeping systems for children's files to provide the information needed to individualize services, monitor program quality, assist in program planning and management, and ensure the delivery of quality services regarding enrolled children and families. Head Start staff adheres to a system of confidentiality and to Standards of Conduct.

**Operational Procedures:**

1. ERSEA Specialist will provide FSA with the child's application and any additional supporting documentation.
2. For New Child Files:
  - a. FSA constructs main file to begin each new enrollment
  - b. The HC enters the immunization record details and scans in the physical and dental documentation in the Child Plus. The FSAs scan physical copies of the consent and release documentation into the Child Plus.
  - c. FSA explains each enrollment document and checks to ensure all forms and information are complete with signatures and dates.
  - d. Parents are given the opportunity to review all forms thoroughly prior to signing.
  - e. Parents may request copies of any form they sign.
  - f. The FSA inserts completed paperwork into the proper section(s) of the child's file and signs off on the cover sheet of each section, as applicable.
  - g. If the family wishes to request bus services, the "Bus Route Request" module is completed in CP.
  - h. FSAs submit the completed file to the FSM for review.
  - i. Each main file will be identified with a label by the DES once all monitoring has been completed. The label will include the followings:
    - i. Child's name
    - ii. Date of birth
    - iii. Enrollment Date
    - iv. Program year
    - v. Court Orders as identified
    - vi. Allergies-Food or Drug
  - j. The DES will place the file in the enrolled children's filing cabinet based on alphabetical order.
  - k. Key staff may check out files for data entry/monitoring via the sign-out sheet located on the table at the far side of the file room. Files must be returned to the file room by 5:00 PM on the day they are checked out.
3. For Returning Child Files:
  - a. Returning children will maintain the current file for the program in which they are currently enrolled. The following forms or Child Plus modules will be updated:
    - i. Emergency Contact

- ii. MCPHC Dental Form
  - iii. CACFP
  - iv. Bus route, if appropriate
  - v. Consents/Releases
  - vi. Nutrition Assessment
  - vii. Parent Orientation Checklist/Policy Review
  - viii. Discipline Policy
  - ix. Parent's Commitment
  - x. Care Plans that are more than 12 months' old
  - xi. Parent Survey
  - xii. Child Health Record
- b. As a part of the update process, the FSA explains each enrollment document and checks to ensure all forms and information are complete with signatures and dates.
  - c. Parents are given the opportunity to review all forms thoroughly prior to signing.
  - d. Parents may request copies of any form they sign.
  - e. FSA updates the section coversheets for the new school year and inserts completed paperwork into the proper section(s) of the child's main file and signs off on the coversheet of each section, as applicable.
  - f. FSA will label file for next program year.
  - g. File is then forwarded to the FSM for monitoring.
  - h. Necessary information is updated in the Child Plus.
  - i. Key staff may check out files for data entry/monitoring via the sign-out sheet located in the file room. Files must be returned to the file room by 5:00 PM on the day they are checked out.
  - h. Teacher file remains same throughout enrollment in program and is updated yearly.
4. New Enrollment – Teacher Files:
    - a. FSAs are responsible for constructing and labeling new classroom files (last name, first name. For Latino children: "first" last name, first name.)
    - b. FSA will deliver teacher files directly to the teacher two days prior to child's start date.
  5. Procedures for children that withdraw during program year:
    - a. Parent or guardian provides withdrawal information. The completed withdrawal form is placed in the child's main file on top of the application/emergency contact form.
    - b. The FSA collects the teacher files from the classroom.
    - c. The FSA places the main file and teacher file, in the file room cabinet marked "Withdrawn Children."
    - d. The withdrawn files are placed in storage at the end of the program year and kept for three years as required by Head Start regulations.
  6. Teacher procedures for the end of the school year:
    - a. Teachers will organize the Teacher File according to the cover sheets.
    - b. The Teacher will deliver all correctly assembled "teacher files" to a designated location and sign completion form.
  7. Monitoring Children's Files
    - a. Children's files are monitored by FSA, PMS and FSM, for follow up and review.
    - b. All staff, contractors, NC Licensing Consultants, program reviewers, etc. who view children's files adhere to agency confidentiality policies. Furthermore, at the time of review, the viewer will be asked to sign a statement of confidentiality.
    - c. The PMS randomly selects thirty-five main children's files per month for monitoring. Additional random monitoring may also occur during Self-Assessment, Day Care Licensing Reviews, 3-Year Protocol Reviews, and management team monitoring
    - d. When a parent requests a review of their child's file, staff signs out the child's file and returns file to file room when finished. Staff will be present during review.
  8. Format of Children's Files
    - a. The contents of the file are maintained as follows:
      - i. Required Documentation (Cream/Gray/Neutral - Inside Left of Folder)
      - ii. Child's Application that includes Emergency Contact Info and Electronic Signature Agreement (Right of Folder)
      - iii. Family Service (Lime) (Left Section 1)
      - iv. Health/Nutrition (Blue) (Right Section 1)
    - b. All current information added to file is placed in order according to section cover sheets built from bottom up.
    - c. Label on front of file identifies the program the child is enrolled in.

9. Private Pay main and electronic files may be slightly different, however, set up in the same format. Head Start forms or data management modules that may not be applicable include:
  - a. Parents Commitment Form
  - b. Parent Survey Module
  - c. Family Outcomes Assessment
10. Retaining Children's Files
  - a. DHHS-ACF requires children's records to be kept on file for three years.
    - i. In order to maintain an organized file system, inactive files will be placed in storage boxes, labeled as to when they can be destroyed, and stored in a secure location.
    - ii. PSS is responsible for maintaining, monitoring, and organizing the children's records system in order to follow DHHS requirements and agency Standard Operating Procedures.
    - iii. Withdrawn children's files will be removed from storage and updated when re-enrolling, when possible.
11. Personally Identifiable Information Disclosure with Parental Consent
  - a. Personally Identifiable Information (PII) from a child's record will not be disclosed without written parental consent.
  - b. A parent's written consent must include the following specifics:
    - i. What child records may be disclosed
    - ii. Explanation of why the records will be disclosed
    - iii. Identification of the party or class of parties to whom the records will be disclosed
  - c. A parent's written consent must be both signed and dated. An electronic signature will be accepted as long as the person granting approval has been identified and authenticated as the source of the electronic consent.
  - d. An explanation must be provided to the parent giving consent that their action is voluntary and may be revoked at any time. However, revocation is not retroactive so it will not apply to an action that occurred before the consent was revoked.
12. Personally Identifiable Information Disclosure without Parental Consent but with Parental Notice
  - a. The program may disclose PII without parental consent, but with parental notice and opportunity to refuse, to officials at a program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled that is related to the child's enrollment or transfer. However, the program is required to notify the parent of the following:
    - i. Disclosure
    - ii. A copy of the PII from the child's records to be disclosed in advance if requested
    - iii. The opportunity to challenge and refuse disclosure of the information in the child's records.
  - b. The program may disclose PII without parental consent, but with parental notice unless:
    - i. A court has order that neither the subpoena, its contents, nor the information provided in response be disclosed.
    - ii. The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General.
    - iii. A parent is a party to a court proceeding directly involving child abuse and neglect or dependency matters.
    - iv. MPP initiates legal action against a parent or a parent initiates legal action against MPP. In this case, MPP may disclose the child records to the court without a court order or subpoena in order for MPP to act as either plaintiff or defendant.
13. Personally Identifiable Information Disclosure without Parental Consent or Parental Notice
  - a. The program may disclose PII without parental consent and without parental notice to individuals who are either directly employed by MPP or who provide a contract based service provided that:
    - i. Another employee would be required to perform the duty in regards to the use of a contractor.
    - ii. MPP determines it is necessary for Head Start services.
    - iii. MPP maintains control with regards to the use, further disclosure, and maintenance of child records through the use of a written agreement.
    - iv. The program may disclose PII without parental consent and without parental notice to individuals within MPP, who are acting on behalf of MPP, or who are from a federal or state agency that may be responsible for.
  - b. Auditing or evaluating education or child development programs.
  - c. Enforcement of or compliance with federal legal program requirements.
  - d. Conducting a study to improve child and family outcomes.



- e. As long as MPP maintains control with regards to the use, further disclosure, and maintenance of child records through the use of a written agreement. The agreement must stipulate conditions for the destruction of the PII once it is no longer needed for the disclosure except for then the disclosure is authorized by federal law or by the responsible HHS official.
14. The program may disclose PII without parental consent and without parental notice to individuals in order to address a disaster, health or safety emergency during the period of emergency, or a serious health and safety risk such as a serious food allergy in order to protect the health or safety of children or other persons.
  15. The program may disclose PII without parental consent and without parental notice to the Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the CACFP. However, the results must be reported in an aggregate form that does not identify any individuals and that the PII is destroyed once the data is no longer needed for program monitoring, evaluations, and performance measurements.
  16. The program may disclose PII without parental consent and without parental notice to a caseworker or other representative from a state, local or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when the agency is legally responsible for the child's care and protection, under state or tribal law, if the agency agrees in writing to protect the PII, to only use the information for specific purposes related to the child's needs, and to destroy the information when it is no longer needed.
  17. The program may disclose PII without parental consent and without parental notice to appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local and tribal laws on reporting child abuse and neglect.
  18. Written Agreements with Third Parties
    - a. Written agreements with third parties must be reviewed annually and updated accordingly in order to protect PII.
    - b. If a third party violates the written agreement, MPP may:
      - i. Allow the third party to self-correct.
      - ii. Deny the third party access to children's records for a period of time to be determined by the board and policy council.
  19. Annual Notice of Parental Rights Related to PII
    - a. MPP will annually inform parents of their rights related to the protection of their children's PII in writing. The written notification will include:
      - i. A description of the types of PII that may be disclosed.
      - ii. To whom the PII may be disclosed.
      - iii. What may constitute a reason for the disclosure without parental notification.
  20. Limit on Disclosing PII
    - a. MPP will only disclose the information that is necessary for each individual disclosure.
  21. Parental Rights
    - a. A parent has the right to inspect their child's records to include the following file types:
      - i. ERSEA
      - ii. Main
      - iii. Teacher
      - iv. Disability
    - b. The program must comply with a parent's request to inspect their child records within a reasonable amount of time but not to exceed 45 days.
    - c. Records with an outstanding request for parental review and inspection will not be destroyed.
    - d. A parent may request that their child's record be amended if they believe that it contains information that is inaccurate, misleading, or violates the child's privacy.
    - e. All amendment requests will be considered. If denied, the parent will be provided with a written decision in a reasonable amount of time and informed of his/her right to a hearing.
    - f. If a parent requests a hearing, the program will schedule a hearing within a reasonable amount of time, notify the parent of the hearing, and request that an individual without a direct interest in the outcome to conduct the hearing.
    - g. The parent must be given a full and fair opportunity to present evidence that is relevant to the issue.
    - h. If the information presented in the hearing is found to be inaccurate, misleading, or in violation of the child's privacy, the program will either amend or remove the information and notify the parent in writing.
    - i. If the information presented in the hearing is not found to be inaccurate, misleading, or in violation of the child's privacy, the program will inform the parent of his/her right to place a written statement in the child's

records that either comments on the contested information or that states why the parent disagrees with the program's decision, or both.

- j. Written statements of contest placed in the child's record by a parent will remain as a part of the child's record for as long as the program maintains the record. The statement will also be shared with reviewers as it relates to said review.
  - k. Parents may request a free copy of their child's records that have been disclosed to a third party with their consent. However, if the third-party request was made by the court and stipulations were set in place that information not be disclosed to the parent, a copy will not be provided even upon parental request and/or consent.
22. Domestic Violence Protective Orders for Children (DVOP)
- a. FSAs request a current copy of the DVOP from the parent.
  - b. A full copy of the DVOP is uploaded into the Child Plus and placed in the child's main file.
  - c. An abbreviated copy of the DVOP containing only the relevant information related to child custody is placed in the emergency contact building books, teacher's file, and on the bus, when applicable.
  - d. A court order sticker is placed on the outside of the main and teacher files.
  - e. A court order flag is placed in the Child Plus.
  - f. When an order expires, the FSA requests a new copy of the order.
  - g. The details of the court order requirements are only shared and discussed with staff on a need to know basis.
  - h. Staff do everything possible to execute each order accordingly.

**Person(s) Responsible:**

PSS FSAs ERSEA DES PMS FSM Classroom Staff HC NS Updated 7/2021

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 9  
FCP SOP 2, 3**

**Subject: Services to Enrolled Pregnant Women**

**Performance Standard:** 1302.80; 1302.81; 1302.82

**Policy:** The program assists pregnant women through referrals to access comprehensive prenatal and postpartum care immediately after enrollment in the program.

**Operational Procedures:**

- 1. Services to pregnant women are provided; the Pregnant Moms FSA Facilitator is responsible for:
  - a. Actively assisting in the recruitment of the target population as stated in the program's Community and Self Assessments.
  - b. Enrolling and building a relationship with the pregnant woman.
  - c. Determining whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care and health insurance coverage within 30 days of enrollment.
  - d. Assisting an enrolled pregnant woman who does not have a source of ongoing care or health insurance coverage, as quickly as possible, to access such a source of care that will meet her needs.
  - e. Referring all enrolled pregnant women wishing to access any or all the following comprehensive services:
    - i. Nutritional counseling
    - ii. Food assistance
    - iii. Oral health care
    - iv. Mental health services
    - v. Substance abuse prevention and treatment
    - vi. Emergency shelter or transitional housing in cases of domestic violence.
  - f. Completing monthly visits with the pregnant woman concerning the status and progress of the pregnancy, as determined by the participant, and track progress in case notes.
  - g. Engaging enrolled pregnant women and other relevant family members in the FPP in which focus is placed on prenatal and postpartum maternal and infant health.
  - h. Providing enrolled pregnant women, fathers, partners and/or other relevant family members prenatal and postpartum information, education and services, as appropriate, that address the following topic areas:
    - i. Fetal development
    - ii. Risks of alcohol, drugs, and smoking
    - iii. Labor and delivery
    - iv. Postpartum recovery
    - v. Parental depression
    - vi. Infant care and safe sleep practices

- vii. The benefits of breastfeeding
  - viii. Importance of Nutrition
  - ix. Emotional well-being
  - x. Nurturing and responsive caregiving
  - xi. Father engagement during pregnancy and early childhood
  - xii. Medical and dental examinations on a schedule deemed appropriate by Macon County Health Center or physician
2. Following the delivery, the Pregnant Moms FSA Facilitator and the HC, at a time convenient for the new mother, will make an appointment with the mother and newborn to conduct a two-week post-partum visit to ensure the well-being of the mother and child according to HSPS 1302.80(d).
  3. During this post-partum visit, the Pregnant Moms FSA Facilitator and HC ensures the mother has scheduled her post-partum visit with the OB/GYN and inquires about the mother's need/interest in receiving any post-partum counseling by attending sessions with the MHC on-site at MPP.
  4. The Pregnant Moms FSA Facilitator tracks this information and documents the mother's progress in case notes in the on-line Child Plus
  5. The Pregnant Moms FSA Facilitator engages the enrolled pregnant woman and other relevant family members in a discussion about future program options, a plan for the infant's transition to program enrollment, and support for the family during the transition process. Once the infant is six weeks of age, the Pregnant Moms FSA Facilitator schedules an Enrollment appointment for the mother to enroll the infant into the EHS program and to conduct new parent orientation.
  6. Additional resources and follow-up will be available for pregnant moms who experience a miscarriage or stillbirth. Families of pre-term or full-term infants where the infant remains hospitalized will receive additional support.

**Person(s) Responsible:**

FSM PM FSA Facilitator HC

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 10**

**Subject: Case Review**

**Performance Standard:** 1302.50 (b) (6) & NAEYC 10.B.08

**Policy:** There will be an ongoing system of communication, assistance, and follow-up process for children and families throughout the year. Information will be shared between families, service providers and other professionals involved in the lives of children. All team members will be informed of each child's program options, progress, and services through the Case Review (CR) process. This system insures collaborative planning and delivery of services for all children and families.

**Operational Procedures:**

1. Teaching staff, Home Based Educator, family service support staff, and Integrated Team members may complete an Education Case Review Form on any child whom they may have concerns in the following areas for:
  - a. Social/Emotional Development
  - b. Behavior
  - c. Cognitive Development
  - d. Nutrition
  - e. Health and Safety Concerns
  - f. Irregular Attendance
  - g. Family Well Being
  - h. Or other concern
2. The Integrated Team will review each case, as needed, at regular monthly meetings. The team is made up of the following MPP 0-5 Head Start staff members: HS Director, Ed Manager, FSM, DC, MHC, FCOS, NS , HC, PMS, Ed Supervisors, ERSEA Specialist, TDPS, PSS and BSS.
3. Follow up will be provided by applicable staff according to recommendations of the Integrated Team.
4. Documentation will be recorded by the FSM and entered into ChildPlus.

**Person(s) Responsible:**

Management Team Education Staff Integrated Team FSAs

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 11**

**Subject: Parent Opportunities**

**Performance Standard:** 1302.50, 1302.34, 1302.51, 1302.46; NAEYC 7. A.12l, 7.A.13, 7A.14, 7.B.01, 8.C.03

**Policy:** A variety of opportunities is created by the program for interaction among parents and staff throughout the year. Program staff and families work together to plan events. Families' schedules and availability are considered as part of this plan. Meetings and interactions with families are respectful of each family's diversity and cultural and ethnic background.

**Operational Procedures:**

1. An open house is held in the beginning of the school year for families and children. The teachers and staff are available to answer questions, while the families and children visit the classroom.
2. The first parent meeting of the year will be held in September. In the meeting, parents are encouraged to volunteer in the classroom, accompany children on field trips, participate in special events and attend Family Activity Committee meetings. In the Family Activity Committee meetings, parents are able to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.
3. Parents are also encouraged to consider serving on Policy Council, Health/Education Advisory Committee, Selection Criteria Committee and/or Nutrition Committee where they can take an active leadership role, such as being chairperson or vice chair.
4. Staff and program consultants must be familiar with the cultural experiences of families in the program and be able to serve and effectively communicate with children and families with no or limited English proficiency.
5. Written communication is presented in English and Spanish, and every effort is made to translate materials into the necessary language. The program assists by providing interpreters to ensure that there is no gap in communication between families and staff, and that parents understand the goals, philosophy, and mission of Head Start.
6. Family Service staff notifies parents of staff activities/training etc. that would be appropriate for parents to attend. Various methods will be used, including automated phone system, flyers, daily/monthly contacts, meetings and Remind app.

**Person(s) Responsible:**

FSM FCOS FSA Classroom Staff

Updated 7/2021

**FAMILY AND COMMUNITY PARTNERSHIPS**

FCP SOP 12

**Subject: Parent Bulletin Board and Suggestion boxes**

**Performance Standard:** 1302.50, 1302.34, 1302.51, 1302.46; NAEYC 7A.04, 8.C.03

**Policy:** Each building on the New Horizons main campus and the Pruett House has a Parent Bulletin Board to enhance parental awareness of social/economic/community news, special activities in the classroom, program information, as well as, to encourage parent involvement.

**Operational Procedures:**

1. Each building has a designated area for a bulletin board that is accessible and visually attractive to parents when entering and/or leaving the center.
2. The FCP team monitors, maintains, and solicits information throughout the program year for each building's bulletin board. The FCOS is responsible for maintenance of the boards. Some information on the bulletin boards helps the program staff to better understand the cultural backgrounds of the children, families, community, and program staff.
3. A suggestion box will be used for parents/volunteers to drop a note in when they catch staff doing something special and focus on the positive areas. This information will be used for media releases and in the 0-5 newsletter. The box will also allow parents, volunteers, and staff to make suggestions /comments for areas of improvement etc. in the program. The PMS checks the suggestion box periodically throughout the year and reports the suggestions to the Program Director.

**Person(s) Responsible:**

FCOS PMS

Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

FCP SOP 13

**Subject: Parent and Family Engagement**

**Performance Standard:** 1302.50(a) (b) (1) (3-5); NAEYC 7.A.07

**Policy:** In addition to involving parents in program policy-making and operations, the program provides family engagement and education activities that are responsive to ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies are encouraged to assist in the planning and implementation of

such programs, which employ the use of a two-generation approach to address common needs of families across the program.

**Operational Procedures:**

1. MPP recognizes parents as their children’s primary teachers. Opportunities are provided for parents to engage in their children’s learning and development during home visits, parent teacher conferences, and volunteerism.
2. Fathers are encouraged to participate equally in the program. Special activities are offered to foster further father engagement.
3. Early Head Start and Head Start centers are open to parents during all program hours. They are welcome as visitors and encouraged to observe and participate in activities as often as possible.
4. Parent participation is voluntary and not required as a condition for enrollment.
5. The program provides educational training and workshops for parents that reflect their needs and interests, as well as those required by Performance Standards.
6. The parents will be encouraged to complete a parent survey during either enrollment or reenrollment, whichever is applicable.
7. The Family Activity Committee (FAC) meets at regular intervals determined by the parents to share/discuss information about community resources, center activities, program activities, educational activities, health information, nutritional services, parenting skills, child growth and development, etc. Speakers from the community and program staff participate in providing training and services to families.
8. Translation services are provided to parents and family members via either one-on-one or large group electronic interpretation.
9. FAC elects officers and representatives during September to serve on Policy Council.
10. Program staff ensures that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities, and that they feel safe to share personal information in the environment. These opportunities consider each family’s interests and skills.
11. The program provides parents with opportunities to participate in the program as volunteers or employees (see 45 CFR 1304.52 (b) (3))
12. Parents may choose to participate in virtual parenting classes provided by ReadyRosie.

**Person(s) Responsible:**

TPDS                      FSM                      FCOS

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 14**

**Subject: Parent Engagement in Community Advocacy**

**Performance Standard:** 1302.34, 1302.46 (a), 1302.70, 1302.71, 1302.72, 1303.4, 1301.3 (b); NAEYC 8.B.03 8. A.06

**Policy:** The program supports and encourages parents to influence the character and goals of community services in order to make them more responsive to their interests and needs.

**Operational Procedures:**

1. Staff keeps parents aware of community activities and resources, which fill parent needs and /or are of interest to families. Such activities may include training, information on substance abuse, food resources, and many others. Program staff informs families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and children’s theater. This happens at parent meetings and via the newsletters and fliers that are either posted on the Parent Bulletin Board located in the parent area of each building and/or sent home when appropriate. (See FCP SOP 13)
2. The program assists parents in becoming their child’s FSA as they transition into both Early Head Start and Head Start, from the home or another childcare setting, and from Head Start to Public School.
3. Program staff FSA for the program and families by creating awareness of the program’s needs among community councils, service agencies, and local governmental entities. Staff speak at different clubs, agencies, and events and hold workshops to share the program’s needs. Staff also serves on local, state and federal committees that benefits the program and families.
4. The program trains and encourages parents to become FSAs for their families through.
  - a. Workshops
  - b. Information / Brochures
  - c. Parent Handbook / Resources
  - d. Service opportunities on 0-5 Head Start Policy Council or committees

5. The program, in conjunction with the Governing Board, Policy Council, and parents, recruit's members from community agencies to serve as representatives on the Policy Council, Health/Education Advisory Committee, Nutrition Committee and Selection Criteria Committee.
6. The parent or community volunteer participation is monitored by the FCOS, at the end of each month, as the Volunteer/Matching Funds sheets are turned in by the classroom staff.
7. The program has established procedures to provide families with comprehensive information about community resources and community partnerships. (See 45CFR and HS Performance Standards 1302.53, 1302.63, 1302.72 for additional requirements)

**Person(s) Responsible:**

FSM                      FCOS                      FSA

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 15**

**Subject: Accessing Community Services Resources - Parent Education**

**Performance Standard:** 1302.50 (b)(4), 1302.52, 1302.53

**Policy:** The program provides opportunities for continuing education, employment training and other employment services through formal and informal networks in the community.

**Operational Procedures:**

1. Continuing Education (includes literacy, GED, DLL and courses for college credit)
  - a. The FSA serve as the point-of-contact for family members who identify specific and immediate concerns/questions about continuing education during the FPP.
  - b. The FSAs provide continuing education resources and/or refer the parent(s) to the TPDS.
  - c. The FSAs are responsible for ChildPlus documentation of materials that are distributed, individual meetings and conversations that take place with the parent(s).
  - d. Large group meetings related to continuing education will be documented in the ChildPlus by the FCOS
2. Parent Training Opportunities are provided on-site or offsite by MPP staff members or Community Partners
3. Parents identify their training needs and/or interests by completing a Parent Interest Survey during enrollment.
4. The FCOS will schedule trainings/workshops based on the survey results and HSPPS.
5. The FCOS is responsible for documenting attendance of participants in ChildPlus.
6. Employment Training/Services
  - a. Parents who are seeking training and/or employment are referred to community resources.
  - b. FSAs are responsible to document referrals and employment related training activities in the database.

**Person(s) Responsible:**

TPDS                      FSM                      FCOS                      FSA

**Updated 7/2021**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 16**

**Subject: Parent Involvement – Health**

**Performance Standard:** 1302.50 (b) (5), 1302.45, 1302.34, 1302.46, 1302.52; NAEYC 7.C.03, 7.C.05

**Policy:** The program provides medical, dental, nutrition, and mental health education programs for program staff, parents, children, and families. The program encourages and supports families to make the primary decisions about services that their children need, and they encourage families, to FSA for needed services.

**Operational Procedures:**

1. The program ensures that, at a minimum, the following medical and dental health education provisions
  - a. Staff support and assist parents in understanding how to negotiate health, mental health, behavioral assessments, and educational services for their children, as they enroll and participate in a system of ongoing family health care.
  - b. Staff support and encourage families to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments.
  - c. The program provides parents with the opportunity to learn the principles of preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead.
  - d. In addition to information on general topics (e.g. maternal and child health and the prevention of Sudden Infant Death Syndrome (SIDS), information specific to the health needs of individual children is also made available to the extent possible.
2. The program ensures that the nutrition education program includes, at a minimum:

- a. Nutrition education focused on selection and preparation of foods to meet family needs and in the management of food budgets.
- b. The opportunity for parents to discuss with program staff the nutritional status of their child including: the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages.
3. The program ensures that the mental health education program provides, at a minimum:
  - a. Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
  - b. The active involvement of parents in planning and implementing any mental health interventions for their children.
4. Medical, dental, nutrition, and mental health handouts are distributed to parents via the classroom mailbox system or Remind text message along with the display of said handouts on parent bulletin boards.

**Person(s) Responsible:**

HC MHC NS FSA

Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 17  
FCP SOP 21**

**Subject: Volunteers - Parent and Community**

**Performance Standard:** 45 CFR Sections 1304.40(d)(2)(3); 1304.40 2-3; 1304.52 a-I-(k) 1302.50, 1302.34 & NAEYC 7.A.07

**Policy:** To establish and provide meaningful opportunities for Parents/Community to volunteer in all areas of the program.

**Operational Procedures:**

1. Parents or community members who volunteer more than once per week must be at least sixteen years of age and fill out a volunteer orientation packet containing the following required information:
  - a. Volunteer Application
  - b. Assurance of Confidentiality Statement
  - c. Emergency Information
  - d. Staff Health Questionnaire
  - e. Discipline and Behavior Management Policy Statement
  - f. Standards of Conduct
  - g. Negative Tuberculin Skin Test Statement
2. The FCOS conducts volunteer orientation training per state and federal requirements.
3. Parents who volunteer in classrooms must arrange for childcare for other children not enrolled in the program.
4. As volunteers complete the orientation process, the FCOS and/or Education Team arranges the volunteer schedule and classroom placement based upon the volunteer's interests and the program's needs. Volunteers are always supervised by agency employees and are not counted in the required federal/state ratios.
5. Staff are to welcome class volunteers and to orient them about schedules, materials, and emergency procedures.
6. The classroom parent/volunteer records parent/community hours of volunteering on a Volunteer/Matching Funds Form and signs it. The form is turned in at the end of each month to the volunteer's supervisor who will route the form to the FCOS.
7. Volunteer hours are entered into Childplus, by the FCOS, for automatic calculations.

**Parents:**

1. At enrollment, families are asked to complete a Parent Survey expressing their areas of interest to volunteer. Results from the survey are forwarded to the FCOS for synthesis.
2. Program staff insures that all families are included in all aspects of the program.
3. Volunteering is a choice and is not a required condition of a child's enrollment.
4. Parents are informed of volunteer opportunities at enrollment, orientation, open house, parent meetings, and other program activities.

**Person(s) Responsible:**

FSM Education Team TPDS FCOS All employees working with Volunteers

Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 18**

**Subject: Transition Services**

**Performance Standard:** 1302.70; 1302.71; 1302.72, NAEYC 7.C.06, 7.C.07, 7.C.08, 8.A.05, 8.A.06

**Policy:** The program assists parents in becoming their child's FSA as they transition into Early Head Start and Head Start, from the home or another childcare setting, to another early childhood program, or to kindergarten. Parents are informed of other available educational opportunities within the community.

**Operational Procedures:**

**EHS to HS: (beginning at the new program year through December 31<sup>st</sup>)**

1. FSA will make personal contact with families, of eligible children, 6 months prior to the child's 3<sup>rd</sup> birthday.
2. After making personal contact, FSA will provide a Transition Letter to parents describing the transition process.
3. An August planning meeting will be held, to include the applicable Ed Supervisors, DC, and ERSEA Specialist, to discuss and prioritize children for early transition through December 31<sup>st</sup> based upon:
  - a. The child's developmental level
  - b. The child's health and disability status
  - c. Progress made by the child and family while in EHS
  - d. Current and changing family circumstances
  - e. Availability of HS services
4. FSA will contact families of recommended developmentally appropriate children to discuss transition options:
  - a. Remain in EHS until the end of the current program year or apply for enrollment in HS
  - b. Depending on the outcome, the FSA will work with parents to develop a Transition Plan, within one week.
  - c. FSA emails ERSEA Specialist and Ed Supervisors regarding the outcome and Transition Plan.
  - d. FSA documents all information in the Childplus.
5. If child transitions: See ERSEA SOP 5
6. If family is over income the child remains in EHS until the end of the current program year.
7. If the child does not transition, within one week, the ERSEA Specialist contacts the next child from the list.
8. If after two attempts to transition a child, within the program, ERSEA Specialist will move to the WaitList.
9. All other children will transition at the beginning of the next program year.

**EHS to HS/Pre-K (End of program year)**

1. FSA makes personal contact with parents who have children moving from EHS to HS, 6 months prior to 3<sup>rd</sup> birthday.
2. FSA works with families to develop a Transition Plan.
3. A parent meeting will be held prior to the new program year, to discuss changes in curriculum, daily schedule, communication, bus routes, hours, parent involvement opportunities, advocacy, and other appropriate information.
4. Additional transition services will be provided for children with an IFSP.

**HS TO KINDERGARTEN TRANSITION**

1. A transition plan is established for each child that will be turning five years of age prior to August 31<sup>st</sup> of the following year to facilitate a successful transition from HS to Kindergarten.
2. A meeting is held with special education personnel, early intervention staff, and community service providers to discuss the transition process for children with disabilities, behavior challenges, or other special needs.
3. A Kindergarten Transition letter is sent to parents in March, by the FSA, letting them know the school district their child should be attending.
4. The FCOS will coordinate visits to each elementary school by April or May as to not conflict with each school's kindergarten registration in order for the children to participate in classroom activities that will familiarize them with the transition to kindergarten and foster their confidence.
5. The program engages in the following:
  - a. A parent-teacher conference where the child's progress during HS is explained.
  - b. The promotion of continued involvement of HS parents in the education and development of their children upon transition to school.
  - c. Provision of education and training to parents to prepare them to communicate effectively with public school personnel, to exercise their rights and responsibilities concerning the education of their children in the school setting and inform them how to advocate accordingly.
  - d. Provision of education and training on local education program options, both public and private, via the platform of a community transition to kindergarten meeting where kindergarten expectations are discussed.
  - e. Provision of information to parents concerning Macon County Public School transition procedures along with Kindergarten Orientations and registration activities, dates and times.
  - f. Sharing of relevant records with receiving school to ensure continuity of child's learning and development in a manner that is consistent with privacy requirements.



6. Parent attends Kindergarten orientation/registration at school the child will be attending and completes required paperwork.
7. A summer program will be provided for parents of HS students as appropriate. Enrollment in said program will be dependent upon specific eligibility criteria and space availability. Parents needing financial assistance for their children to attend this program must contact either the ERSEA Specialist or the PMS for a voucher referral.
8. Additional transition services will be provided for children with an IEP.
9. FSA enters event notes in the on-line Child Plus.

**Transitions between Programs:**

1. Effective transition services will be provided for families and children who move out of the community. In cases where an EHS or HS program is not available in the new community, the program will assist the family to identify another appropriate early childhood program.
2. Children who are transitioning to another education program, such as public pre-kindergarten, prior to kindergarten enrollment will be offered the same transition services as listed above when it is feasible and appropriate.

**Person(s) Responsible:**

Ed Supervisors      FSM    TPDS    DC    ERSEA Specialist      FSAs      Updated 7/2020

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 19**

**Subject: Community Partnerships and Coordination with Other EHS/Education Programs**

**Performance Standard:** 1302.52, 1302.53, 1302.61, 1303.11; NAEYC: 8.A.02, 8 A.07, 8 B.02, 8B.05, 8C.04

**Policy:** The program takes an active role in community planning in order to promote coordinated systems of comprehensive services and to encourage ongoing collaborative relationships and partnerships. In accordance with MPPs Standards of Conduct and confidentiality policies, the process will lead to strong communication, cooperation, and the sharing of information among agencies and community partners and to the improved delivery of community services to children and families.

**Operation Procedures:**

1. Community Partnership Agreements (Memorandum of Understanding)
  - a. Community Partnerships are updated yearly and included in the annual Head Start proposal.
  - b. The FCOS maintains documentation to reflect the level of effort undertaken to establish community partnerships.
  - c. The FCOS facilitates the updates by reaching out to each agency or organization to discuss the details of their individual partnership agreements.
  - d. Once approved by the community partner, the partnership is signed and dated by the HS Director and other applicable staff members.
2. The program takes affirmative steps to establish ongoing collaborative relationships with community organizations in order to promote the access of children and families to community services that are responsive to their needs. The list of community partnerships may include:
  - a. Healthcare providers, such as clinics, doctors, dentists, and other health professionals
  - b. Child and adult mental health professionals
  - c. Nutrition service providers and nutrition assistance agencies
  - d. Individuals and agencies that provide services to children with disabilities and their families
  - e. Family preservation and support services
  - f. Child protective services and any other agency to which child abuse must be reported.
  - g. Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families.
  - h. Providers of childcare
  - i. State preschool providers
  - j. Providers of prenatal and postnatal support
  - k. Substance abuse treatment providers
  - l. Temporary Assistance of Needy Families programs
  - m. Work force development and training programs
  - n. Adult or family literacy, adult education, and post-secondary education institutions
  - o. Agencies or financial institutions that provide asset-building education and/or products and services to enhance family financial stability and savings.
  - p. Housing assistance agencies and providers of support for children and families experiencing homelessness.
  - q. Domestic violence prevention and support providers

- r. Any organizations or businesses that may provide support and resources for families.
- 3. The program performs outreach to encourage community volunteers to participate in the program through:
  - a. Recruitment and community events
  - b. Summaries from Parent Survey
  - c. Head Start and agency referrals
  - d. Already established Community Partnerships
- 4. To enable effective participation of children with disabilities and their families, the program makes specific efforts to develop interagency agreements with LEA; in addition, other agencies within the program service area. The program maintains a partnership with MCPS for 3-5-year-old children, CDSA for 0-3 year olds for children with disabilities and Region a Partnership for Children.
- 5. To further the program capacity to meet the needs and interests of the children and families that the program serves, partnerships and professional relationships with agencies, consultants, and organizations in the community are developed as needed and as new services are established within the community.
- 6. Support to the program is broadened by including information gathered from Community Partners in planning for continuous improvements and involvement in the program.
- 7. The program engages with other community organizations and groups as partners to co-sponsor or participate in cultural events to enrich the experience of children and families in the program as the community events are scheduled.
- 8. The program enters into a memorandum of understanding with Region A Partnership for Children in order to support coordination between Head Start and publicly funded preschool programs.
- 9. Copies of partnerships are kept current with the Head Start proposal in the Director and FCOS's offices and shared with other management team.

**Person(s) Responsible:**

HS Director TPDS FCOS FCP Team

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 20**

**Subject: Health Services and Education Advisory Committee**

**Performance Standard: 1302.40 (b)**

**Policy:** The MPP 0-5 Head Start program has established a variety of committees to meet the needs of the program and parents.

**Operational Procedures:**

- 1. Advisory Committees are as follows:
  - a. Health and Education Advisory Committee
  - b. Nutrition Committee
  - c. Selection Criteria Committee
  - d. Family Activity Committee
- 2. The Health and Education Advisory Committee, Nutrition Committee, and Selection Criteria Committee include 0-5 Head Start parents, staff and other volunteers from the community.
- 3. The Family Activity Committee is made up only of parents.
- 4. The Health and Education Advisory Committee meets twice per year and is facilitated by the HC, Ed Manager, DC, and MHC provide biannual updates at each meeting.
- 5. The Nutrition Committee meets twice per year and is facilitated by the NS.
- 6. The Selection Criteria Committee meets annually and is facilitated by the ERSEA Specialist.
- 7. The Family Activity committee meets based upon the parents' schedules and interests and is facilitated by the FCOS.

**Person(s) Responsible:**

HC FCOS Ed Manager NS DC MHC

**Updated 7/2020**

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 21**

**Subject: In-Kind / Matching Funds (Non-Federal Share)**

**Performance Standard: 45 CFR 74.23; 45CFR 92.24; 1303.4**

**Policy:** Non-federal share is a requirement of the Head Start Act; Head Start grantees must match twenty percent of the total costs of the Head Start Program funding award, unless a waiver has been granted. All matching contributions must be verifiable.

**Operational Procedures:**

1. The use of volunteer time must include the establishment of a wage scale based upon an agency’s internal scale or prevailing wages in the area. Time sheet-type documentation must justify hours counted for non-federal share and include:
  - a. Volunteer name
  - b. Volunteer signature
  - c. Dates the volunteer provided services
  - d. Duration of time of services
  - e. Volunteer supervisor signature
  - f. Description of volunteer activity
  - g. Rate applied to the activity
  - h. Total valuation for the time period
2. Volunteer services are an integral part of the Head Start program. Professional and technical personnel, consultants, and other individuals, such as Head Start parents and community members, may volunteer. Each hour of volunteer service may be counted if the service is an integral and necessary part of the program. Counted volunteer services are types of services that would have to otherwise be paid for or purchased.
2. Time spent by members of the Board, Policy Council, and other 0-5 HS Committees, may be counted as in-kind for time spent in decision-making capacity related to Head Start; supporting documentation is required.
3. Parent volunteer time can be counted if the parent is performing a service to Head Start, which may include time spent by a parent in the classroom assisting classroom staff.
4. If the HS teacher or home visitor provides parents with written plans materials, or guidance as to specific learning activities that need to be completed with the child at home to support the child’s Head Start experience, the parent’s time can be counted as non-federal share if it is properly documented on an “In-Kind Volunteer Record”.
5. Home Base parent transportation is allowed if the parent transports the child to planned socialization events; an In-Kind Volunteer Record form must be completed.
6. MPP Head Start parent volunteer time is based on the lowest paid teacher assistant salary per hour plus fringe.
7. Professional volunteer time is based on the NC Community Action 2011 Wage Comparability and Personnel Practice Study, HS Director average salary
8. Forms used for in-kind, non-federal share must be completed by the parent/guardian and signed by the classroom teacher.
9. A parent/guardian’s time spent reading with a child at home should be documented on a “Home Reading Log”.
10. When parents/guardians or other volunteers assist in the classroom, time spent working should be documented on an “In-Kind Volunteer Record”.
11. All in-kind forms and home reading logs must be submitted to the FCOS at the end of every month, but no later than the 10<sup>th</sup> day of the following month.
12. The FCOS verifies that volunteer time meets the criteria for in-kind/non-federal share. The form is signed off on by the FCOS and used to complete non-federal quarterly reports. Original documentation is kept on file for monitoring.

**Person(s) Responsible:**

All Staff FCOS PMS

**Updated 7/2020**

**FAMILY & COMMUNITY PARTNERSHIPS**

**FCP SOP 22**

**Subject: Family Literacy**

**Performance Standard:** 1302.51, 1302.52

**Policy:** The program provides, either directly or through referrals to other agencies, opportunities for children and families to participate in family literacy and bi-literacy services, as appropriate, by increasing family access to materials, services, and activities essential to family literacy development. The program further assists parents as adult learners to recognize and address their own literacy goals.

**Operational Procedures:**

It is the program’s policy to approach family literacy and bi-literacy as a holistic, fully integrated family-focused design that centers on parents and children improving their literacy and/or bi-literacy skills. Services are integrated to consciously coordinate learning activities across the four elements of family literacy; Adult Education, Early Childhood Education, Interactive Parent Child Activities, and Parent Education.

Adult Education	Parent Education
Adult literacy, basic skills and life skills. Adult basic education,	Parent Education and support groups that allow parents to

skills and knowledge that increase motivation and help parents find work or prepare for further training. English as Second Language Classes Job Skills Training (WIA) Budgeting classes Family Goal Training Links to: GED Training; Computer Training Literacy Classes Community Colleges	share questions, concerns and strategies with their peers and counselors. Parents as Teachers Parenting Classes Parent Meetings/Committees Parent-Teacher Conferences and Home Visits Parent-FSA Conferences and Home Visits Newsletters/Information Handouts Workshops Bulletin Boards
Interactive Parent Child Activities	Early Childhood Education
Provides role models and structured situation for positive parent-child interactions. Adventures in Reading Parent Child Activities Packets Activities Calendar Lending Libraries Classroom Volunteers	Helps prepare pre-school children for academic and social success in school Classroom Literacy Activities

**Person(s) Responsible:**

Integrated Team

Updated 9/2017

**FAMILY AND COMMUNITY PARTNERSHIPS**

**FCP SOP 23**

**Subject: Family Participation / Input in Development and Approach to Child Development and Education**

**Performance Standard:** 1302.35, 1302.60, 1302.34, 1302.33, 1302.50, 1302.52, 1302.51, 1302.70, 1302.71, 1302.72, 1302.62 NAEYC: 1A01-1A04, 7A02,7A03, 7A08, 7A09, 7C03,8B01 NCCC rule .0205

**Policy:** Opportunities are provided to families that support and enhance their parental role in the education, growth, and development of their children. Staff invite, encourage, and provide opportunities for families to participate in the processes of planning and implementing the program’s curriculum.

**Operational Procedures:**

1. Teachers work in partnership with families to establish and maintain regular, ongoing, two-way communication (e.g., bus contacts, home correspondence, mailbox systems, phone calls, e-mail, Remind, etc.)
2. Teaching staff communicate with family members on an ongoing basis to learn about their child’s individual needs and to ensure a smooth transition between home and the program. Teaching staff are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care.
3. Staff gains information about the ways families define their own race, religion, home language, culture, and family structure. Program staff actively uses information about families to adapt the program environment, curriculum, and teaching methods to the families served. Program staff also uses their knowledge of the community as well as its families as an integral part of the curriculum and children’s learning experiences.
4. Program staff engages with families to gain information based on the families’ knowledge of their child’s interests, approaches to learning, temperament, and the child’s developmental patterns/needs. Families are encouraged to express their concerns and goals for their child; this information is incorporated into ongoing classroom planning.
5. Families are invited to attend training to enhance and increase their knowledge about child development and education. Specific activities will be offered that are related to language, dual language, literacy, and bi-literacy development as appropriate. Parents will also be encouraged to serve as their child’s primary teacher and to assist staff in making the curriculum meaningful for children. Families are further invited to attend related training with staff on an on-going basis.
6. Information and resources are provided to parents of dual language learners about the benefits of bilingualism and bi-literacy.
7. Staff encourages families to relay important developmental data. Families receive information concerning growth and developmental milestones via the parent handbook, informational fliers/brochures and activity calendars to assist them in assessing their child’s development.
8. Program staff use a variety of formal and informal methods to communicate with families about the program’s philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children’s learning. The methods employed may include new family orientations, small group meetings, individual conversations, and written questionnaires, which help staff get input from families

about curriculum activities throughout the year (e.g., home visits/conferences, parent meetings, handouts, handbook/calendar, and the *Parents input into the Curriculum*).

9. Families are invited to participate on program self-assessment committees assigned to review how the curriculum is working for children.
10. Information from Screening and Assessments are shared with families during home visits and parent-teacher conference in order to involve them in the development of their child's learning goals.
11. Families are involved in the IEP and IFSP process. Program staff encourage and support families to make the decisions about services that their children need, and they encourage families to FSA obtaining needed services.
12. Families are invited to take part in a research-based parenting curriculum to extend their knowledge of the children's learning and development and to practice parenting skills.

**Person(s) Responsible:**

Teaching Staff

Ed Supervisors

Ed Manager

Updated 7/2020

**FAMILY & COMMUNITY PARTNERSHIPS**

**FCP SOP 24**

**Subject: Parent Handbook**

**Performance Standards: 1302.50**

**Policy:** The program updates the Parent Handbook/Statement of Policy annually and each parent receives a copy, (English or Spanish Version). The handbook is reviewed with the parent/caregiver.

**Operational Procedures:**

1. Under the direction of the PMS, the Integrated Team reviews and notates needed changes/updates to the Parent Handbook.
2. The Parent Handbook may contain the following information but is not limited to: mission statements, enrollment, attendance, parent complaint procedure, medication policy, transportation, arrival / departure, discipline, education, transitions, children with special needs, inclement weather, child sick policy, safe sleep policy, nutrition, tooth care, prevention of child abuse / neglect, mental health, fire safety, parent involvement / volunteerism, community resources, and summer activities.
3. During home visits and parent contacts, program staff are strongly encouraged to reference the Parent Handbook and remind parents of various policies, opportunities, resources, etc. that are included in the handbook.

**Person(s) Responsible:**

Integrated Services Team

FSA Education Staff

Updated 7/2020

**FAMILY & COMMUNITY PARTNERSHIPS**

**FCP SOP 25**

**FCP SOP 5**

**Subject: Family Service FSA Monthly Supervision**

**Performance Standards: 1303.24, 1302.50**

**Policy: Family Service Staff review children's main files and family well-being status regularly to ensure documentation accuracy and family well-being stability.**

**Operational Procedures:**

1. FSM assigns FSAs to complete a Monthly Supervision Form using the "File Review" module under the "Family Services Tab" in ChildPlus for 10 families, unless otherwise assigned, in order to ensure accuracy and consistency between the hard copy main file and electronic ChildPlus file.
2. Selection of families for monthly supervision may be made based upon a change in family well-being status, change in primary caregivers, alphabetical order, Family Outcomes Assessment results, FSA preference, FSM instruction, etc.
3. The following areas are addressed on the Monthly Supervision Form: PIR, Health and Nutrition Requirements, Health and Nutrition concerns, Attendance, Transitions, Family Partnership Agreement Status, Parent Engagement, and Referrals.
4. Monthly Supervision is conducted from August through May.
5. Once the FSA has completed the Monthly Supervision Form, the FSM reviews the form and compares the information on the form to the results of the main file monitoring conducted for the new school year by the FSM.
6. Matters that were notated on the FSM's main file monitoring tool that have been addressed are removed from the tool.
7. The results of the FSM's review are next discussed with the FSA.
8. The FSA is then responsible for making any necessary changes to the documentation, attaining missing paperwork, and assisting the families in reaching family well-being stability as determined in the review.

**Person(s) Responsible:**

FSA                      FSM

7/2021

## **DISABILITY SERVICES:**

- 1. Confidentiality**
- 2. Definitions of Various Disabilities**
- 3. Disability Service Plan**
- 4. Budget / Environment / Equipment**
- 5. Referrals**
- 6. Transition of Services**
- 7. Community Partnerships**
- 8. Individual Family Service Plan (IFSP) Process**
- 9. Individualized Education Plan (IEP) Process**

### **DISABILITIES SERVICES**

**DS SOP 1**

**Subject:** Confidentiality

**Performance Standard:** 1303.21 (b)

**Policy:** Procedural safeguards are enforced to protect the confidentiality of each child and family enrolled in the Head Start Program.

#### **Operational Procedures:**

1. All staff sign a Confidentiality Statement included in the employment personnel package.
2. All outside reviewers, such as a review team or accreditation personnel, sign a Confidentiality Statement.
3. All files are maintained in a locked file cabinet or file room.
4. Files are never left unattended on a desk or elsewhere.
5. Request received from other agencies for information on current or past enrollees is submitted on a Release of Information form containing the parent's signed permission in accordance with Head Start Federal guidelines.
6. In the case where a volunteer is assigned to work with a specific child, the teacher reviews the child's files to determine what specific objectives the volunteer works on with the child. All volunteers sign a confidentiality statement before they begin volunteering.
7. Staff do not discuss confidential information in the presence of volunteers, visitors, parents, other staff or children.

**Person(s) Responsible**

HR      DC      Ed Manager      FSA      FSM

**Updated 7/2020**

### **DISABILITIES SERVICES**

**DS SOP 2**

**Subject:** Definitions of Various Disabilities

**Policy:** Individuals with Disabilities Education Act (IDEA) Definitions

#### **Operational Procedures:**

The program follows eligibility criteria in Head Start Performance Standards to define the various disabilities below:

1. **Blindness:** A person shall be considered legally blind whose central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by limitation in the field subtends at an angle of no greater than 20 degrees.
2. **Visual Impairment:** A person shall be considered visually impaired whose central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other visual function that will restrict the learning processes. Not to be included in the category are persons whose vision with eye-glasses is normal or nearly so.
3. **Deafness:** A person shall be considered legally deaf whose hearing loss is greater than 92 decibels in the better

ear.

4. **Hearing Impairment:** A person shall be considered hearing impaired when hearing loss is greater than 25 decibels in either ear on the standard employed by a qualified audiologist.
5. **Physical Disability:** Physically disabled refers to those children who exhibit conditions that prohibit or impede normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or disease; these conditions include, for example, cerebral palsy, spinal bifida, loss of or deformed limbs.
6. **Speech Impairment:** Speech and language disorders shall include, but not be limited to, children with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and or educational achievement, speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple disabling conditions, and other health impairments.
7. **Other Health or Development Impairments:** These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.
8. **Mental Retardation:** A child shall be considered mentally retarded who, during early development period, exhibits general, sub-average intellectual functioning to a significant degree accompanied by impairment in adaptive behavior.
9. **Serious Emotional Disturbance:** A child shall be considered seriously emotionally disturbed who manifests one or more of the following: dangerously aggressive toward others; self-destructive; withdrawn and non-communicative; hyperactive and uncontrollable; severely anxious, depressed, or phobic; psychotic; or autistic. Diagnosis of seriously emotionally disturbed may be made only by a qualified psychologist or psychiatrist subsequent to a complete physical examination to exclude organic determinants.
10. **Autism:** A child is classified as having autism when the child has developed mental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before age three and that adversely affects educational performance.
11. **Traumatic Brain Injury:** A child is classified as having traumatic brain injuries are caused by an external physical force, or by an internal occurrence such as stroke or aneurysm with resulting impairments that adversely affect educational performance. The term includes children with open and closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.
12. **Learning Disability:** A child is classified as having a learning disability if they have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect skill ability to listen, think, and speak, or for pre-school age children to acquire the precursor skills for reading, writing, spelling, or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.

**Persons Responsible:**

All staff

**DISABILITIES SERVICES**

**DS SOP 3**

**Subject: Disability Service Plan**

**Performance Standard** 1302.60; 1302.61; 1302.62; 1302.63; 1302.101; 1303.75

**Policy:** The Program develops, maintains and updates annually a Disability Service Plan that provides strategies for meeting the special needs of children with disabilities.

**Operational Procedures:**

1. The Disability Coordinator, working and consulting with program managers, program specialists, direct services staff and parents, will prepare the Disability Service Plan.
2. The purpose of the plan is to assure:
  - a. That all areas of child and family services within the Head Start program are appropriately involved in the integration of services to children with disabilities, and;
  - b. That all available resources are used efficiently in the provision of services.
3. The Disability Service Plan contains:
  - a. Recruitment and enrollment of children with disabilities;
  - b. Eligibility Criteria;
  - c. Procedures for timely screening of all children;
  - d. Procedures for making referrals to the LEA for evaluation;
  - e. Assurances for accessibility of facilities;

- f. Provisions for children to be included in the full range of activities and services;
  - g. Plans to provide appropriate equipment, materials, and modifications, if needed;
  - h. Assurances that confidentiality of records are maintained;
  - i. Strategies for the transition of children;
  - j. Development of Individualized Education Plans (IEP) and Individualized Family Service Plans (IFSP);
  - k. Coordination with the Lead Education Agencies.
4. The program adapts and uses the Disability Service Plan as a working document to guide all aspects of the agency efforts to serve children with disabilities.
  5. The Plan will be reviewed and updated annually during the program's planning process and revisions made as deemed necessary. Recommendations from the Health Advisory Committee, new regulations, changes in the community, and input from service area integrated team, staff and parents will be the basis for change.
  6. The Disability Service Plan will be submitted to the Policy Council for final approval.

**Person(s) Responsible:**

DC

Updated 7/2020

**DISABILITIES SERVICES**

**DS SOP 4**

**Subject: Budget/Environment/Equipment**

**Performance Standards:** 1302.61 (a); 1302.101; 1303.75

**Policy:** The Disability Coordinator works with the HS Director in planning and budgetary needs for service delivery to assure that special needs identified in the IFSP/IEP are fully met, that children most in need of an integrated placement and of special assistance are served, and that grantee maintains the level of fiscal support to children with disabilities consistent with Congressional mandates.

**Operational Procedures:**

1. Head Start utilizes program planning for budget development and development of a Disability Service Plan to guide the process and to request adequate resources to implement the objectives and activities contained within the plan.
2. Program provides a budget line item for a full time coordinator of services for children with disabilities who can oversee the program and has the core capability to recruit, enroll, arrange for the evaluation of children with disabilities and initiate/arrange for services to children with disabilities.
3. Based on individual facilities and the Americans with Disabilities Act (ADA) checklist, the program may use funding to enhance the accessibility of the center for children as needed.
4. Program funds can be used to transport children with special needs and purchase equipment/materials for the use in the program and/or home, which are listed in the child's IFSP/IEP.
5. The program may use funds for travel and per diem expenses for coordinator, teachers, and parents to attend training for children with special needs.
6. The program may use funds to pay fees or courses related to the requirements of state certifications to serve children with special needs.

**Person(s) responsible:**

DC HS Director

Updated 7/2020

**DISABILITIES SERVICES**

**DS SOP 5**

**Subject: Referrals**

**Performance Standard:** 1302.62 (b)

**Policy:** The program ensures that children with developmental concerns are referred to the Disability Coordinator.

**Operational Procedures:**

1. The program ensures that all children receive screenings in the following areas: developmental, social-emotional, speech, hearing, and vision by appropriate staff within 45 days of entry into the program.
  - a. Macon County School system completes speech screenings for 3-5-year-old preschool children;
  - b. Head Start 0-5 teachers administers the Brigance developmental screen;
  - c. Parents (or if needed teachers) complete the DECA social/emotional screen;
  - d. The HC oversees vision and hearing screenings and informs Disability Coordinator of any concerns.
2. All failed developmental and speech screening results are turned into the Disability Coordinator for review and entry and action into the database. Children who may need further evaluations are followed up on by the Disability Coordinator who contacts the FSA. The Disability Coordinator communicates with the parents, teacher, and FSA.



- The teacher or Disability Coordinator reviews the screenings with the parents, discusses strengths, and needs of the child with the parents and a referral is made to the appropriate LEA agency with parent consent.
- The Disability Coordinator explains the referral process to the parents and explains who will be testing their child, providing services, and briefly describes those services available to the child.
- The Disability Coordinator presents referral paperwork to the appropriate Local Lead Education agency.
- The Lead Education Agency then contacts parents for their initial referral meeting.
- Those children who do well on developmental screenings but show behavioral and or social concerns are referred initially to the MHC (with parent consent) who works with teachers and families on interventions and complete behavioral evaluations as needed.
- Interagency partnerships are maintained with the LEAs, Children’s Developmental Service Agency and Macon County Public Schools, to ensure services to children with disabilities.

**Person(s) Responsible**

DC                      HC                      MHC                      BSS                      Classroom Staff                      FSA     **Updated 7/2020**

**DISABILITIES SERVICES**

**DS SOP 6**

**Subject: Transitions of Services**

**Performance Standard: 1302.70**

**Policy:** The program ensures the transition of children with disabilities from the Early Head Start Program into the Head Start Preschool Program and from the Preschool program into the local school system Kindergarten program or other schools or child care settings.

**Operational Procedures:**

- The Child Service Coordinator (CSC) from CDSA is responsible for the notification to the local LEA of children transitioning from the Infant-Toddler program six months prior to the child's third birthday.
- The CSC from CDSA collaborates with the local LEA to set up a transition meeting and ensures that appropriate people are initiated by letters to include the following:
  - The DC
  - School Personnel as appropriate
  - Parents
- The DC ensures that teachers are notified of any meetings with the family.
- The DC meets with the local LEA, teacher, parents, CSC, and CDSA to explain, review, and update any information required by the local LEA or information that the parents may need about continuing services.
- The DC collaborates with the local LEA to set up psychological and other appropriate testing as needed.
- The DC transfers information to the local LEA or appropriate agency throughout the year.

**Person(s) Responsible**

DC **Updated 6/2018**

**DISABILITIES SERVICES**

**DS SOP 7**

**Subject: Community Partnerships**

**Performance Standard: 1302.63 (a)(b)(c)(1)(2)(d); 1302.53 (a)(2)(ii)**

**Policy:** The program ensures coordination and collaboration with the local agencies responsible for implementing IDEA.

**Operational Procedures:**

- The program coordinates with the local agencies responsible for implementing IDEA to identify children enrolled or who intend to enroll in the program that may be eligible for services under IDEA, including child screenings and assessments and through participation in the local Child Find Efforts.
- The program works to develop interagency agreements with the LEA’s who implement IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of services in the least restrictive appropriate community based setting and transition services as children move from part C to part B of IDEA and from pre-school to kindergarten or other schools/childcare settings.
- The program participates in the development of the IFSP and/or IEP if requested by the child’s parents, and the implementation of the IFSP or IEP. At a minimum, the DC:
  - Provides relevant information from its screenings, assessments, and observations to the team developing the child’s IFSP or IEP

- b. Participates in meetings with the LEAs responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start or Early Head Start enrollment, a currently enrolled child, or a child transitioning.
- 4. The DC and classroom retains a copy of the IEP or IFSP in the school readiness notebook for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements.

**Person(s) Responsible:**

DC FCOS

Updated 7/2020

**DISABILITIES SERVICES**

DS SOP 8

**Subject: Individual Family Service Plan (IFSP) Process**

**Performance Standard:** 1302.61 (c) 1302.10 (b) (3) 1302.33 (a) (3); 1302.42; 1302.61; 1302.63

**Policy:** Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program of the Individuals with Disabilities Education Act, as implemented by their State.

**Operational Procedures:**

1. The CSC from CDSA arranges an IFSP meeting, coordinates the time and place according to parent's convenience, and invites the multidisciplinary team. When informed, the DC arranges for notification of the meeting to teachers.
2. The CSC is responsible for getting the IFSP signed by participating parties. The plan states specific early intervention services needed to meet each child's and family's needs, including frequency, intensity, and method of delivery.
3. The DC records disability services in the Childplus and updates information as needed.
4. Early Head Start services for infants and toddlers with disabilities are carefully tailored to each IFSP.
5. The classroom has a copy of the IFSP in a School Readiness planning notebook, which remains locked up in a designated place, and is updated by the DC as needed.
6. The DC monitors and records progress on outcomes.
7. The FSAs are encouraged to attend IEP and IFSP meetings at the parent's request. Goals are then supported by the FSA as needed and are potentially written into the Family Partnership Agreement (FPA) as to not duplicate services.

**Person(s) Responsible**

DC FSA Classroom Staff

Updated 7/2020

**DISABILITIES SERVICES**

DS SOP 9

**Subject: Individual Education Plan (IEP) Process**

**Performance Standard:** 1302.61

**Policy:** The program assists with the development, implementation, and provision of related services addressing disability and or delay in accordance with the Individualized Education Plan (IEP) for children with disabilities.

**Operational Procedures:**

1. IEP Overview
  - a. The IEP is a written document for a child with disabilities. It is developed by the Local Education Agency (LEA) responsible for providing free appropriate public education services develops it.
  - b. The IEP represents a collaboration of support services to assist the child in achieving developmental outcomes.
  - c. Testing and evaluation procedures are administered in the child's native language or mode of communication, unless it is clearly not feasible to do so.
  - d. Testing and evaluation are administered by State certified personal
2. IEP Process/Documentation
  - a. The LEA Multidisciplinary evaluation team makes the determination whether the child meets eligibility criteria. The LEA evaluation team assures that the evaluation findings, and recommendations as well as information from developmental assessment, observations, and parent reports are considered in making the determination.
  - b. The LEA develops the IEP and a representative from Head Start participates in the IEP meeting and placement decision for any Head Start Child.
  - c. The IEP contains the child's present level of functioning in the areas of social- emotional, motor, communication, self- help, and cognitive, and the areas requiring specific needs.

- d. Short term objectives for meeting annual goals
  - e. The specific special education services to be provided to the child and those related services necessary for the child to participate in the Head Start Program
  - f. The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.
  - g. In cooperation with the child's parents, the LEA notifies the school of the child's planned enrollment.
3. The classroom has a copy of the IEP in a School Readiness Notebook, which remains locked up in a designated place, and is updated by the DC as needed.
    - a. place, and is updated by the DC as needed.
  4. The DC monitors and records progress on outcomes.
  5. The FSAs are encouraged to attend IEP and IFSP meetings at the parent's request. Goals are then supported by the FSA as needed and are potentially written into the Family Partnership Agreement (FPA) as to not duplicate services.

**Person(s) Responsible:**

DC

Updated 7/2021

## **HUMAN RESOURCES:**

- 1. Standards of Conduct**
- 2. Staff Performance Appraisals**
- 3. Training Structure Related to Staff Performance Appraisals**
- 4. Training and Professional Development Advancement Opportunities/  
Trainings and Conferences**
- 5. Orientation Process for Staff and Volunteers**
- 6. Infant / Toddler and Preschool Staff Qualifications**
- 7. Staff Qualifications**

- a. **Head Start and / or Early HS Director**
  - b. **Education and Child Development Staff**
  - c. **Health / Mental Health Services Staff**
  - d. **Nutrition Services Staff**
  - e. **Family Services Staff**
  - f. **Disabilities Services Staff**
  - g. **Fiscal Officer**
  - h. **Home Visitor**
  - i. **Coaches**
- 8. Staff Education and Degree Attainment**
  - 9. Staff and Volunteer Health**
  - 10. Attendance, Absenteeism and Leave Requests**
  - 11. Responding to Domestic Violence and Staff**

**HUMAN RESOURCES**

**HR SOP 1**

**Subject: Standards of Conduct**

**Performance Standard:** 1302.90 (c); NAEYC Code of Ethics and Statement of Commitment

**Policy:** The program ensures staff, program volunteers, contractors, or consultants are familiar with the ethnicity, backgrounds, and heritages of families in the program and are able to serve and effectively communicate either directly or through interpretation and translation with children who are dual language learners to the extent feasible, with families of limited English proficiency.

**See for reference Personnel Policy Handbook**

**Operational Procedures:**

1. All staff, consultants, volunteers, and contractors, must abide by these standards of conduct.
2. Violating these standards of conduct will result in penalties up to and including termination.
3. The Standards of Conduct states that all, but are not limited to:
  - a. Children and families are respected, and promoted for their unique identity and no one will stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, secular, orientation, or family composition. No verbal abuse, including profanity, sarcastic language, threats, or derogatory remarks about the child or child's family will be permitted.
  - b. Staff, consultants, contractors, and volunteers will comply with program confidentiality policies concerning personally identifiable information about children, families, MPP programs, and other staff members, in accordance with subpart C of part 1302 of the Head Start Performance Standards and applicable federal, state, local, and tribal laws.
  - c. Staff ensures that no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.
  - d. Staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behaviors. Staff, consultants, contractors, and volunteers do not maltreat or endanger the health and/or safety of children, including corporal punishment, use isolation to discipline a child, bind or tie a child to restrict movement or tape a child's mouth, use or withhold food as a punishment, use toilet learning/training methods that punish demean or humiliate, reject, terrorize, extend ignoring, or corrupt a child, physically abuse a child, family or use physical activities or outdoor times as punishment or reward.
  - e. The administrator or contractors or other financial officers will not conflict or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors. Head Start management staff will be required to sign a statement, which assures that no form of gratuity, favor or any form of monetary value will be solicited in exchange for granting a contract.
  - f. Clothing of employees on the job should be in adherence to personnel policies, neat, clean, and appropriate for the duties performed.

- g. Each employee must cooperate with fellow workers and the public in order to set a high standard of work performance. Unwillingness or failure to cooperate shall be cause for disciplinary action.
  - h. Employees must be punctual in reporting for duty at the time and place designated. Repeated failure to report promptly at time directed will be deemed neglect of duty and subject to disciplinary actions.
  - i. MPP property including agency vehicles follow regulations for smoke-free environment.
  - j. False reporting shall be subject to disciplinary action.
  - k. Employees should never be discourteous or argumentative with program participants and, if conflict develops, should immediately make the supervisor aware of the conflict.
  - l. All employees are urged to make any suggestions they feel will be of benefit to the program.
  - m. Employees may be granted authorization to be reimbursed for using their private vehicles when use of private vehicles is essential in the performance of the work required.
  - n. All complaints on behalf of the public are handled courteously and promptly and in accordance with the Parent/Community Complaint Procedure, if applicable.
  - o. Employees will discourage personal gifts and will not accept any gift or other valuable things offered in the course of work or in connection with it when such a gift is given in hope or expectation of receiving a favor or better treatment than accorded other persons.
  - p. Employees shall not accept nor receive money in form of tips or rewards for services rendered.
  - q. Solicitation of funds from employees or the public is not permitted with the exception of parent fundraising. Employees desiring to solicit or to have someone else solicit, either directly or indirectly, money or materials of any kind, including prizes, for the purpose of assisting in the promotion of any program area or activity must secure approval before starting solicitation.
  - r. Employees are responsible for safekeeping of any funds they receive until the money is delivered to some other authorized person and a receipt is obtained. Any employee who acts as a custodian for any funds must file a financial report at a time and place determined by the Finance Director.
  - s. Employees are discouraged from fraternizing with (dating) any program participant.
4. The following actions will be considered direct violations of the Standards of Conduct and will subject an employee to disciplinary action up to and including discharge. It is not possible to provide a complete list of every possible offense; so to give some guidance, examples of unacceptable conduct are listed below. It should be noted that conduct that is not listed, but that is unprofessional or potentially embarrassing, adversely affects, or is otherwise detrimental to the Head Start/Early Head Start program's (or MPP's) interests, or the interests of its employees, participants or the public at large, may also result in disciplinary action, up to and including immediate termination.
- a. Abuse or willful inattention to a participant.
  - b. Refusal or failure to carry out instructions from a responsible authority or willful neglect of assigned duties.
  - c. Failure to inform the supervisor in the event of absence or late arrival.
  - d. Failure to report for work or to contact the supervisor for three consecutive days.
  - e. Excessive or unjustified absences or late arrivals.
  - f. Insubordination, including improper conduct toward a supervisor or refusal to perform any reasonable tasks assigned by the supervisor.
  - g. Disorderly disruptive conduct such as fighting or threatening violence on any program site/location.
  - h. Unsatisfactory performance or conduct.
  - i. Violation of safety rules.
  - j. Possession of dangerous or unauthorized materials, such as explosives or firearms on any program site/location.
  - k. Misuse, unauthorized use/possession, destruction, or theft of property belonging to the program, another employee, participant or visitor.
  - l. Falsifying or collaborating in a falsification of any document or record of the program.
  - m. Possession or use of alcoholic beverages or narcotics, unless a prescription is provided, on the premises or such use or consumption as to make an employee unfit for duty during his or her normal work day, and sale or purchase of illegal narcotics.
  - n. Accepting or offering a gift to influence any matter in which the program has an interest or responsibility.
  - o. Unauthorized disclosure of confidential information.
  - p. Posting notices, signs, or written material on bulletin boards or other places without specific authorization, or removing properly posted material or otherwise defacing any program site/location.
  - q. Unauthorized non-work activities during work hours or any time, which interferes, with the work of others.
  - r. Sexual or other unlawful harassment or discrimination.
  - s. Failure to return to work on a timely basis after the termination of an approved leave of absence.

- t. Failure to observe the terms and conditions of all software agreements and licenses to which the program may be a party.
  - u. Violation of any Head Start program policy, including the policies described herein.
5. Progressive Disciplinary Action is enforced for Violation of Standard of Conduct The nature of discipline imposed will depend on the seriousness of the problem and the prior record of the employee’s performance, behavior problems, or safety violations. Disciplinary action is based on the facts of each case, and not all the available forms of disciplinary action outlined below are appropriate to every disciplinary situation. It is not required by the program to treat each form of discipline as a step in a series with each employee before discharge, and the program reserves the right to forgo the steps of progressive disciplinary procedures at any time when deemed necessary.
- a. Verbal Warning: A form of counseling or reprimand in which a supervisor discusses a violation of a rule, policy, procedure or a performance problem with a subordinate and issues a verbal warning against further violations.
  - b. Formal Written Counseling: A warning notice through which a supervisor documents in writing problems with performance or behavior, the causes and effects of the problems, a plan of correction and the consequences of continued non-compliance. A meeting is held with the employee to discuss the counseling notice and to elicit commitment to improvement.
  - c. Suspension: An action in which an employee is given a specific period of time off the job without pay. Such a suspension of employment, in itself, may constitute a disciplinary action.
  - d. Discharge: An action in which employment is permanently terminated in response to a specific violation. Serious violations or misconduct may result in immediate termination without progressive discipline.

It is understood by all staff, consultants, contractors, and volunteers that there are penalties for violations of any of the above Standards of Conduct Penalties which shall be as follows:

1. Staff-disciplinary actions as addressed in the MPP Personnel Policies and Procedures Handbook
2. Volunteers – any volunteer who violates any of the Standards of Conduct will be sent home immediately and will not be allowed to volunteer for the program.
3. Consultants/Contractors – any consultant or contractor who violates any of the Standards of Conduct will have their contract/agreement annulled and will not be used in any capacity within the 0-5 HS Program.

**Person(s) Responsible**

HS Director     HRC                     Program Managers

**HUMAN RESOURCES**

**HR SOP 2**

**Subject: Staff Performance Appraisals**

**Performance Standard:** 1302.91

**Policy:** The program must ensure all staff engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their position and to ensure high quality service delivery

**See for reference Personnel Policy Handbook**

**Operational Procedures:**

1. Each employee is subject to periodic performance evaluations.
  - a. A probationary employee receives performance evaluations during the third month during his/her probationary status and before regular status is awarded.
  - b. Regular employee's performance will be formally evaluated at least once per year generally near the anniversary of their hire date by their immediate supervisor.
  - c. Formal performance evaluations may be conducted at any time of the year at the discretion of the immediate supervisor.
  - d. Informal evaluations, counseling and feedback from supervisors and managers to employees is expected and encouraged in order to assist each staff member in improving his/her skills and professional competencies in an ongoing and routine manner.
2. Standardized performance appraisal forms will be used throughout the program to complete the formal performance appraisal. The forms are a guide for assessing individuals on the basis of job knowledge, quality, reliability, initiative and other factors.
3. A review of the performance appraisal is held between the supervisor and the employee being evaluated.
  - a. The ratings and supportive details or comments are reviewed.
  - b. Employee signs form indicating that evaluation discussion has occurred and the form is completed.

- c. Employees being evaluated receive a copy of the evaluation at the conclusion of their review.
- d. Completed evaluations become a part of the employee's personnel record.
- 4. Any employee who receives an "unsatisfactory rating" is ineligible for merit salary increase or promotion. A subsequent rating of satisfactory will remove these prohibitions.
- 5. Performance evaluation ratings may be appealed through a formal process.
  - a. Any employee who is in disagreement with a performance evaluation may appeal for a review of the performance evaluation to the next higher administrative authority up to the executive director.
  - b. If the above appeal process does not prove satisfactory to the affected employee, an appeal for review may also be made to the Policy Council through its recognized process or committee.
  - c. All appeals are to be made in writing within ten days of a performance evaluation review or appeal.
  - d. All appeals will be heard and a decision communicated to the employee within ten days of the performance evaluation appeal.
- 6. All performance evaluations ratings are assimilated and reviewed by the Executive Director to ensure that the process is free from any discrimination based on an employee's religion, race, color, creed, sex, age, national origin, physical or mental disability, veteran or any other protected status. The review also seeks to ensure equity across reviewers, departments and programs. Personnel files are located in the Human Resource Coordinator's Office.
- 7. Performance appraisal reviews result in the supervisor and employee developing and/or amending an Individual Professional Development Plan (PDP).

**Person(s) Responsible**

HS Director    HRC    Program Managers    Executive Director

**HUMAN RESOURCES**

**HR SOP 3**

**Subject: Training Structure Related to Staff Performance Appraisals**

**Related Regulations:** NCDCL; Agency Personnel Policies

**Policy:** The program establishes and implements a structured approach to staff training that facilitates individual and group development, increased knowledge, and skills needed to fulfill their job responsibilities as related to familiarity and compliance with the content of the Head Start Performance Standards, MPP Standard Operating Procedures, and NAEYC standards.

**Operational Procedures:**

The program performs formal and informal performance reviews of staff and uses the results to identify staff training/technical assistance (T/TA) and professional development needs, modify staff performance agreements as necessary, and assist staff in improving individual skills and professional competencies.

- 1. As part of ongoing monitoring system, formal and informal performance reviews result in the supervisor and employee making amendments and/or additions to employee's ongoing Professional Development Plan (PDP) and indicate any necessary training or technical assistance. Monitoring tools that aid identification of technical assistance needs include, but not limited to, observational notes, Health and Safety Checklists, performance appraisals, etc.
- 2. Annual formal performance appraisal conducted: achievement of past goals noted, future goals are set, constructive feedback is provided, and coaching needs and professional development opportunities are listed on the PDP and referred to the TPDS
  - a. Coaching level is identified to provide coaching; most often the employee's supervisor, the TPDS, or a member of the Management Team will fill this role.
  - b. In-service or group training is arranged when a significant number of staff are referred with the same training need and when individualized technical assistance is not feasible
  - c. Numerous opportunities throughout the year are made available for staff to attend conferences and other training sessions offered by child care partners, community colleges, private, consultants, and/or state/regional associations, etc. When submitted by the employee, contact hours gained at such sessions are also included in the employee's training record/file.
  - d. Completion of training is recorded and tracked using Child Plus.
  - e. Prior to informal or formal performance reviews, supervisors review an employee's PDP as supplementary information in completing the appraisal
- 3. PDPs must contain at least 3 educational and/or job related goals, one of which needs a school readiness goal.

**Person(s) Responsible**

Management Team    TPDS

**Updated 11/2019**

## HUMAN RESOURCES

HR SOP 4

**Subject: Training and Professional Development Advancement Opportunities/ Training and Conferences**

**Performance Standard:** 1302.92; 1302.102

**Policy:** The program ensures all new staff, consultants, contractors and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program. The program established and implements an approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality comprehensive services within the scope of their job responsibility and attached to academic credit as appropriate. The program implements a systematic approach in staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities.

### **Operational Procedures:**

At a minimum, the system includes:

1. The program provides orientation to all new staff, substitutes, and volunteers that includes, among other topics, the goals and underlying philosophy of Head Start and the ways in which they are implemented by the program.
2. The program establishes and implements a structured approach to staff training and development, attaching academic credit whenever possible. This system is designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities.
3. At a minimum, this system includes ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Performance Standards. Staff completes a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development meets the requirements described in section 646(a)(5) of the Head Start act. This includes the following:
  - a. Methods for identifying and observing child abuse and neglect that comply with applicable federal, state, and laws using so far as possible, a helpful rather, than a punitive attitude.
  - b. Methods for planning for successful child and family transitions to and from the Infant/Toddler or Preschool program.
  - c. Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way.
  - d. Training for child and family service staff, including staff that work on health, and disabilities that builds their knowledge, experience, and competencies to improve child and family outcomes.
  - e. Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Learning Outcomes Framework; ages Birth to five, partnering with families, supporting children, with disabilities and their families; providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions and use of data to individualize learning experiences to improve outcomes for all children.
4. The program implements a research-based, coordinated coaching strategy for education staff that:
  - a. Assessment all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching.
  - b. At a minimum, provide opportunities for teaching staff to be observed in their classrooms and receive feedback, as well as modeling of effective teacher, practices directly related to program performance goals and aligned with the school readiness goals, curricula and other approaches to professional development.
  - c. Staff that has not been identified for intensive coaching will receive other forms of research based professional development aligned with program performance goals.
  - d. The coach provides adequate training and experience in adult learning and insuring assessment data to drive coaching strategies.
  - e. Provide ongoing communication between the coach, program director, Ed Manager, and any other relevant staff.
5. The program provides Pre-service and In-service training opportunities to program staff, substitutes, parents, and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. The training is directed toward improving the ability of staff and volunteers to deliver services required by internal, local, state, and federal regulations and policies.
6. The program provides professional development training opportunities to program staff, substitutes, parents and volunteers.
  - a. **Professional Development Plans**
    - i. All staff develops an Individual PDPs in conjunction with their Supervisor, and/or TPDS.
      1. Plans are updated at least annually (staff may choose to update them more frequently)



2. Plans are used to inform continuous professional development and improved performance
3. The TPDS tracks when individual plans are due to be updated & notifies Supervisors of the due dates.
4. Plans are initially completed during the orientation process and are updated at least annually as part of the employee's performance evaluation
5. Plans are based on needs identified through staff evaluation and other information from program evaluation processes.
6. Plans are in written form. Copies are given to the individual staff member, the Supervisor, and the TPDS.
7. If Plans are updated during year, updates must be submitted to PD&D Specialist.
- ii. The TPDS incorporates the information provided by the staff into many forms of training opportunities:
  1. Individual or group training sessions/workshops are scheduled
  2. Information to review (literature, CD's, etc.)
  3. Information on college or continuing education opportunities
  4. Information on local workshops/training sessions related to their topics of interest/need
  5. Mentoring and coaching opportunities
  6. Discussions
- iii. All staff is provided with information on local, state, and national conferences and other training opportunities that will assist them in strengthening their skills and relationships with others and works to improve the conditions of children and families within the program.
  1. The process for completing a Professional Development Plan is as follows:
    - a. Staff identify ways to further develop their professional performance, including training, assignments, new challenges, etc.
    - b. The supervisor discusses the employee's performance and suggests ways in which the staff member might further develop their performance.
    - c. The supervisor and staff member review the employee's job description together & indicate that they have done so on the PDP form.
- iv. The supervisor and employee set goals based on individual need.
  1. At least three work related goals are set
  2. Goals are SMART goals: Specific, Measurable, Attainable, Timely
  3. A timeline and method of measurement is set & stated for each goal
  4. Employees who do not meet, or are not on track to meet their job requirements must create goals to move them toward meeting their specific job requirements.
7. All Education Staff are required to write at least one School Readiness goal
8. PDPs are intended to be living documents. Reviewing and updating PDP's is meant to be an ongoing activity.
9. The program provides ongoing and systematic training opportunities for parents, volunteers, consultants, staff, Policy Council and Governing Board members.
10. The program provides staff that supervises or mentors other with professional development training and/or preparation in adult supervisions mentoring, and leadership development.

**Person(s) Responsible**

NS      Ed Manager      Ed Supervisors                      TPDS                      FCOS                      HS Director                      Finance Assistant  
**Updated 11/2019**

**HUMAN RESOURCES**

**HR SOP 5**

**Subject: Orientation Process for Staff and Volunteers**

**Performance Standard:** 1302.47(4)

**Policy:** Before receiving primary care, responsibilities for children, new teaching staff, volunteers, and consultants are provided with an initial orientation that introduces them to the fundamental aspects of program operations, goals and philosophy.

**Operational Procedures:**

The Administrative Specialist and/or appropriate manager provide the TPDS with the new employee's name, start date, and tentative work location.

1. New Staff Orientation is scheduled during the first ten days (whenever possible this is scheduled on the first three days) of employment for all teaching staff. When possible, this same schedule is followed for all other staff.

2. Orientation is completed for new employees according to outline below; specific topics addressed are listed on new employee's Documentation of New Staff Orientation form located in their training file. Volunteers and consultants receive orientation on discretionary topics.
  - a. Prior to the first day of work
    - i. Criminal record check
    - ii. Fingerprints
    - iii. TB test
    - iv. Initial drug screen
  - b. Orientation (days 1,2,3)
    - i. All Staff without regular contact or with no regular responsibility for children have initial orientation, ongoing training in all state, local, federal and program developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.
    - ii. Staff with Regular child contact have initial and ongoing training in all state, local, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:
      1. The prevention and control of infectious diseases
      2. Prevention of sudden infant death syndrome and use of safe sleeping practices;
      3. Administration of medication, consistent with standards for parental consent;
      4. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.
      5. Emergency preparedness and response planning for emergencies;
      6. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
      7. Appropriate precautions in transporting children, if applicable;
      8. First Aid and Cardiopulmonary resuscitation; and,
      9. Recognition and reporting of child abuse and neglect, in accordance with the requirement in paragraph 1302.47 (b)(5).
  - c. Orientation On-the-Job (first 2 weeks)
    - i. Meet with Supervisor and T&PD Specialist as needed
    - ii. Complete Individual Professional Development Plan with **Training & Professional Development Specialist for 1<sup>st</sup> Year Track**.
    - iii. Begin familiarization on policies, performance standards, etc.
    - iv. SIDS training for classroom staff (within first 2 months)
    - v. CPR and First Aid training for classroom staff (within 90 days)
  - d. Orientation First Six Months (probationary period)
    - i. Complete Beginning Teacher Series
    - ii. Begin attending in-service sessions for specific position
    - iii. Supervisor or Lead Teacher models predetermined activities such as home visits, staff and parent conferences, etc.
    - iv. Weekly question/answer sessions with Supervisor if necessary
    - v. Teaching staff begin NC Early Childhood Credentials/Child Development Associate
    - vi. Receive informal and formal feedback from supervisor
    - vii. Employee, or supervisor may request additional training or technical assistance as necessary
    - viii. Formal evaluation by supervisor; end of probationary period and/or orientation process
    - ix. Employees are not eligible to come off of probation until they have fully completed the New Staff Orientation process
3. Volunteers complete an orientation packet with FCOS.

**Persons Responsible:**

TPDS Administrative Specialist      Managers      Supervisors      FCOS      HR Coordinator      **Updated 9/2020**

**HUMAN RESOURCES**

**HR SOP 6**

**Subject: Infant / Toddler and Preschool Staff Qualifications**

**Performance Standards:** 1302.91

**Policy:** The program hires staff and/or consultants who meet the qualifications necessary to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

## **Operational Procedures:**

1. All Head Start 3-5 teaching staff must obtain the NC Early Childhood Credentials (or equivalent) and the Child Development Associate (CDA) within one year of hire\*. This is ensured by:
  - a. Establishing minimum standards of qualifications for a position, including a high school diploma or GED, and those standards in the position description.
  - b. Requiring proof or documentation of any degrees, certificates or licensures.
  - c. Encouraging and supporting continued education.
2. Individuals who come on board with a 2 or 4-year degree are exempt from CDA requirement. However, these staff may be required to take additional Early Childhood coursework.
3. All Early Head Start (0-3) teaching staff must have and maintain their CDA prior to being assigned primary Parent/Guardian responsibilities.
4. Classroom staff that do not have a degree in Early Childhood Education or a closely related field apply to a community college and register for the Credentials class (EDU-119) during the first full semester following their employment as part of their Professional Development Plan begun during Orientation. Upon completion of credentials, it is recommended that staff register for additional early childhood courses.
5. Staff begin the CDA either while taking Credentials or immediately upon completion of EDU-119 (the credentials course). Informal on-site CDA assistance is provided by an assigned CDA advisor. The CDA advisor provides guidance, advice, and support during the self-study phase of the CDA.
6. All 0-5 staff who do not possess at least an AA in Early Childhood or a related field must maintain their CDA. Failure to maintain the CDA will result in a decrease in pay and/ or termination. The following criteria must be met in order to renew/maintain the CDA:
  - a. Current First Aid certification
  - b. Proof of 4.5 Continuing Education Units (CEU's) or a 3 credit hour course
  - c. Proof of membership in a national or local early childhood professional organization
  - d. Recommendation letter from a supervisor
7. Staff whose degree is considered not closely related to Early childhood Education by the NC Division of Child Development are required to earn 12 semester credit hours in addition to NC Early Childhood Credentials. Staff must enroll in NC Early Childhood Credentials during the first full semester following employment.
8. Infant and toddler teachers must have training or have Equivalent coursework in early childhood development with a focus on infant toddler development. The training must develop knowledge of infant and toddler development, safety issues in infant and toddler care (e.g. reducing risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants/toddlers, their parents, and other staff members. This is ensured by:
  - a. Encouraging continued education in early childhood development with a focus on infant toddler development.
  - b. Requiring proof or documentation of any degrees, certificates or licensures.
  - c. Encouraging and supporting continued education.
9. All staff working in an infant classroom must complete ITS-SIDS training within 4 months of assuming responsibilities in an infant classroom.
10. The following guidelines have been put in place in order to ensure that all MPP sites maintain and North Carolina 4 or 5 star ratings.
  - a. All lead teachers must have a minimum of an AA degree by 2017.
  - b. Lead teachers who do not have an AA degree must be enrolled in an AA program and be making significant progress\* toward an AA degree.
  - c. Teachers working in classroom with children enrolled in the NC Pre-K program must have their AA in early Childhood.
  - d. Lead Teachers working in classrooms with children enrolled in the NC Pre-K program who do not already have a BK teaching license must have a BA or BS degree and be making significant progress towards a NC B-K teaching license.
  - e. All teaching staff members are required to work toward obtaining 7 points (the maximum awarded) on the NC Education Standards Worksheet.
12. Significant progress is defined as successfully completing 9 or more credit hours annually.

### **Person(s) Responsible:**

HS Director    Ed Manager    TPDS    Ed Supervisors

**Updated 9/2020**

## **HUMAN RESOURCES**

**HR SOP 7**

**Subject: Staff Qualifications**

**Performance Standard: 1302.91**

**Policy:** The program ensures all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery.

**Operational Procedures:**

1. The program ensures that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly by means of
  - a. Establishing minimum standards of qualifications for a position and including those standards in the position description.
  - b. Requiring proof or documentation of any degrees, certificates or licensures.
  - c. Encouraging and supporting continued education.
2. The program ensures only candidates with the qualifications specified in the position vacancy are hired.
3. Current and former Head Start 0-5 parents who meet specific job vacancy qualifications, receive preference for employment vacancies.
4. Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.
  - a. The program will familiarize staff and consultants with ethnic backgrounds and family heritage and with effective communication by means of specialized programs and continuing education.

**Head Start and/or Early HS Director: 1302.91 (b)**

The program ensures the Head Start/Early HS Director has at a minimum a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

1. The program defines “skills and abilities in a management capacity relevant to human services program management” as:
  - a. Communications, including interactions with the Governing Body, agency director, managers of other agency programs, the Policy Council, the public and parents.
  - b. Program planning.
  - c. Day-to-day management and operations, including personnel supervision and administration.
  - d. Staff training and development, coaching and mentoring.
  - e. Administration and maintenance of facilities, materials, and equipment.
  - f. Financial administration.
  - g. Assessment of staff and program operations.
  - h. Community relations and advocacy.

**Education and Child Development Staff 1302.91 (2)**

The program hires staff or consultants who meet the qualifications of in order to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

1. Education and child development services are supported by staff or consultants with training and experience that includes: The theories and principles of child growth and development, Early childhood education, and Family support. This is ensured through:
  - a. Establishing minimum standards of qualifications for a position and including those standards in the position description
  - b. Requiring proof or documentation of any degrees, certificates or licensures.
  - c. Encouraging and supporting continued education.
  - d. Adherence to any and all regulatory requirements for these positions including NAEYC and others.
    - i. In addition staff or consultants must meet qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

**Health/Mental Health Services Staff - 1302.91 (8)**

The program hires staff or consultants who meet the qualifications in order to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

1. Health services are supported by staff or consultants with training and experience in public health, health education, maternal and child health, or health education.
2. In addition, when a health procedure is must be performed only by a licensed/certified health professional, the program assures that the requirement is followed.

**Nutrition Services Staff 1302.91 (8) (iii)**

The program hires staff or consultants who meet the qualifications in order to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

1. Nutrition services are supported by staff or consultants who are registered dietitians or nutritionists. This is ensured by: Establishing minimum standards of qualifications for a position and including those standards in the position description, requiring proof or documentation of any degrees, certificates or licensures.
2. Encouraging and supporting continued education.

**Family Services Staff 1302.91 (7)**

The program ensures staff who work with families are qualified.

1. Family services is supported by staff or consultants with training and experience in field(s) related to social, human, or family services. This is ensured by
  - a. Establishing minimum standards of qualifications for a position and including those standards in the position description: Requires proof or documentation of any degrees, certificates or licensures.
  - b. Encouraging and supporting continued education.

**Disabilities Services Staff 1302.91 (d) (1)**

The program hires staff or consultants who meet the qualifications in order to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

1. Disabilities services are supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities. This is ensured by:
  - a. Establishing minimum standards of qualifications for a position and including those standards in the position description.
  - b. Requiring proof or documentation of any degrees, certificates or licensures.
  - c. Encouraging and supporting continued education.

**Fiscal Officer 1302.91 (c)**

The program assesses staffing needs in consideration of the fiscal complexity of the organization and applicable fiscal management requirements and secures the regularly scheduled or ongoing services of the fiscal officer with sufficient education and experience.

1. The program secures regularly scheduled and ongoing services of a qualified fiscal officer by securing these services through the grantee agency on-site as a part of the contract.

**Home Visitor 1302.91 (6)**

The program hires staff or consultants who meet the required qualifications in order to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

1. Home visitors must have knowledge and experience in child development and early childhood education; in the principles of child health, safety, and nutrition; in adult learning principles; and in family dynamics.
2. They must be skilled in communicating with and motivating people.
3. They must have knowledge of community resources and the skills to link families with appropriate agencies and services.

**Updated 11/2019**

**HUMAN RESOURCES**

**HR SOP 8**

**Subject: Staff Education and Degree Attainment**

**Performance Standard:** Head Start Act section 648A; NCDCL star-rated license standards

**Policy:** The program recognizes the value of education and encourages all employees to pursue additional education. Any full-time regular employee may receive educational assistance through the following courses of action.

**Operational Procedures:**

1. **See personnel policies for Staff education and Degree attainment. The following are in addition to the personnel policies:**
  - a. The declared major must be relevant to the employee’s current job with the agency. Example. Early Childhood, B-K, etc are relevant for teaching staff; a degree in Human Services is relevant for family service staff.
  - b. An employee may request to pursue a 2-year college transfer degree if their intention is to immediately pursue a 4-year degree in an approved field.
  - c. Employees pursuing a college transfer degree must ensure that all elective courses taken are in an approved degree field (Early childhood, human services)
  - d. Teaching staff pursuing a college transfer degree must also complete EDU 119 and any additional Early Childhood credit hours required by the state (typically 12 credit hours in ECE).
  - e. The following process must be followed in order to obtain Educational Leave in addition to MPP personnel policies:
    - i. The HS Director provides a final approval signature.

- ii. The completed form with signatures is returned to the TPDS and placed in the employee's education file.
- 2. Several institutions charge a processing fee and/or a percentage of the course cost regardless of the drop date. Employees who drop courses will be required to reimburse the program for any incurred fees. Employees who drop courses due to emergency situations will be looked at on a case by case basis.
- 3. If an employee has two unsuccessful attempts to complete a course they are no longer eligible for the above described tuition payment program. After the second unsuccessful semester, the employee must pay for their tuition and textbooks upfront. Once a satisfactory grade (C or better) has been submitted then the program will reimburse the employee for all tuition and textbook costs incurred for the course(s). Employees will be placed into this option after two occurrences described below or any combination thereof:
  - a. Grade of D
  - b. Grade of F
  - c. Withdrawal from a course that results in partial or full reimbursement
    - i. Employees who have already completed an Associate's degree and have begun work on their CORE 44 (college transfer credits) are still eligible to receive bonuses. Credit hours will be added to the AAS credits already earned. Bonuses will be awarded on the AAS scale until the student transfers to a University.

**Person(s) Responsible**

Teaching Staff                  Supervisors                  Managers                  Program Directors                  TPDS

**HUMAN RESOURCES**

**HR SOP 9**

**Subject: Staff and Volunteer Health**

**Performance Standard:** 1302.93; Americans with Disabilities Act and Section 504 of Rehabilitation Act

**Policy:** The program ensures that each staff member and volunteer have an initial health examination and a periodic re-examination as recommended by their health provider, in accordance with state and local requirements including screens and tests for communicable disease as mandated by law and/or recommended by the Health Service Advisory Committee as to assure that they do not, because of communicable disease, pose a significant risk to the health or safety of others in the program.

**Operational Procedure:**

- 1. Any and all provisions of this policy are implemented within the requirements of the Americans with Disabilities act and Section 504 of the Rehabilitation Act.
- 2. Each staff member provides proof of initial health examination
  - a. Initial health examination is performed and submitted within 60 days before/after their hire date
  - b. The initial health examination includes screening for tuberculosis
  - c. The initial health examination is documented on an agency approved form
- 3. Each staff member provides proof of a periodic health re-examination
  - a. A periodic health re-examination is performed at least every three (3) years occurring on or before the anniversary of the initial health examination or most recent health re-examination.
  - b. The health re-examination is documented on an agency approved form
- 4. Each staff member submits a self-assessment health questionnaire annually or whichever of the following dates is latest.
  - a. Anniversary of their initial health screening
  - b. Anniversary of their periodic health re-examination
  - c. Anniversary of their last self-assessment health questionnaire
- 5. Each regular volunteer is screened for tuberculosis prior to the date of their first service in the program and in accordance with state and local laws and within the guidelines prescribed by the Health Advisory Services Committee.
- 6. The program makes mental health and wellness information available to staff regarding scheduled opportunities to learn about mental health, wellness, and health education.

**Persons Responsible:**

All program staff                  Supervisors

**Updated 11/2019**

**HUMAN RESOURCES**

**HR SOP 10**

**Subject: Attendance, Absenteeism and Leave Requests**

**Policy:** All program employees are expected to be at their assigned location for every scheduled workday and to report to work on time. These expectations are based on the realization that program quality requires good attendance and

punctuality on the part of the employee, and the compliance with work schedule is vital to the staff/child ratio of program activities on a continuous basis.

**Operational Procedure:**

1. Definitions
  - a. Unscheduled Absences: Any absence that has not been pre-approved (i.e., a leave of absence is a pre-approved absence, as is a pre-approved vacation.)
  - b. When an employee is unable to work due to illness or other personal problems, she/he must make a personal contact with her/his supervisor or designated person between the hours of 7:00 and 7:30 am. Contact must be a verbal contact.
  - c. A pattern of abuse of unscheduled absenteeism may result in a violation of the Standards of Conduct (see Personnel Policy Handbook- Disciplinary Action), and may be cause of disciplinary action. Therefore, one day a week for two months or an established pattern of unscheduled absenteeism may be considered excessive for all employees.
  - d. A full time or part time with benefits employee who calls in sick for a scheduled workday must use sick time, earned leave, or leave without pay.
  - e. Punctuality Standards: An employee is considered excessively tardy when he or she reports to work late two or more times in a pay period or a pattern of one day each week for a month. (See Personnel Policy Handbook- Disciplinary Action)
  - f. Unauthorized Absences: (Also refer to Personnel Policies Handbook)
    - i. An employee who is absent from work without notification to his/her supervisor may be subject to disciplinary action.
    - ii. When time off has been specifically denied by the supervisor, and the employee does not report to work, the employee will be subject to disciplinary action.
    - iii. Three consecutive days “no call, no show” may result in immediate termination and will not be subject to the progressive disciplinary action.
    - iv. For absences due to illness for three days or more, the supervisor will request that the employee provide a doctor’s certification of illness and release to return to work. In situations, that management deems necessary, request for a doctor’s certification of illness and return to work may be requested from the employee for absences. (Less than three working days).
2. When an employee is unable to work due to illness or other personal problems, she/he must make a personal contact with her/his supervisor or designated person between the hours of 7:00 and 7:30 am. Contact must be a person-to person verbal contact.

**Person(s) Responsible:**

All program staff

Supervisors

**Updated 11/2019**

**HUMAN RESOURCES**

**HR SOP 11**

**Subject:** Responding to Domestic Violence and Staff

**Policy:** MPP Head Start 0-5 is a safe workplace for all employees; will assist employees who are being subjected to domestic violence; create an environment where employees are comfortable seeking help from appropriate resources if they are victims of domestic violence. Domestic violence can happen to anyone of any age, race, sexual orientation, gender identity, gender, religion, educational level, or socioeconomic background, regardless of whether couples are married, living together, dating or hooking up.

**Operational Procedures:**

Should a staff member be involved in a domestic violence situation, they may notify HR, program Directors or their supervisor. If there is a DVOP (Domestic Violence Protection Order) in place staff will provide the court order to HR if comfortable. Efforts will be made by the program to promote safety of the staff and others at the center while keeping the matter confidential.

A Strength-Based approach to talking with families and staff members about domestic violence requires trust and mutual respect between program staff and families with a collaborative approach.

The program will provide opportunities and resources through our community partnerships. Training on Domestic Violence for staff and families will be provided by the program in partnership with REACH.

Program staff will be provided opportunities and resources to learn more about domestic violence, ways to support families experiencing domestic violence, and strategies to promote healthy relationships. Domestic violence can affect

those supporting families directly experiencing domestic violence, it is crucial that program staff access the supportive services they need and engage in wellness practices regularly.

Building self-care skills, and making self-care a priority –it is important to reduce burnout and compassion fatigue.

#### **Resources**

Hotlines and Crisis Counseling for Families 1 800 422 4453; <https://www.childhelp.org/hotline/>

National domestic Violence Hotline (24/7, multiple languages offered) 1 800 799 7233;

<https://www.thehotline.org/>

#### **Additional Resources for Staff Partnering with Families**

Changing Minds; <http://changingmindsnow.org/>

Futures Without Violence: [www.futureswithoutsilence.org](http://www.futureswithoutsilence.org)

#### **Persons Responsible:**

HS Director    Executive Director    TPDS    FCOS    Supervisors    All Staff

**Updated 9/2020**

## **PERSONNEL POLICIES:**

- 1. Suspected Child Abuse**
- 2. Written Policies**
- 3. Staff Recruitment and Selection Procedures**
- 4. Criminal History Information**

#### **PERSONNEL POLICIES**

**PP SOP 1**

**Subject: Suspected Child Abuse/ Neglect**

**Performance Standards:** 1302.47; 1302.53; 1302.92; 1303.22; 10A NCAC 09.070, 10A NCAC 09.1102

**Policy: SEE CH SOP 21 for suspected child abuse procedures**

**Updated 10/2020**

#### **PERSONNEL POLICIES**

**PP SOP 2**

**Subject: Written Policies**

**Performance Standard:** 1302.90 (a)

**Policy:** The program established and implements written personnel policies for staff that are approved by the Policy Council and governing board and are made available to all grantee agency staff.

#### **Operational Procedures:**

1. The authority for establishing personnel policies for the agency rests with the Board of Directors as a part of its broad policy-making responsibilities as designated in the agency's by-laws. The same power that empowers the Board to establish personnel policies also empower it to amend personnel policies whenever necessary. Under the by-laws, the responsibility for initiating new personnel policies and for amending existing ones is given to the Executive Director or his/her designee and the Personnel Committee of the Board of Directors. Employees wishing to initiate changes in personnel policies should submit their recommendations for change to the Human Resource Coordinator, who will in turn submit the recommendation to the Chairman of the Personnel Committee. For a new policy to be established, or an existing policy amended, the Personnel Committee must submit the written recommendation to the Board of Directors at least five days prior to a regular or special meeting of the Board of Directors. The recommendation regarding a personnel policy shall take effect within thirty days if acted upon favorably by a majority of the directors at the meeting provided that a quorum is present.
2. The Executive Director is responsible for annually scheduling reviews of the policies. The review committee shall consist of at least one member from the board, the Policy Council supervisory staff, and two hourly employees. Changes and recommendations are submitted to the Board and to the Policy Council for their review and approval.
3. See Policies on the Following:
  - a. Standard of Conduct
  - b. Staff Recruitment and Selection
  - c. Staff Performance Appraisals
  - d. Equal Opportunity Employer
  - e. Training and Development
  - f. Employee Recruitment and Selection
  - g. Personnel Policy Handbook



**Person(s) Responsible:**

Executive Director      HS Director

**Updated 11/2019**

**PERSONNEL POLICIES**

**PP SOP 3**

**Subject: Staff Recruitment and Selection Procedures**

**Performance Standard: 1302.91(b), (e)(2),1302.90(b)**

**Policy:** It is the policy of the program to endeavor to fill vacancies with the most qualified candidates while providing equal employment opportunities to all.

**See Personnel Policy Handbook for staff selection and recruitment.**

**Person(s) Responsible:**

HS Director                      HRC

**Updated 11/2019**

**PERSONNEL POLICIES**

**PP SOP 4**

**Subject: Criminal History Information/ Criminal Records Check**

**Performance Standard: 1302.90 (b)**

**Policy:** The program conducts background checks and selection procedures. North Carolina law requires that a criminal history check and fingerprinting be conducted on all persons who provide child day care in a licensed child day care facility. It is the policy of MPP that all employees submit to a criminal record check and fingerprinting prior to the first day of work.

**See for reference Personnel Policy Handbook**

**Person(s) Responsible**

HRC      HS Director

**Updated 7/2021**

# **PROGRAM MANAGEMENT SYSTEMS & PROCEDURES:**

- 1. Planning**
- 2. Communication**
- 3. Record-Keeping and Reporting**
- 4. Ongoing Monitoring**
- 5. Self-Assessment**
- 6. Technology – General**

## **PROGRAM MANAGEMENT SYSTEMS AND PROCEDURES**

**PMSP SOP 1**

### **Subject: Planning**

**Performance Standard:** 1302.11; 1302.101 (b); 1302.102 (2)

**Policy:** The program engages in systematic, ongoing planning in cooperation with policy groups, parents, staff, community, and various stakeholders. The program strives to include information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the program, and broadening community support for the program. Eight major planning tools include those listed below which assist the program in developing the program plan, content area plans, T/TA plan, and content area goals / objectives.

### **Operational Procedures:**

1. Community Assessment (CA) identifies community strengths, needs, and resources, and conducted every five years, with updates occurring in interim years.
2. Self-Assessment is an annual internal inspection of program systems and services.
3. Programmatic reports from Head Start Child Plus: Electronic reports that compile data related to program services. Each staff member is responsible for identifying and consulting reports pertinent to their content area to identify problems, spot trends, view a wide range of data, etc.
4. Program Information Report (PIR): An annual report to collect comprehensive data about services, staffing, children, and families for purpose of identifying local staffing, enrollment, and service trends.
5. Child outcomes reports: A collection of data gathered three times per year that indicates children's progress and needs in predetermined areas.
6. Federal Monitoring Protocol Review feedback: A letter addressing program findings or deficiencies following the triennial federal review.
7. Regional / National Head Start initiatives: Various proposals that seek to address issues with resourceful ideas for improvement.
8. Ongoing monitoring reports: Individual and / or content area tracking of pre-determined information to ensure the program operates effectively according to various regulations.

### **Resulting Documents:**

#### **Program Plan Narrative / Content Area Written Plans:**

1. The Program Plan Narrative outlines how systems / services are implemented in Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management. A complete Program Plan is written every 5 years to coincide with the Community Assessment including updates in the plan during interim years. The program plan Narrative includes a broad narrative of content areas, a "working plan" that is extracted from the narrative, and the ongoing monitoring timeline.
2. The broad-based Program Plan Narrative serves as the general written plan for the entire program of pre-agreed upon set of strategies, commitment of resources, schedules of task completion, and assignment responsibility. Content area written plans are a natural extension of the Program Plan Narrative including details, specific strategies / methods, budgets, schedules, timelines, etc.

#### **Training and Technical Assistance (T/A) Plan / Long-Range Goals / Short-Term Objectives:**

1. Broad programmatic and content area goals and objectives are derived from analysis of the planning tools above. The T/TA plan is required by the Regional Office as the document that guides day-to-day activities and doubles as the program's strategic plan. Goals and objectives are cooperatively monitored and modified during the year, as needed, in response to environmental changes.

### **Person(s) Responsible:**

HS Director    Management Staff    PMS

**Updated 7/2020**

**Subject: Communication****Performance Standard:** 1302.102; 1302.41**Policy:** The program establishes and implements a communication system to ensure that timely and accurate information is provided to the Governing Body, Policy Council, Parent Committees, parents, policy groups/committees, staff, and the general community.**Operational Procedures:**

1. The program communicates and manages information and data to effectively support the availability, usability, integrity, and security of data while protecting the privacy of child records.
2. The program obtains advance authorization from parents or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and maintains written documentation if they refuse to give authorization for health services.
3. The program establishes and implements policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained, specifically, methods of notifying parents in the event of an emergency involving their child this plan is Emergency Preparedness Plan
4. The program communicates with the parents of children with identified health needs to facilitate the implementation of the follow-up.
5. The program communicates with parents regarding any health or safety needs of the child the program may need to address; any accommodations made for the child is carried out and shared with other staff in keeping with the program's confidentiality policy (reference Child Health and Safety Section Conditions of Short-Term Exclusion and Admittance SOP for more detail).
6. The program actively engages in community planning to encourage strong communication, cooperation, the sharing of information, and to improve the delivery of community services.
7. The program ensures that all content areas are appropriately involved in the integration of children with disabilities (reference Disabilities and Mental Health Section Individualization SOP and Transition SOP for more detail).
8. The HS Director attends all Board of Directors meetings and shares progress toward program goals and objectives, as well as financial status, monitoring reports, and any other information that is required and/or necessary.
9. The HS Director attends all Policy Council meetings to communicate and gain input/approval on program policies and procedures, progress toward goals and objectives, financial status, monitoring reports, etc. The Policy Council Chairperson is an ex officio member of the Board of Directors to enhance communication and shared governance. Parent Committee representatives share reports from their respective parent committee with Policy Council, and gather relevant information from Policy Council to take back to the Parent Committee. Policy Council and Board of Directors meeting minutes are posted for staff / parents' convenience.
10. Parent Committee meets as often as the parents agree. During those meetings, the parent representative shares relevant information from Policy Council and solicits information from parents to take back to Policy Council. Parent Committee officers / representatives work in conjunction with appropriate staff to determine meeting content as necessary. Staff attend meetings as necessary or as invited to provide programmatic information.
11. The HS Director meets regularly with members of the Leadership Team composed of all agency Directors (Finance Director and WIOA Director) along with the Executive Director to discuss agency and program strategy, etc.
12. The HS Director meets with members of the Head Start 0-5 Integrated Team to measure progress toward goals/objectives, make decisions about programmatic issues, plan, measure performance, etc.
13. Members of the Management Team meet regularly with their staff to share relevant information, address issues, measure performance, etc. The most efficient means possible for communication is implemented whether memo, email, voice mail, etc. Regular meetings are not always synonymous with face-to-face meetings and are at the discretion of the supervisor.
14. Integrated Services meetings are typically held every month with all Specialists, Managers, and the HS Director receive training, prepare for upcoming events, review pertinent documents, children staffing, etc.
15. To ensure relevant information is distributed to direct service providers, specialists / supervisors engage in regular meetings at their discretion. In addition to meetings, each group (childcare, family services, nutrition, etc.) has regularly scheduled in-service in which information is shared and training is provided. Interim information is distributed via phone, voice mail, email, memos, and newsletters, etc. and as much as possible, in parents' preferred language.

16. Information is distributed to the general community through regular media releases, agency website, face-book, annual program report, open meetings, and various public events. All releases are to be cleared through the executive director for approval.
17. Effective, two-way, comprehensive communication between staff and parents is carried out primarily by child development, health services, and family services staff. Communication methods include Parent Committee meetings, home visits, parent-teacher conferences, center contact, training sessions, committees, phone, mail, email, monthly newsletters/calendars, etc.
18. Bi-lingual staff, volunteers, consultants, and / or community partners are available to communicate (verbal or written) with the parent in their preferred language to the greatest extent feasible.
19. Information distributed to the MPP Board and Policy Council is documented and monitored. The Executive Director typically maintains documentation of all material distributed to the governing board, and the PSS typically maintains it for Policy Council.
20. The Remind communication app is utilized to contact parents, community partners, and staff. This automated system calls designated groups to let them know of upcoming events, meetings, trainings, etc. Management staff give message to PMS who initiates the Remind messages.

**Person(s) Responsible**

HS Director    Management Staff    PSS    PMS

**Updated 7/2021**

**PROGRAM MANAGEMENT SYSTEMS AND PROCEDURES**

**PMSP SOP 3**

**Subject: Record-Keeping and Reporting**

**Performance Standard:** 1302.102 (d); 1302.41; 1302.60; 1302.61

**Policy:** The program establishes and maintains efficient and effective record-keeping and reporting systems with regard to the following: general requirements, child health / safety / developmental services, management systems and procedures, human resources management, and disabilities services / assessment of children.

**Operational Procedures:**

1. **General Requirements:** The program provides reasonable public access to information and to the agency’s records. Requests for information must be in writing and directed to the Agency Executive Director. A mutually acceptable time is arranged for the public viewing. Items permissible for copying are at the viewer’s expense.
2. **Child Health / Safety / Developmental Services:**
  - a. During the enrollment process, parents are provided information about developmental screenings, their importance, and function. However, if parents still do not wish to have their child participate, written documentation of the refusal is obtained, stored in the electronic (case note) and hardcopy files, and honored. Periodic follow-up occurs to keep the parent informed of the opportunity for screenings and their options available.
  - b. Written procedures are established and maintained for individual child medication administration regarding, handling, and storage of medication.
3. **Management Systems and Procedures:** The main record-keeping and reporting system for tracking purposes is the password protected electronic database. All communication with or activities regarding families is documented therein.
  - a. As a precautionary alternative child / family hardcopy files are maintained in a central locked location. Information pertaining to each content area, with the exception of Disabilities, is included in the content area section of the file.
  - b. Disabilities information is maintained in a separate locked file (IEP, IFSP) in the Disability Coordinator’s office for added confidentiality and privacy.
  - c. Files are signed out when taken from the file room and returned to the file room / signed in by the end of the same day. All new employees sign a confidentiality statement that is maintained in their personnel file; the statement is reviewed with all employees annually (typically at pre-service).
  - d. Financial status reports are generated bi-monthly and shared with the Policy Council and Governing Board.
  - e. Progress toward program / systems / services goals and objectives is tracked by the integrated team and information shared as goals and objectives are reached. This information is periodically shared with Policy Council and the Board.
  - f. The program maintains electronic and hardcopy documentation sufficient to generate official reports for federal, state, and local authorities as required by applicable law.
4. **Management Systems and Procedures:** Writing/revision of forms follows a protocol that requires obtaining permission from appropriate Manager prior to implementation. The following procedures are followed:

- a. The Integrated Services Team reviews program forms (electronic and hardcopy) annually and/or as needed. All new/revised forms are subject to implementation only at the beginning of the program year or at the mid-point (January 1) with manager approval, implementation of any form after the beginning of the program year or January 1 is at the Director's discretion. Determination is made which forms can / must be in electronic format rather than, or in addition to hardcopy, by the appropriate Manager and HS Director.
  - b. Individual Managers completing new / revised forms for their content area share them with the PSS (PSS). Managers create / revise their own forms, delegate the duty, or schedule a time to review the project with PSS who accepts forms projects at his / her discretion and according to his / her schedule.
  - c. All new/revised forms are dated and initialed to indicate who made the form or revised it.
  - d. Managers / Specialists are responsible for distributing the new/revised form to the employees they supervise and for sharing how to access / complete electronic forms.
  - e. The staff member creating/revising form is responsible for writing/revising SOP if necessary.
  - f. A copy of all new or revised forms is sent via email to the PSS in order to maintain a central location for documents and forms access.
5. Human Resources Management: Staff receives ongoing opportunities to acquire Head Start specific knowledge and skills via annual pre-service, ongoing in-service, individualized mentoring, conferences, etc. Documentation is maintained on individual staff training hours and content. Specific and detailed attention is given to training staff on methods for identifying and reporting child abuse and neglect.
- a. Personnel information maintained in HR office applicable to state/federal regulations.
  - b. Training records are maintained by the TPDS Specialist.
6. Disabilities Services and Assessment of Children: The required service plan includes interagency agreements with LEAs and other agencies that address disabilities requirements. Supplementary evaluation is conducted for children with suspected disabilities. Parents have opportunities to view their child's record and / or discuss specifics with the DC.

**Person(s) Responsible**

HS Director

Integrated Services Team

**PROGRAM MANAGEMENT SYSTEMS AND PROCEDURES**

**PMSP SOP 4**

**Subject: Ongoing Monitoring**

**Performance Standard:** 1302.100; 1302.102 (b)

**Policy:** The program provides management and ongoing monitoring and continuous improvement for achieving program goals that ensure child safety and the delivery of effective, high-quality program services.

1. As part of the 0-5 HS Program Plan, the program implements the Ongoing Monitoring Timeline to ensure all systems and services are effectively monitored Monitoring criteria includes:
  - a. What – specific system, service, content area, or item is monitored; determined by program plan / written plans, previous monitoring, federal / state / local regulations, recent audit / triennial federal review, etc.
  - b. Who – Person(s) Responsible for monitoring the system, service, content area, or item
  - c. When – frequency or date monitoring occurs
  - d. How – method engaged for monitoring (report, observation, etc.)
  - e. Why – reason / regulation for monitoring this specific item
  - f. Finding / result – what does analysis of information show? This is the information including trends to address, is presented to managers monthly. Pertinent monitoring information is shared with the HS Director, who in turn shares it with Policy Council, the Executive Director, and the Board of Directors.
  - g. Action Plan - a plan developed to correct a problem or build on strengths noted during information analysis above. Only the Person(s) Responsible for monitoring the area in question may complete an Action Plan. Action Plans are reviewed at Management Meetings and follow-up occurs to ensure completion of the plan.
  - h. Trends to Address – based on monitoring efforts, analysis, action plans, etc., what do these results mean for a content area or for the program? Information gained is used directly for the planning process (reference Planning SOP for relationship).
2. Disabilities and Mental Health Services: The required Service Plans are maintained and utilized as overall program guides for serving children with disabilities and mental health issues. Consideration is given to possible modification of small / large group activities as well as individualized help. Refer to the Disabilities Plan for further detail.
3. Program Performance: The program manages and monitors any projects, program (s), sub-award, function, or activity supported by a federal monetary award in accordance with Part 74.51 and Part 92.40.

**Person(s) Responsible:**

**PROGRAM MANAGEMENT SYSTEMS AND PROCEDURES****PMSP SOP 5****Subject: Self-Assessment****Performance Standard:** 1302.102 (2) (i)

**Policy:** The program conducts a Self-Assessment (SA) that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate to evaluate the program's progress towards meeting goals and the effectiveness of the professional development and family engagement systems in promoting school readiness.

**Operational Procedures:**

1. A SA team is formed to carry out the assessment process with representatives from policy groups, parents, staff, and community. The results of the SA serve as a driving force in determining needs for program improvement. The Governing Body has general responsibility, and Policy Council approves / disapproves of the SA.
2. A Self-Assessment (SA) is conducted annually and is designed to integrate ongoing monitoring and program planning. It includes four broad stages as follows:
  - a. Preparation – PMS(PM Specialist) convenes team, reviews tool, informs policy bodies, recruits participants, trains those involved in process
  - b. Collecting and synthesizing – Team members observe activities, review documents, interview people, record / summarize findings, begin analysis and data consolidation, outline strengths / weaknesses
  - c. Interpreting – Work forwarded to PM Specialist for examination / further analysis, arrangement of suitable data display, establishment of patterns of identified needs, uncovering of underlying causes and systemic issues, and determination of priorities for change / improvement
  - d. Strengthening – The Integrated Services Team uses SA information to drive strategic planning, program improvement goals, desired outcomes, and action plans
3. Data is collected from a variety of sources to determine if systems and services have been implemented and are working effectively. The SA process contains information analysis, review, and incorporation. Data gathered includes, but is not limited to the following: PIR, child outcomes data, Community Assessment, ongoing monitoring data, and the most recent federal triennial report. This information is used to identify program strengths, areas to strengthen, and plan appropriate strategies to effectively address the identified weaknesses of the program.
4. The SA process is one of the primary reinforcements of shared decision making among parents, Policy Council members, Board members, community stakeholders; and for making staff more aware of how the program operates and is viewed by its consumers.
5. Results of the SA are shared with managers, staff, and governing bodies and used to develop program improvement plans, primarily the T/TA Plan (i.e. strategic plan), to reach and exceed compliance.

**Person(s) Responsible**

HS Director

PMS

Integrated Services Team

**Updated 7/2020****PROGRAM MANAGEMENT SYSTEMS AND PROCEDURES****PMSP SOP 6****Subject: Technology – General****Performance Standard:** 1302.101 (b) (4); 1302.102

**Policy:** In order to ensure quality services to children and families, MPP Head Start utilizes technology and data monitoring for program management and quality improvement.

1. Maintain an automated accounting and record keeping system for effective oversight.
2. Maintain a data-tracking system (Child-Plus) to manage services to children and families
  - a. Enrollment
  - b. Attendance
  - c. In-Kind volunteer hours
  - d. CLASS
  - e. Professional development
  - f. Transportation services
  - g. Family services
  - h. Health services
  - i. Nutrition services
  - j. Program Information Report

- k. Community resources
- l. Extended daycare
- 3. Head Start 0-5 maintains data management with the required approvals, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child record in accordance with Head Start Performance Standards.
- 4. The program utilizes a process for using data to:
  - a. Identify strengths and needs
  - b. Develop and implement plans that address program needs
  - c. Evaluate compliance with performance standards and progress toward achieving program goals.
  - d. Utilize Child Plus to monitor, implement, and report status of Training and Technical Assistance Plan goals and objectives.
- 5. The program shares status reports determined by ongoing oversight data, to the governing board and policy council.

**Person(s) Responsible:**

HS Director      Integrated Team              All staff

**Updated 7/2021**

**FACILITY SAFETY & MAINTANCE:**

- 1. Health and Safety Licensing Requirements**
- 2. Maintenance**
- 3. Storage of Toxic Materials**
- 4. Safety of Children in Outdoor Settings**
- 5. Fire Prevention and Safe Evacuations**
- 6. Utility Disruption**
- 7. Security and Surveillance Cameras**
- 8. Emergency Preparedness and Response Plan**
- 9. Facility and Meeting Rooms**

## **FACILITY SAFETY & MAINTENANCE**

**FSM SOP 1**

**Subject: Health and Safety Licensing Requirements**

**Performance Standard:** 1302.47

**Policy:** The program maintains applicable state, local and other licensing requirements, trains staff and implements a system of health and safety practices to ensure children are kept safe at all times.

### **Operational Procedure:**

1. Facilities maintain and regulate child health and safety issues such as indoor and outdoor space requirements, toilet facilities, the safety and sanitation of food preparation areas, placement, and designation of exits, fire doors, and other safety requirements.
2. Facilities adhere to regulations/requirements from daycare licensing, fire marshal, health department, and other laws pertaining to operating Head Start/Daycare for children 0-5.
3. Information is shared with parents that promote a safe home environment on fire safety, smoke detectors in the home, safe winter heating, etc. Articles are included in newsletters and/or brochures/flyers sent home to parents.
4. Fire inspections are maintained as required by local fire marshal
  - a. Inspections are kept current and on file in the Center Licensing Binder that is located in the Ed Manager office.
5. Health Department certifications are maintained.
  - a. Kitchen inspections; Classroom inspections; proper diaper changing areas, clean bathrooms, proper disinfectant procedures, etc.
  - b. New staff are trained during new staff orientation on child health and safety issues
6. Safety standards and requirements are maintained in classrooms, on playgrounds, in kitchens, on vehicles, and throughout all facilities.
7. Toys and equipment are safe for children and checked regularly to ensure they are in good condition.
8. Head Start follows the Occupational Safety and Health Administration (OSHA) guidelines regarding unsafe or hazardous materials.
9. Outdoor playgrounds are maintained in order to keep children safe at all times.
  - a. Playground inspections are completed monthly by maintenance staff, or other staff that has received the NC Division of Child Development playground safety training certification.
    - i. Inspection reports are available in the Ed Manager's office.
    - ii. When areas needing repair are found it is the responsibility of the maintenance staff to repair areas found to be unsafe.
10. When a facility is unsafe, unclean, or otherwise in disrepair, the center will be closed until repairs are completed.
  - a. HS Director or Executive Director has the authority to close a center.
  - b. Parents will be notified immediately regarding center closing for repairs by Remind app, phone calls and announcements on the local radio station.

### **Person(s) Responsible:**

Education Team    HC    HS Director    Maintenance Staff

**Updated 2020**

## **FACILITY SAFETY & MAINTENANCE**

**FSM SOP 2**

**Subject: Maintenance**

**Performance Standard:** 1302.47, NCDCDEE, 0602 - 605

**Policy:** The program ensures all facilities, equipment and materials and administrative safety procedures ensure the safety of all children.

### **Operational Procedure:**

1. Appropriate indoor environments for children are safe, clean, attractive, and spacious.
  - a. Classroom staff report broken or damaged furniture, equipment, or materials to the maintenance staff for repairs via a maintenance request.
  - b. All broken equipment must be removed from the premises immediately or made inaccessible to children.
2. Designated staff inspects outdoor premises prior to each use by children. Broken toys or other dangers are removed immediately.
3. Outdoor equipment will be checked to prevent dangerous situations such as checking for frost or ice on equipment that might cause slipping or hot slides or surfaces that could cause burns or other injuries to children.
4. Buildings are well maintained:
  - a. Walls, floors, furnishings, outdoor play areas and equipment are monitored for safety



- b. All areas - both indoors and outdoors - are monitored daily to be free from glass, trash, sharp or hazardous items
- c. All areas are clean and in good condition
- d. Staff observe all facilities and take steps to correct unsafe conditions
- 5. A Maintenance Request will be completed for any broken or damaged item or needed repairs by the teacher and/or staff member.
  - a. Maintenance requests are located in each building as well as the forms file cabinet by the mailboxes in New Horizons II.
  - b. The form will be filled out in its entirety to include room or space and name of staff requesting work be completed prior to turning in.
- 6. Maintenance Request should reflect a detailed description of requested repairs.
- 7. The completed Maintenance Request will be turned in to maintenance supervisor.
- 8. Repairs needing immediate attention are reported to maintenance immediately; broken water pipes, over flowing toilet, etc.

**Person(s) Responsible:**

All Staff                      Maintenance Staff                      HS Director

**Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 3**

**Subject: Storage of Toxic Materials**

**Performance Standard:** 1302.47 (1) (iii)

**Policy:** The program follows Occupational Safety and Health Administration (OSHA) guidelines regarding protection from unsafe, toxic, and hazardous materials.

**Operational Procedure:**

- 1. The facilities are free from harmful animals, insect pests, and poisonous plants.
- 2. All toxic materials are stored out of reach of children in locked cabinets or rooms where children do not have access.
  - a. Materials are stored in original labeled containers
  - b. Matches and lighters are not accessible and gasoline and other flammable materials are stored in a separate building
- 3. Classrooms do not contain toxic substances with the exception of toxic substances that are necessary for cleaning (bleach or other cleaners). These items are locked up at all times when not in direct use.
  - a. Classrooms, hallways, etc. that are scheduled for regular extermination for pest control maintenance will be scheduled at a time children are not in the center (such as late afternoons and weekends).
  - b. Maintenance staff will spray outdoor areas and playgrounds for weed control, bees, ants, etc. at a time when children are not present.
  - c. The program uses the technique(s) of least hazardous means are used to control pests and unwanted vegetation.

**Person(s) Responsible**

Maintenance Staff                                      Classroom Staff

**Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 4**

**Subject: Safety of Children in Outdoor Settings**

**Performance Standard:** 1302.47 (5)

**Policy:** Outdoor play procedures maintain child safety and security.

**Operational Procedure:**

- 1. When children are being taken to playground areas or loaded on/off a bus, proper supervision is maintained to avoid accidents.
- 2. Parents receive safety instructions and information regarding escorting children into and out of centers to ensure that children are safe at all times, through the use of: discussions at parent meetings, handouts, flyers, and newsletter articles.
- 3. When children move from one center to another, children walk inside fenced area.
- 4. Fences are installed around playgrounds, fire evacuation sites, and other unsafe terrains that meet day care licensing requirements.
- 5. Outdoor play areas are supervised properly and adhere to the staffing patterns.

**Person(s) Responsible:**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 5**

**Subject: Fire Prevention and Safe Evacuations**

**Performance Standard:** 1302.47 (1) (7) (8); 1302.74 (a-b)

**Policy:** Procedures are in place that support fire prevention and safe evacuation from facilities.

**Operational Procedure:**

1. Lighting is maintained that meets licensing regulations and are kept in good repair.
2. In the event of a power failure, alternative emergency lighting units/and or flashlights are located in hallways. There is emergency lighting with unobstructed and visible paths for entering and exiting, as well as, clearly marked regular and emergency exits.
3. Approved, fully-working fire extinguishers are readily available and accessible.
  - a. Extinguishers are inspected by licensed personnel yearly and replaced as needed.
  - b. Extinguishers are visible and instructions on how to operate are posted.
  - c. Vehicles are equipped with working fire extinguishers.
4. Fire safety and prevention information is provided to parents throughout the year in Parent Handbook, Parent Activity Packets (preschool), discussions at Parent Meetings, articles in newsletters, and educational flyers sent home.
5. Fire alarm systems are in place and tested as required.
6. Exits are clearly visible, accessible, and meet licensing regulations and National Fire Protection Agency (NFPA) recommendations. Evacuation routes are posted in a visible area in each classroom.
7. The Fire Marshal or his designee inspects the facilities before children/staff re-enter the building in the event of an actual fire.
8. Monthly fire evacuations are conducted and documented as required.
  - a. Evacuation cribs are located in infant/toddler rooms and are used to help evacuate the youngest children in a prompt and orderly fashion.
  - b. Each classroom has a main evacuation route and an alternate exit for evacuation.
9. As required by NC Childcare Licensing, centers conduct a lockdown drill quarterly. A record of the lockdown drill is maintained as required by NC Child Care licensing.
10. Drivers and monitors conduct bus evacuations with children on their regular bus routes three times per year. The evacuation drill is documented and kept on file with the PSS.

**Person(s) Responsible:**

HS Director      Education Team      PSS      Classroom Staff      NS      **Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 6**

**Subject: Utility Disruption**

**Performance Standard:** 1302.47 (7)

**Policy:** Program has established, follows, and practices procedures for emergencies. Procedures are in place to ensure safety of children in the event of a utility disruption.

**Operational Procedures:**

1. If utilities are disrupted, the centers will make every effort to remain open. The decision to close or delay opening will be based on the following factors:
  - a. The amount of natural light in the center(s)
  - b. The temperature inside the center(s)
  - c. The ability and necessity of heating food and formula
  - d. The risk to the health and well-being of children and staff
2. Administrative staff will make a decision to remain open or to close the center after one (1) hour of disrupted service. Time after disruption cannot exceed two (2) hours as per North Carolina Daycare Licensing standards. This time period will allow the center(s) to assess the situation and provide families with as much accurate information as is available.

**Person(s) Responsible:**

Executive Director      HS Director      Managers      **Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 7**

**Subject: Security and Surveillance Cameras**

**Performance Standard:** 1302.47 (5)

**Policy:** Safety practices to keep children safe include the use of security and surveillance cameras.

**Operational Procedures:**

1. All parents, staff and support staff will be assigned a key code that is entered into a keypad located at building entrance doors to access entrance into a building. Individual parent codes can only be used for building access during specific times based on their child's enrollment program option.
2. The HS Director, Ed Supervisors, FSM, Ed Manager, Human Resources Coordinator, and Executive Director are the only staff members authorized to review the recordings.
3. Video surveillance cameras are only located in public areas.
4. Video surveillance signs are posted at centers.
5. The cameras are constantly on and recording 24/7. The back-up system is set up to save data.
6. In case of a known incident, still pictures or video is saved and filed with specific incident reports.
7. Video surveillance system does not have the capacity to record audio conversations as per the Fourth Amendment protection.
8. The security system is used to deter and detect crimes and compile a visual record of activity. Unsaved video is only available within a two-week period.
9. The security system ensures that all areas of a building are kept secure.
10. There is no federal law that governs video surveillance.

**Person(s) Responsible:**

HS Director    Ed Supervisors                  HRC    Executive Director                  Ed Manager    PMS    FSM    **Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 8**

**Subject: Emergency Preparedness and Response Plan**

**Performance Standard:** 1302.47 (8), NC DCDEE Requirement

**Policy:** Emergency preparedness plans and procedures are in place. An Emergency Preparedness Response plan follows the daycare licensing requirements for emergency preparedness risk management. Key administrative staff receive the required EPR training from DCDEE. New staff and substitutes receive EPR training during orientation. Regular staff receive training yearly or as needed.

**Refer to the Emergency Preparedness and Response Plan for procedures.**

Copies of these plans are located in all classrooms, offices, and central areas of each site and are updated yearly or as needed. The plan includes details and procedures as follows:

- Emergency Contacts;
- Facility location maps and directions;
- Facility information;
- Utility Information;
- Floor plans;
- Alarm and Fire Extinguishing systems;
- Facility access for emergency responders;
- Risk assessment;
- Procedure for accounting for children and adults;
- Communication plan;
- Role assignments;
- Lockdown;
- Procedures for securing/sealing a room;
- Shelter in place;
- Evacuation plans and procedures for relocation;
- Onsite evacuation;
- Evacuating to the neighborhood;
- Evacuating out of the neighborhood;
- Evacuating to out of town location;
- Ready to go file;
- Nutritional and health needs;
- Ready to go kit;
- Location of first aid kits;
- Reunification plan;
- Recovery plan

**Person(s) Responsible:**

HS Director    HS Managers                  HC    **Updated 2020**

**FACILITY SAFETY & MAINTENANCE**

**FSM SOP 9**

**Subject: Facility and Meeting Rooms**

**Policy:** MPP has meeting room space for Head Start staff and community groups upon approval. Meeting rooms are open to use by groups who have a MPP formal partnership agreement at no charge. MPP programs have priority over other community groups.

## **Operational Procedures:**

### **Meeting Rooms:**

- New Horizons II Glass Room (Capacity 10)
  - New Horizons II ITV Room (Capacity Chairs only 65 – Chairs and tables – 50)
  - New Horizons IV Small Conference Area (Capacity 4)
  - Training Annex Meeting Room (Capacity Chairs only 110 – Chairs and tables –80)
1. Call and arrange for room use with the NH 2 Receptionist.
  2. Only workshop/group participants are allowed in building during meeting time.
  3. Any food, spills, or accidents are cleaned up immediately.
  4. Room capacity never exceeds stated fire marshal recommendations.
  5. To ensure security of the facility, responsible party should never allow entrance doors to be propped open unsupervised.
  6. If meeting is located in Training Annex or Pruett House, lights and other equipment are turned off and all entrance doors are locked, before exiting the building.
  7. Responsible party ensures all participants have left the property.

### **Person(s) Responsible:**

All Staff                      Executive Director              NH2 Receptionist

**Updated 7/2021**

## **TRANSPORTATION:**

- 1. Purpose**
- 2. Vehicles**
- 3. Vehicle Operation**
- 4. Trip Routing**
- 5. Safety Procedures**
- 6. Children with disabilities**
- 7. Emergency Planning and Response**
- 8. General Bus Information**
- 9. MPP Vehicle Operation**
- 10. Release and Pick Up of Children, Dental and Safety Emergencies**
- 11. Transportation Safety Record Keeping and Reporting**
- 12. Bus Driver and Bus Monitor**

## **TRANSPORTATION**

**T SOP 1**

**Subject: Purpose**

**Performance Standard:** 1303.70

**Policy:** Transportation services involve pick-up and drop-off of children at regular scheduled times and pre-arranged sites. Families receive information about local transportation services in enrollment flyers and brochures, and in the Head Start 0-5 Parent Handbook.

### **Operational Procedures:**

1. MPP Head Start provides bus route transportation services for children enrolled in the Head Start 3-5, Pre-K and Early Head Start program options assigned to the New Horizons I Center.
2. Upon request, transportation assistance and information is provided for families who need help getting to appointments such as Head Start activities, dental follow-up, health and other family support services.
3. Head Start transportation bus services are explained to parents at enrollment and transportation information is included in recruitment flyers and Parent Handbooks.
  - a. FSAs and ERSEA Specialist work together to obtain and follow-up on parent requests for bus services.

- b. NH I Ed Supervisor assigns children to buses; data accessible in Child Plus.
- 4. Reasonable efforts are made to coordinate and utilize area transportation resources to control costs and to improve the quality of transportation services.
- 5. Accidents and minor incidents must be reported by any MPP driver immediately to the maintenance staff and the PSS in accordance with applicable state requirements.
  - a. An incident/accident report form must be completed and turned in when incident/accident occurs.
  - b. When accident involves a police report, a copy must be submitted immediately to the MPP finance department for insurance purposes.
- 6. New Horizons I Ed Supervisor, plans bus routes and assigns driver and bus monitor teams, according to transportation needs and budget limitations.

**Persons Responsible:**

PSS Ed Supervisor Drivers and Monitors

Updated 7/2021

**TRANSPORTATION**

**T SOP 2**

**Subject: Vehicles**

**Performance Standard:** 1303.71, NC Child Care Rule .1001, .1002, .1003

**Policy:** Program vehicles are properly equipped.

**Operational Procedures:**

1. All vehicles used and/or purchased with Head Start grant funds are school buses.
2. All Head Start buses are equipped with height and weight appropriate safety harnesses.
3. All buses are equipped with reverse beepers.
4. Buses used on regular bus routes are equipped and labeled with required safety equipment:
  - a. Two-way communication system -- cell phone
  - b. A fire extinguisher properly mounted near driver's seat and checked yearly
  - c. A first aid kit; checked 3 times yearly during Bus Evacuation Drills.
    - i. When First Aid Kit supplies are needed, it is noted on Bus Evacuation Form and forwarded to the HC, responsible for re-stocking the supplies.
  - d. A seat belt cutter to use in an emergency to get children out of harness quickly
  - e. OSHA Spill Kit; restocked quarterly or as needed.
5. Child restraints systems and car seats are utilized:
  - a. EZ-Harness safety restraints are installed on all buses; harness approved for children with disabilities based on individual need
  - b. The EZ safety harness manufacture shelf life is five years. They are monitored by the PSS and replaced by maintenance on an ongoing schedule.
  - c. MPP passenger vehicles are available to use to transport children for incidental trips.
    - i. The MPP driver ensures that child is transported in age-appropriate car-seat.
6. MPP Head Start ensures all vehicles are in safe operating condition. Maintenance personnel check vehicles monthly to keep NC DOT safety inspections, and vehicle mechanical equipment up-to-date.
  - a. It is the responsibility of the driver to report any suspected mechanical problems.
  - b. Vehicle maintenance concerns must be reported on a Maintenance Request form and submitted to the Maintenance Department.
  - c. All bus drivers are required to conduct and document a daily pre-trip bus inspection. Inspections must be completed prior to picking up children or leaving the center on a field trip. A pre-trip bus inspection is documented on the Pre-Trip Inspection Guide and includes:
    - i. Under hood checks
    - ii. Exterior check-points
    - iii. Interior - checks
    - iv. Safety & emergency equipment inspections
  - d. Drivers and monitors are responsible for maintaining safe buses
    - i. Binders are kept in all agency vehicles to record/monitor transportation data.
    - ii. The bus monitor records daily pre-trip inspections, attendance, bus-seating assignments, cell phone activity, time, location and contact information of drop off and pick up, and other documentation relevant to bus route operation.
    - iii. Bus teams are responsible for keeping buses clean, free of any tripping items, and personal belongings.

- iv. Weekend emergency food bags go home with children on the same day they are delivered to the bus. If a child does not ride the bus that day, his/her food bag should be sent home with another child. Food bags should never be left on the bus over the weekend.
6. The Head Start Regional Office pre-approves the purchase of new buses bought with grant funds.
- a. Three bus bids are solicited with specifications and features
  - b. Each bus is examined upon delivery to ensure it is equipped in accordance with original bid specifications.

**Persons Responsible:**

Drivers/Monitors      Maintenance Staff      PSS

**Updated 7/2021**

**TRANSPORTATION**

**T SOP 3**

**Subject: Vehicle Operation**

**Performance Standard:** 1303.72 ,NC Child Care Rule .1003

**Operational Procedures:**

1. Anytime a child is transported, MPP uses a safety restraint system appropriate to individual child’s age, height, and weight.
2. Bus driver and monitor are responsible for conducting daily pre-trip and post-trip inspections.
3. Any bus baggage is properly stored, isles remain clear, and doors and emergency exits remain unobstructed.
4. Up-dated child rosters and emergency contact information is maintained in all buses and at the center.
5. Buses operate with one driver and one monitor for all trips. Additional monitors are assigned as needed (unruly child, or assist a child with a disability).
6. The monitor records attendance when a child boards and exits bus the bus to ensure no child is left behind in the classroom or on the bus at the end of the route.
  - a. Attendance data includes time child boards and exits the bus, location of pick-up/drop-off, and who puts child on/gets child off the bus.
7. When three or more children under the age of two years old are assigned to a bus, the driver cannot be counted in the staff-child ratio.
8. An “Empty Bus” sign is displayed in back window every time a bus is parked after the post-trip inspection is completed.

**Persons Responsible:**

Ed Supervisor      Bus Drivers and Monitors

**Updated 7/2021**

**TRANSPORTATION**

**T SOP 4**

**Subject: Trip Routing**

**Performance Standard** 1303.73, NC Child Care Rule .0003, .0004, .1003

**Operational Procedures:**

1. Head Start bus trip routing and planning ensures fixed routes operate efficiently and according to all standards, laws, and regulations for transporting children safely.
2. Timely bus schedules are monitored and maintained.
  - a. Morning routes begin at 8:00 am; estimated arrival at center by 8:55 am
  - b. Drop-off routes leaves the center at 3:15; estimated end route by 4 pm
  - c. Route changes must be approved by the NH I Ed Supervisor
3. The agency ensures that basic principles of trip routing are followed:
  - a. Bus routes do not exceed one hour unless no alternative route is available.
  - b. Buses are never loaded beyond maximum passenger capacity. (17 children)
  - c. Bus drivers avoid backing up or making “U” turns unless no other way is optional.
  - d. Bus stops are planned to minimize traffic disruptions and give driver a good field of view.
  - e. Bus stops are set up to eliminate the need for a child to cross street or highway.
  - f. If children must cross road to board or exit bus because curbside drop off or pick up is impossible, the child is escorted either by the bus monitor or child’s parent.
  - g. Bus stop arms are utilized for all passenger stops
4. Alternate routes are established as needed in the event of an emergency. (flood, road closing)
5. Head Start buses do not operate in inclement weather.
6. Bus drivers fuel bus prior to beginning or end of route; never with children on-board.
7. Children are never left on a Head Start school bus unsupervised.

8. A post trip bus Inspection is completed every time bus is parked - driver or monitor is last exiting bus and walks to back of the bus; checks all seats and under seats to avoid leaving a child behind.
9. The “Empty bus” sign is displayed in back window to validate no child is left on a bus.
10. Children are released to parent, legal guardian, or other individual (16 years old) as designated in writing on bus emergency contact information.
  - a. Before a child is assigned to a bus route, parents complete an authorization for permission to transport child on bus that includes emergency contact information.
  - b. When a bus does not go directly to the home, parents/guardian are asked to meet the bus at a central location.
  - c. Children in NH I who are transported by parents, cannot arrive at the center before 9:00 am and need to have their child picked up by 3:00 pm in order for bus routes to load and leave the center on schedule.
11. For parents requesting bus services the following procedures must be followed:
  - a. Family FSAs complete Bus module in the child data base program and the Ed Supervisor in NH I pulls applications weekly for bus assignment.
  - b. All bus assignment information is entered into the child tracking data base
  - c. Copies of bus assignments including emergency contact information is available in the Child-Plus data base and kept in a notebook at the Administrative switchboard.
12. If a child is absent off the bus without a reasonable excuse, (20 days maximum) parent will be notified to find out if they need bus services or if the child can be removed in order to fill the seat with another child who has requested bus services.
13. If the bus arrives in the morning or afternoon and the parent or guardian is not at home or at the designated bus stop, the bus monitor will proceed to call the parent or emergency contact person.
  - a. AM pick up – if parent does not appear to be home, driver will wait for a short time, blow horn, then proceed on the route.
  - b. Afternoon drop-off – if parent is not home or at the bus stop, the bus proceeds on the route until the last child is dropped off then returns back to child’s stop. If parent is still not at home or monitor cannot locate the parent, the bus will return to New Horizons and the child will be left with a Family FSA or other administrative staff, who will contact parent to come pick child up as soon as possible.
  - c. If sensible and to save time, the parent can arrange to meet the bus at another location along the route so the bus driver does not have to drive all the way back to the center.
14. If a parent is habitually late, the bus monitor documents incidents, (minimum three times per month) and parent will be notified to correct the situation or bus services will be terminated.
15. MPP 0-5 Head Start maintains a written procedure regarding administration, handling, and storage of medication for every child. (Child Health SOP) When a parent sends authorized medication on the bus the driver will:
  - a. Have the parent complete a medication administration form
  - b. Place medication in secure storage compartment.
  - c. Disperse medication/instructions to the child’s teacher upon arrival at center.
  - d. When the teacher sends medication home, the driver will make sure the medication is kept in a secured storage location and returned to parent when child is dropped off.
16. In times such as a Covid-19 pandemic, staff will follow daycare safety laws and transportation regulations as declared by state and local authorities:
  - a. Smaller numbers of children will be assigned to the bus.
  - b. The bus monitor takes children’s temperature at pick-up and parent is asked several questions to determine that child is not sick or showing any symptoms that would keep the child from participating in the daily classroom routine.
  - c. The bus is sanitized daily after all children are delivered and the bus is parked

**Persons Responsible:**

Ed Supervisor Bus Driver and Bus Monitor PSS

**Updated 7/2021**

**TRANSPORTATION**

**T SOP 5**

**Subject: Safety procedures**  
**Performance Standard 1303.74**

**Operational Procedures:**

1. Safety training is provided for parents, children, and staff.

- a. Safe bus riding practices are published in the Parent Handbook
- b. Pedestrian safety information is sent out at the beginning of every Head Start program year for parents of all enrolled Head Start 0-5 children.
- c. Staff, parents, and children receive information on safe boarding and exiting the bus
- d. Staff, parents and children receive safety information on crossing the street to and from bus stops, and danger zones around the bus
- e. Emergency evacuation procedures are in place and bus route teams conduct and record emergency evacuation drills three times a year.

**Persons Responsible**

Education Staff      Bus Drivers and Monitors      PSS      Updated 3/2019

**TRANSPORTATION**

**T SOP 6**

**Subject: Children with disabilities**

**Performance Standard** 1303.75

**Policy:** MPP Head Start ensures buses are equipped to transport children with disabilities.

**Operational Procedures:**

1. The EZ-safety harness system is appropriate for transporting children with disabilities.
2. When a child’s disability is severe and the harness is inappropriate, the bus team will use an age-appropriate car seat properly installed by the maintenance department.
3. MPP Head Start does not own wheel-chair lift accessible buses, therefore the program maintains an ongoing partnership with Macon Transit to provide services as needed.
4. Transportation requirements are specified for a disability child and instruction included when planning child’s Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). The information includes any special pick up and drop off requirements; seating specification, if any; special equipment needed; special assistance needed; any special training for bus drivers and monitors.
  - a. When special equipment is needed due to disability, the family FSA should record specifics at enrollment on the Bus Information data base module.
  - b. Any special equipment transported on the bus with the child is folded, secured, and stored in safe location, and never placed where it blocks isles or emergency exits.

**Persons Responsible:**

**DC**      Ed Supervisor      ERSEA Specialist      FSAs      Updated 4/2019

**TRANSPORTATION**

**T SOP 7**

**Subject: Emergency Planning and Response**

**Standard:** NCDCCD Emergency Preparedness and Response .0607

**Policy:** Head Start transportation services are coordinated and plans in place that address a variety of bus and school emergencies. Specific procedures address the use of alternate routes on bus routes, center emergencies including site evacuations, and NC Day Care requirements for Emergency Preparedness and Response.

**Operational Procedures:**

1. At least one person on staff has completed the required Emergency Preparedness and Response in Child Care training.
2. In the event that New Horizons complex has to be evacuated, (fire or bomb threat), all children, volunteers, and staff will be transported on buses and alternate vehicles to a pre-determined safe shelter.
  - a. When a disaster means evacuating New Horizons Complex, all vehicles will egress out the back emergency exit that connects to Dryman Road.
    - i. Time and safety are priority, therefore, buses and alternate vehicles can be loaded to capacity.
    - ii. Children do not have to use harnesses; priority is getting as many away from the site in a safe and organized manner and transport them to the alternate safe site.
    - iii. A partnership is in place with Franklin Town Police that concurs in an emergency evacuation staff will load vehicles to capacity and transport children and adults away from the danger
  - b. The front entrance of Orchard View Lane will be for incoming emergency vehicle traffic.
  - c. Parents or adult (s) from the child’s emergency contact information will be notified by program staff to pick up their child from the safe location.



- d. According to the MPP Emergency Evacuation Plan, the Macon County Public School Garage and/or Macon Transit may be contacted if additional buses are needed for evacuation.
- 3. In times such as a Covid 19 crisis, staff will follow and special “transporting children” laws and regulations as declared by Head Start and state and local authorities.

**Persons Responsible:**

PSS Ed Supervisor Drivers and Monitors

Updated 7/2020

**TRANSPORTATION**

**T SOP 8**

**Subject: General Bus Information**

**Standard:** NC Child Care Rule .1002

**Policy:** Head Start bus rules are shared with parents and staff.

- 1. Parents are encouraged to notify their child’s bus monitor when their child will not be riding the bus.
- 2. Children must be dressed and ready when the bus arrives; driver’s maximum wait time is three minutes.
- 3. If the child misses their bus, it is parent’s responsibility to transport them to Head Start.
- 4. Only enrolled Head Start children, parent volunteers (if seating is available), and staff can ride the bus.
- 5. No food, snacks, backpacks, or toys are allowed on the Head Start bus.
- 6. The bus team can determine if a child is ill at the time of pick-up and refuse transport.
- 7. Text messages, phone calls and public announcements, initiate closings or late start bus and center schedules.
- 8. Buses do not operate in inclement weather
- 9. If classrooms close due to inclement weather, parents will be contacted; announcement on radio station WNCC 96.7, on WLOS television station or parents can call MPP and listen to closing announcements.
- 10. If Public School buses operate on a delayed schedule, Head Start will not run bus routes in the morning or afternoon. Parents can bring children to center if they feel safe driving.
- 11. Education Operations Specialist schedules a back-up driver if a regular bus team member cannot cover their daily assignment.
- 12. Program staff cannot transport Head Start children or parents in personal vehicles unless the child/adult were staff’s child, family related, or parent has listed staff on child’s emergency contacts.
- 13. Staff transporting any enrolled child must have written permission, follow safety procedures, utilize an appropriate car seat, and transport in an agency vehicle.
- 14. At the end of each Head Start year, all route drivers and monitors are responsible for returning their bus back to New Horizons I Center and turning in all bus inventory;
  - a. Bus keys
  - b. Bus paperwork
  - c. Bus cell phones and chargers
- 15. Buses should be swept and parked free of trash and any items left by children.

**Persons Responsible:** Ed Supervisor

Bus Teams All staff

Updated 5/2019

**TRANSPORTATION**

**T SOP 9**

**Subject: MPP Vehicle Operation**

**Policy:** If a vehicle is needed for transporting a child for incidental purposes; staff completing a home visit, staff visiting an outlying center, staff/parents attending a training conference, etc. there are several agency vehicles that can be checked out by MPP employees.

- 1. **Vehicle keys:**
  - a. Bus keys assigned at the beginning of the year to route bus drivers.
  - b. Vehicle keys for extra buses/agency vehicles are located in a locked cabinet at the New Horizons II front desk.
    - i. When taking a vehicle, staff check the reservations clipboard to make sure that no one has that vehicle reserved.
    - ii. If staff are going on a trip and need to reserve a vehicle, they can sign up to use a vehicle on the reservation clipboard
  - c. If staff quit their job, vehicle keys must be returned at their exit interview.
  - d. Lost keys must be reported immediately.
  - e. Vehicle Keys can only be duplicated by maintenance personnel
- 2. **Agency Gas Credit Card**

- a. When staff attend an out of town conference and/or training event, an agency gas credit card can be checked out from MPP Finance Department for fuel charges.
  - b. When returning from their out of town trip, all fuel receipts and credit cards must be returned to finance department on first day back to work.
- 3. Fuel Cost Charges**
- a. MPP Head Start has partnerships with several area businesses that allow open accounts for fuel charges that support day-to-day transportation services.
  - b. Staff turn in fuel tickets to PSS weekly and/or monthly
  - c. Fuel ticket should reflect vehicle identification and program charged for billing purposes
  - d. PSS process tickets monthly to a Purchase Order, and submits to the MPP financial department for payment.
- 4. Vehicle Agreement**
- a. Employees driving agency vehicles must have valid driver's license and follow all road rules, laws, and regulations.
  - b. Mileage reports completed on every trip; turned in on last working day of the month
  - c. All bus drivers must maintain a valid CDL Bus License
  - d. Vehicles must be used for MPP / Head Start business only.
  - e. Any accidents reported immediately to the PSS, Maintenance Personnel, or HS Director.
  - f. No eating, drinking, or smoking allowed in any agency vehicles.
  - g. Staff must report any mechanical difficulties promptly to the maintenance staff on a Maintenance Request Form.
- 5. Accident Reporting**
- a. If you are involved in an accident stop immediately, notify local police,
  - b. Driver should make no statement except to the investigating officer.
  - c. If accident takes place in a Head Start bus, and it is in immediate danger, driver and monitor should take Emergency Information on children and follow Bus Evacuation procedures.
  - d. Driver should obtain necessary information; names, addresses of injured drivers and passengers involved, license numbers, insurance carriers, and phone numbers.
  - e. Accident reports are to be submitted to MPP finance department as soon as possible for insurance reporting purposes.
- 6. Minor Incident to Vehicle**
- a. Minor incidents do not require notifying police. (Run up on curb, scrap a mailbox, etc.), however minor incidents must be reported on Maintenance Request and turned in as soon after the incident as possible so they can check vehicle damage.
- 7. Use of Personal Vehicles**
- a. If a MPP vehicle is not available staff should wait until a vehicle is available. In an absolute emergency, staff can drive their personal vehicle after getting approval from a director or manager.
  - b. Proof of personal vehicle insurance coverage of \$300,000 must be on file in finance office when a personal vehicle is driven and mileage reimbursement is requested.
  - c. Under no circumstance should personal vehicles be used to transport clients.
  - d. Local mileage reimbursement forms must be filled out, approved by employee supervisor, and submitted with timesheet in order to collect mileage reimbursement. Mileage reimbursement will be reflected on employee payroll check.
  - e. Staff should never ride in client/parent personal vehicles. (Example: accompany to doctor office, health department, etc.)

**Persons Responsible**

All Staff

PSS

Updated 7/2021

**TRANSPORTATION**

**T SOP 10**

**Subject: Release and Pick Up of Children-Health, Dental and Safety Emergencies**

**Performance Standard:** 1303.72 (3); 1302.47 (7) (v), NC Child Care Rule .1003

**Policy:** MPP Head Start 0-5 requests that parents notify their FSA immediately of changes in their child's emergency contact information in order to reflect accurately the names of adults that have access to their child while at the center and whom their child may be released to from the center or bus route. The program also establishes, implements, and provides training to ensure staff is familiar with policies and procedures on how to respond to medical, health, safety, and dental emergencies.

**Operational Procedure:**

1. Policies and a plan of action for emergencies that require rapid response on the part of staff (e.g., a blocked airway, rescue breathing, and first aid) or immediate medical or dental attention are posted in each classroom. All teaching staff and bus drivers are trained in First Aid and CPR.
2. Locations and telephone numbers of emergency response systems are posted in each classroom and in bus notebooks.
3. Emergency contact information for each child will be completed during the enrollment process:
  - a. Names, address, and phone number of parent and/or guardian
  - b. Names, address, and phone number of parent or contact person to whom child can be released, if the parent or guardian is unavailable.
  - c. When the parent/guardian wishes to deny access to a non-custodial parent or relative, they are required to provide Head Start with legal documentation (custody decree, restraining order). A copy of legal papers will be filed by Family Service FSA with the child's emergency contact information in their classroom, in the site emergency notebook, bus emergency notebook, and child's main file.
  - d. For children assigned to a bus route, the parent must include specific emergency contact information of the person(s) responsible for putting their child on their assigned bus or receiving the child off the bus if that person is different from the guardian. The person responsible must be at least 16 years old.
4. If any adult arrives at a Head Start center who does not have access to a child:
  - a. Staff will contact their immediate supervisor, Ed Manager, HS Director, or Executive Director.
  - b. Management staff will communicate with the person(s) and inform him/her that no documentation is on file to access the child and ask the unauthorized person to leave.
  - c. If the person refuses to leave, police will be called.
  - d. Staff will contact the custodial parents and family service FSA so they can document the incident in the data base case notes.
5. Up-to-date family contact information and authorization for emergency care for each child, including emergency transportation authorization, is readily available in the program's data base, teacher classroom file, binders located in a central area of each center and the child's main file. FSA's ensure that current health insurance information and emergency contact information on each child is up to date. FSA's will accomplish this by making monthly parent contacts to update health insurance and emergency contact information as needed and by informing appropriate content areas when changes are noted.
  - a. During enrollment, the parent signs consent to authorize the MPP Head Start to seek emergency care in the event that neither a parent or guardian can be contacted immediately.
  - b. Emergency evacuation routes and other safety procedures for emergencies (e.g. fire, weather related emergency, etc.) are posted in classrooms.
  - c. Parents are notified in the event of an emergency involving their child by phone calls.

**Persons Responsible:**

All Staff

**Updated 5/2017**

**TRANSPORTATION**

**T SOP 11**

**Subject: Transportation Record Keeping and Reporting**

**Policy:** MPP Head Start maintains records and documentation for reporting and monitoring transportation services. MPP owns ten Head Start school buses.

**Operational Procedure:**

All vehicles contain a notebook to record trip data.

1. School bus log notebooks contain paperwork that is completed daily
2. Buses are assigned to regular bus routes in the New Horizons I Building.
3. Buses are available if an immediate replacement is needed and for New Horizons Extended Day pre-school classroom field trips.
4. Monthly Vehicle Mileage Report – mileage recorded for each trip
5. Bus seating chart – updated as new children are added to or dropped from bus
6. Daily bus pick-up and drop-off time log – completed by monitor and includes:
  - a. Child name
  - b. AM pick up time
  - c. Location of pick up – Complete address
  - d. Person putting child on the bus
  - e. PM drop off time
  - f. Location of PM drop off – Complete address

- g. Person receiving child off the bus
- 7. Mobile Phone Log – record information for cell phone use justification
- 8. Incident / Accident Report – used to report minor and major accidents
- 9. As needed, Permission to Administer Medication – parent fills out when they put child on bus; medication is kept secure in storage above driver seat location
- 10. All bus paperwork is the responsibility of bus teams. On the last day of every month, bus teams are responsible for turning in all documentation to NH1 Ed Supervisor.
- 11. Data is utilized by PSS for monthly mileage billing and for monitoring overall transportation services; accessible to monitors and/or auditors.
- 12. Classrooms with children age three and up can request approval for occasional field trips.
- 13. HRC maintains records of CDL Bus License and arranges for recertification as needed.
  - a. As drivers are added or CDL is revoked, PSS submits an updated list of driver to the Finance Director for insurance purposes. A copy is submitted to the MPP Administrative Assistance for random drug testing.
  - b. CDL binder has records of bus license and correspondence from North Carolina Department of Transportation and in-service transportation training records.
  - c. A copy of current driver license is maintained for frequent drivers for insurance purposes.
- 14. PSS maintains Transportation Monitoring documentation of:
  - a. Vehicle and transportation equipment inventory
  - b. Mileage Billing
  - c. Fuel costs
  - d. Vehicle maintenance
  - e. Driver and monitor In-service training
  - f. Incident reports
  - g. CDL Bus Drivers
  - h. MPP Frequent driver information
- 15. NH-1 Education supervisor maintains Transportation Monitoring documentation of:
  - a. Bus Evacuations (Three per year)
  - b. Bus attendance
  - c. Bus seating charts
  - d. Cell phone usage

**Persons Responsible:**

PSS All Drivers and Monitors Ed Supervisors HRC

Updated 7/2021

**TRANSPORTATION**

**T SOP 12**

**Subject: Bus Driver and Bus Monitor**

**Policy:** Staff who are responsible for transportation services are qualified.

**Operational Procedures:**

**Driver Qualifications**

- 1. Bus drivers maintain a valid NC CDL Bus License and meet physical, mental, and state requirements.
- 2. New staff considered to drive a Head Start bus completes a driving record background check prior to enrollment in bus training. NCDOT Medical Board approves drivers with medical conditions.
- 3. HRC submits their driver license information to NCDOT Bus Instructor who runs background checks and approves them for the bus training
- 4. Applicant review includes, at minimum disclosure of moving traffic violations, regardless of penalty.
- 5. Approved applicants complete the NCDOT classroom and behind-the-wheel training

**Driver and Monitor Training**

- 1. Staff responsible for bus services has training prior to bus assignment.
- 2. Yearly pre-service training includes transportation procedures; new staff orientation provided as needed; In-Service training provided yearly for bus teams.
  - a. All staff receives child abuse training
  - b. Bus drivers receive a combination of NCDOT classroom instruction and behind wheel instruction sufficient to enable each bus driver to:
    - i. Operate the bus in a safe and efficient manner
    - ii. Safely run a fixed route, including loading and unloading children
    - iii. Administer basic first aid in case of injury
    - iv. Handle emergency situations and bus evacuations

- v. Assist with transporting children with disabilities; operate any special equipment when necessary.
- vi. Conduct routine maintenance and safety checks
- vii. Maintain accurate records
  - 1) Bus seating blueprint
  - 2) Bus attendance – AM pick up and PM drop off - DAILY
  - 3) Current Emergency information on children/staff
  - 4) Daily bus pre-trip and post trip inspections
  - 5) Bus Evacuation drills (3 per year)
  - 6) Vehicle Mileage Log (daily)
  - 7) Maintenance Request (as needed)
  - 8) Cell phone log (as needed)
- 3. Drivers receive periodic refresher training and additional training applicable in North Carolina including safety updates, safety/defensive driving workshops, vehicle safety updates, etc.
- 4. The Ed Supervisor in New Horizons I Building completes and records annual evaluation of each bus driver based on a minimum of at least one yearly on-board observation of road performance. (1302.72 (3))
- 5. Bus monitors receive training on child boarding and exiting, child restraints, emergency procedures including bus evacuations, taking attendance, pre-trip, and post trip inspections.
- 6. MPP provides remedial training in fourth quarter of each year (May/June) for drivers involved in preventable accidents, for drivers who have received two or more violations, for drivers that have had complaints lodged against them by public and anyone else management has observed to have deficient skills or undesirable driving habits.
- 7. Procedure for Obtaining Bus License
  - a. Must be at least 18 years of age
  - b. Have at least 6 months of driving experience as a licensed operator of a motor vehicle
  - c. Certify that driving license are not suspended or revoked
  - d. Cannot hold more than one driver license
  - e. Be physically and mentally competent to operate a school bus with ease.
- 8. Bus Training consists of classroom training and behind the wheel training
  - a. Enroll in 3-day school bus training class
  - b. Pass all required knowledge tests with 80% or better
  - c. Complete 3- day behind the wheel training
  - d. Pass all skills test
  - e. Prospective driver must obtain a NC DOT medical card before scheduling behind the wheel training.
- 9. Any costs the staff incurs for obtaining bus license will be reimbursed by MPP Head Start
  - a. Fees must be paid in cash, money order, or personal check and consist of CDL Endorsement (\$4 year per endorsement P & S); class C license (\$20) and prior to behind the wheel training, a learner permit \$20)
  - b. Staff must submit all receipts with their timesheet for reimbursement payment
- 10. Staff who maintain a Bus CDL License, must report any infractions in their personal vehicles including speeding tickets to the PSS when they occur as charges may invoke cancelation of Bus License.
- 11. Bus Monitor responsibilities include:
  - a. Safe boarding and exiting
  - b. Proper use of safety restraints and safety equipment
  - c. Emergency response procedures
  - d. Use and storage of special equipment as applicable
  - e. Safe pick-up and drop off
  - f. Help driver with pre-trip and post trip bus inspections
  - g. Assist drive with bus paperwork

**Updated: 7/2021**

## **FINANCE & GRANTS MANAGEMENT:**

- 1. Agency Accounting and Financial Policies and Procedures**
- 2. Annual Independent Audit**

### 3. Financial Statements

### 4. Accident and Liability Insurance Coverage for Children and Adults

### 5. Purchase Orders

### 6. Inventory Procedures

### 7. Procedure for Developing, Reviewing and Revising Budgets

#### FINANCE & GRANTS MANAGEMENT

FGM SOP 1

**Subject:** Agency Accounting & Financial Policies and Procedures

**Standard:** NAEYC: 10.C.01

**Policy:** MPP, Inc. Accounting & financial manual is intended to provide an overview of the accounting policies and procedures applicable for the program.

#### **Operational Procedures:**

The Accounting & Financial Policies and Procedures Manual will document the financial operation of MPP, Inc. Its primary purpose is to formalize accounting policies and selected procedures for the accounting staff and to document internal controls.

#### **Person(s) Responsible:**

Executive Director

Finance Director

HS Director

#### FINANCE & GRANTS MANAGEMENT

FGM SOP 2

**Subject:** Annual Independent Audit

**Policy:** MPP arranges for an annual audit of the organization's financial statement to be conducted by an independent accounting firm. The independent accounting firm selected by MPP Board will be required to communicate directly with the MPP Evaluation and Finance Committee upon the completion of their audit. Members of the Program Evaluation and Finance Committee are authorized to initiate communication directly with the independent accounting firm.

Audited financial statements, including the auditor's summary, will be submitted and presented to the Board of Directors by the independent accounting firm at the MPP Board Meeting in October.

The Finance Director will present the report to the Policy Council at their October meeting. Copies of the audit report will be mailed to Region IV, ACYF office.

#### **Operational Procedures:**

1. Every five years MPP will review the selection of its independent auditors to ensure competitive pricing and a high quality of service (this is not a requirement to change auditors every five years; simply to re-evaluate the selection)
2. When selecting an accounting firm to conduct the annual audit consideration will include:
  - a. The firm's reputation in the nonprofit community
  - b. The depth of the firm's understanding of and experience with not-for-profit organization and federal reporting requirement under 2 CFR Part 200.
  - c. The firm's demonstrated ability to provide the services requested in a timely manner
  - d. The ability of firm personnel to communicate with MPP personnel in a professional and congenial manner
3. MPP will be actively involved in planning for and assisting with MPP's independent accounting firm in order to ensure a smooth and timely audit of its financial statements.
  - a. The Finance Director is responsible for delegating the assignments and responsibilities to accounting staff in preparation for the audit. The MPP Finance Director shall review the list of information requested by the auditors and assign responsibility for each item to the appropriate MPP staff.
  - b. MPP staff will assist as much in the audit as possible in order to help auditors and therefore, reduce the cost of the audit.
  - c. To facilitate the timely completion of the annual audit, the independent auditors may perform selected audit procedures prior to the organization's year end.
  - d. Throughout the audit process, it shall be the policy of MPP to make every effort to provide schedules, documents and information requested by the auditors in a timely manner
4. It is the responsibility of the Finance Director and Executive Director to review and respond in writing to all management letters or other internal controls and compliance report findings and recommendation made by the independent auditor.

#### **Person(s) Responsible**

**FINANCE & GRANTS MANAGEMENT****FGM SOP 3****Subject: Financial Statements****Performance Standard: 1303.3**

**Policy:** Preparing financial statements and communicating key financial information is a necessary and critical accounting function. Financial statements are management tools used in making decisions, in monitoring the achievement of financial objectives, and as a standard method for providing information to interested parties external to the organization. Financial statements may reflect year-to-year historical comparisons or current year budget to actual comparisons.

The basic financial statements that are maintained on an organization-wide basis, shall include:

1. Statement of Financial Position (Balance Sheet) – Reflects assets, liabilities, and net asset of MPP and turn-restricted, temporarily restricted, and/or permanently restricted. Activities - Revenue and Expenditures (R&E)
2. Port – Presents support, revenues, expenses, and other changes in net assets of MPP by category of net asset including reclassifications between categories of net assets.
3. Statement of Functional Expenses (Through the General Ledger (GL) Detail Reports & Agency wide R&E Report) – Presents the expenses of MPP in a natural or objective format and by function (which program or supporting services was served).

**Operational Procedures:**

1. The monthly set of financial statements shall be prepared on the accrual method of accounting, including receivables, accounts payable received only in the last month of fiscal or program year end since the agency is on a modified accrual basis. Month by month financials reflect actual cash paid out since funding sources require reporting on case basis.
2. All financial statements will be distributed to the Executive Director and HS Director and other MPP staff with budget-monitoring responsibilities. On a bi-monthly basis, MPP Board of Directors will receive a verbal and written financial report.
3. On a monthly basis MPP Head Start Policy Council will receive a verbal and written financial report.
4. A presentation of MPP's annual financial statement will be provided by the Auditor at the Board and Policy Council meetings.

**Person(s) Responsible**

Executive Director

HS Director

Finance Director

**Updated 9/2020****FINANCE & GRANTS MANAGEMENT****FGM SOP 4****Subject: Accident and liability insurance coverage is maintained for children and adults.****Performance Standard: 1303.12**

**Policy:** MPP, Inc. (MPP) maintains adequate insurance against general liability, as well as coverage for buildings, contents, computers, fine arts, equipment, machinery and other items of value, as well as professionals', directors' and officers' insurance.

**Operational Procedures:**

As a guideline, MPP will arrange for the following types of insurance:

1. Comprehensive (general) Liability
2. Umbrella Liability
3. Automobiles of Agency
4. Employee dishonesty/crime
5. Employee Benefit Liability
6. Directors and Officers, Employment Practices Liability
7. Theft
8. Workers' Compensation
9. Professional Liability
10. Child Accident Policy

MPP shall maintain a detailed listing of all insurance policies in effect. This listing shall include the following information:

1. Description (type of insurance)
2. Agent and insurance company, including all contact information
3. Coverage and deductibles

4. Premium amounts and frequency of payment
5. Policy Effective dates
6. Date(s) premiums paid and check numbers

**Workers Compensation and Employer's Liability**

1. Contractors are required to comply with applicable federal and state workers' compensation and occupational disease statutes. If occupational diseases are not compensated under those statutes, they shall be covered under the employer's liability insurance policy, except when contract operations are so commingled that it would not be practical to require coverage.
2. For all personnel handling cash or preparing or signing checks, MPP shall obtain insurance that provides coverage in a blanket fidelity bond. The specific needs of MPP will determine the dollar limit of the coverage.
3. Comprehensive liability coverage may include directors, officers, and employee's general liability insurance, buildings, contents, computers, fine arts, boilers, and machinery.

**Person(s) Responsible**

Executive Director                      HS Director                      Finance Director

**FINANCE & GRANTS MANAGEMENT**

**FGM SOP 5**

**Subject: Purchase Orders**

**Policy:** MPP utilizes a purchase order system. Properly completed purchase orders shall be required prior to purchase, for each purchase. Purchase Orders are prepared in triplicate and are used to initiate and control purchase transactions for goods and services. All purchases must be pre approved before purchasing by the HS Director. The Finance Department will be provided a list of authorized purchasers per the HS Director.

**Operational Procedures:**

A properly completed Purchase Order shall contain the following information:

1. Specifications or statement of services required
2. Vendor name, address, point of contact and phone number
3. Source of funding and expense code
4. Delivery or performance schedules
5. Delivery, packing and transportation requirements
6. Special conditions (if applicable)
7. Catalog number, page number
8. Net price per unit, less discount, if any
9. Total amount of order
10. Authorized signature
11. Date PO prepared
12. Signature of receiving person
13. Back-up documentation such as meeting agenda, training schedule, etc.
  - a. All purchase orders are pre-numbered, kept in a secure area in the HS Director's offices as well as in the finance department and issued upon request from HS Director.
  - b. All purchase orders are recorded in a purchase order log. The Finance Department maintains the log and issues purchase orders to HS Director. Each authorized purchaser is responsible for the blank purchase orders issued to him or her.
  - c. The HS Director is responsible for determining if the expenditure is budgeted in the program, if funds are available, and if the expenditure is allowable and necessary. Backup documentation (workshops announcements, training agendas, etc.) must be attached to the PO's.
  - d. A copy of the original purchase order is available to the vendor, as well as the HS Director. The yellow and pink copies are forwarded to the finance department as soon as requests are made. These documents are then matched with vendor invoices for payment.
  - e. All unauthorized purchases become the responsibility of the purchaser.
  - f. HS Director will establish a list of employees who will have the authority to use purchase orders in local business. The businesses are asked to verify that the person making the purchase is listed on their business list. Employees who present purchase orders for purchasing should wear their identification badges to help with the verification.

**Person(s) Responsible**

HS Director                      Finance Director

**Updated 9/2020**

**FINANCE & GRANTS MANAGEMENT**

**FGM SOP 6**



**Subject: Inventory Procedures**

**Policy:** MPP maintains a computerized subsidiary list, which identifies each item as to the funding sources, type, and date of purchase, cost, description, depreciation method, estimated useful life and location.

**Operational Procedures:**

1. MPP requires that all items \$50.00 or more be tagged for inventory monitoring purposes. Each item of equipment, furniture, computer, etc. is assigned a number and tagged.
  - a. When staff receives an item of \$50.00 or more the item is listed on that staff member’s office or classroom inventory.
  - b. The agency Finance Clerk is responsible for tagging all appropriate items.
2. The finance department shall oversee a physical inventory.
  - a. The inventory report will be run and distributed twice per year for classrooms and annual for all other Head Start staff. These reports are to be reconciled to the property. Classrooms return inventory reports to the Ed Supervisor(s); other staff return to HS Director.
  - b. When new items arrive via shipment, items shall be inspected for physical damage, descriptions and quantities per packing slip and received by the person who ordered the equipment. The person ordering the equipment and/or furniture, etc. is responsible for contacting the Finance Clerk to tag items that meet inventory criteria of \$50 or more.
3. When an item is damaged or no longer of use to that classroom, office, or workspace, an Inventory Transfer Form must be filled out and turned into the finance department along with any inventory tag that has been removed if the item is to be discarded.
4. Supervisors or HS Director must be contacted when items are discarded to verify inventory procedures have been followed correctly.
5. Items discovered missing/stolen must be reported immediately to appropriate supervisor.
  - a. If an item is damaged or goes missing, the appropriate Supervisor will make a note of the item.
6. Items that are damaged or broken should be reported to the supervisor for repairs when feasible.
  - a. If item is furniture, shelf, file cabinet, etc. and needs repaired a Maintenance Request Form must be submitted to supervisor.
  - b. If item is computer, printer, copier, etc., an IT Request Form must be submitted to supervisor.
7. At no time are items to be removed from classroom areas without consent of Ed Supervisor.
8. Items made of non-weatherized wood cannot be used outside (chairs, tables, etc.).
9. Items are transferred to another location (classroom to classroom; office to office, etc.) an Inventory Transfer Form must be completed and submitted to HS Director who forwards it on to the Finance Department.
10. Accountability falls on all staff for the inventory that is assigned to their specific classrooms and work areas. Anytime inventory records reflect items missing from assigned area, staff will be held responsible to the point of disciplinary actions for missing items, therefore, all staff must follow the Inventory Transfer procedure. Before any item is removed or moved from classrooms or work areas, an Inventory Transfer form must be completed and submitted to supervisor and/or HS Director.

**Person(s) Responsible:**

HS Director	Ed Supervisors	Finance Clerk	All Staff
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**FINANCE & GRANTS MANAGEMENT**

**FGM SOP 7**

**Subject: Procedure for Developing, Reviewing and Revising Budgets**

**Standard:** NAEYC: 10.C.01

**Policy:** MPP Head Start grant proposals, budgets and Training and Technical Assistance Plan are coordinated with our Community and Self Assessment information and are based on identified objectives. The budgets are developed, reviewed, and revised. A budget will be prepared that will direct the most efficient and prudent use of the funds.

**Operational Procedures:**

1. The Integrated Service Team meets monthly to review and discuss to determine program needs, and establish the program’s strategy for the accomplishing the intent of the grant proposal. This information is gathered by the Integrated Service Team as well as other staff, parents, and community partners.
2. The HS Director develops a proposed budget that reflects the trend analyses and cost projections. The budget is presented to the Finance Director for input and approval.
3. The HS Director reviews and shares the proposed budget with Policy Council and MPP Board of Directors. The Policy Council and Board of Directors must approve or disapprove the proposed budget as well and any amendment to the budget before the submission.

4. The grant application and budget proposal is sent to the Department of Health & Human Services, Region IV ACYF, for funding. The Policy Council members play an integral role in the annual application process, as well as in the development, review and revision of the budget. They receive ongoing training and instruction in regards to the Head Start and federal government policies and procedures.

Revisions to Budget

1. It is the policy of MPP to request prior approval from the Head Start Agency, Region IV ACYF office for any of the following program or budget revisions:
  - a. Change in the scope or objective of the project or program, even if there is no associated budget revision requiring prior written approval
  - b. Change in a key person (HS Director, etc.) specified in the application or award document.
  - c. The absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved HS Director.
  - d. The need for additional Federal funding.
  - e. The transfer of amounts budgeted for indirect costs to absorb increases in direct costs, or vice versa, if approval is required by the Federal awarding agency.

Close Out Procedure:

1. MPP will follow close out procedures described in OMB Circular A-110 and in grant agreement. MPP and all sub-recipients shall liquidate all obligations incurred under the grant or contract within 90 days of the end of the grant or contract agreement.

**Person(s) Responsible**

Finance Director

HS Director