

# *Approval of EHS Program Policies*



 <b>2020-2021 EHS-CCP Policy Index</b>		<b>Change Required?</b>	<b>Description and Volume of Change made to current Policy</b>
<b>Disabilities</b>			
1	Individualized Family Service Plan (IFSP) for Children with Delays/ Disabilities	New	Removed dates and updated program name
2	Timely Referrals	New	Removed dates and updated program name
3	Children with Developmental Delays Who Do Not Qualify for Part C Services	New	Removed dates and updated program name
<b>Education and Early Childhood Development</b>			
1	Home Visits/ Parent Conferences	New	Removed dates and updated program name
2	School Readiness	New	Removed dates and updated program name
3	Individualization	New	Removed dates and updated program name. Added Home Visitor requirement.
4	Indoor and Outdoor Environment	New	Removed dates and updated program name. Added language "for center based"
5	Development and Behavioral Screening	New	Removed dates and updated program name. Added home visitor guidance.
6	Curriculum/ Daily Schedule	New	Removed dates and updated program name. Added language "for center based"
7	Ongoing Assessment Data	New	Removed dates and updated program name
8	Child Classroom File	New	Removed dates and updated program name
9	Multidisciplinary Staffing	New	Removed dates and updated program name. Added home visitor.
10	Lesson Plans	New	Removed dates and updated program name. Added home visitor guidance.
11	Discipline and Guidance	New	Removed dates and updated program name. Added home visitor.
12	Classroom Observations	New	Removed dates and updated program name. Added language "for center based"
13	Transitions	New	Removed dates and updated program name
14	Learning During Mealtime	New	Removed dates and updated program name. Language added for guidance on teacher expectations during meal times - clear water bottles.
15	Child Arrival & Departure	New	Removed dates and updated program name. Added language "for center based"
16	Infant/ Toddler Classroom Assessment Scoring System (CLASS)	New	Removed dates and updated program name
17	Coaching	New	Removed dates and updated program name. Added home visitor guidance.
18	Outdoor Play	New	Removed dates and updated program name. Added language "for center based"
<b>Environmental Health and Safety</b>			
1	Safe Environments	New	Removed dates and updated program name
2	Staffing and Class Size Requirements	New	Removed dates and updated program name
3	Hygiene Practices	New	Removed dates and updated program name
4	Management of Illness/ Conditions of Short Term Exclusions and Admittance	New	Removed dates and updated program name
5	Environmental Preparedness/ Emergency Procedures	New	Removed dates and updated program name
6	Medication Administration	New	Removed dates and updated program name
7	Diapering and Toilet Training	New	Removed dates and updated program name
8	Supervision	New	Removed dates and updated program name
9	Food Sanitation	New	Removed dates and updated program name

 <b>2020-2021 EHS-CCP Policy Index</b>		<b>Change Required?</b>	<b>Description and Volume of Change made to current Policy</b>
<b>Eligibility, Recruitment, Selection, Enrollment, and Attendance</b>			
1	Determining Community Strengths & Needs	New	Removed dates and updated program name
2	Eligibility	New	Removed dates and updated program name; remove parent/guardian must live or work in San Antonio Independent School District
3	Training	New	Removed dates and updated program name
4	Recruitment of Children	New	Removed dates and updated program name
5	Selections	New	Removed dates and updated program name
6	Eligibility and Determination Records	New	Removed dates and updated program name
7	Violation of Eligibility Determination Regulations	New	Removed dates and updated program name
8	Enrollment	New	Removed dates and updated program name
9	Attendance	New	Removed dates and updated program name; added EHS Home-Based Program attendance policy
10	Suspension and Expulsion	New	Removed dates and updated program name
11	Policy on Fees	New	Removed dates and updated program name
<b>Family and Community Services</b>			
1	Family Engagement Approach	New	Removed dates and updated program name
2	Staff-Parent Communication System	New	Removed dates and updated program name
3	Family Engagement and Collaboration	New	Removed dates and updated program name
4	Parent Activities to Promote Child Learning and Development	New	Removed dates and updated program name
5	Research-Based Parent Curriculum	New	Removed dates and updated program name
6	Family Partnership Services	New	Removed dates and updated program name
7	Community Partnerships	New	Removed dates and updated program name
<b>Fiscal Management</b>			
1	Fiscal Management of Head Start Grant	New	
<b>Health Services</b>			
1	Immunization Requirements	New	Removed dates and updated program name
2	Hemoglobin and Lead Screenings	New	Removed dates and updated program name
3	Preventative Health Visit Requirements and Documentation	New	Removed dates and updated program name, 30, 45, 90 day language for Home Based
4	Parent Refusal of Health Services	New	Removed dates and updated program name
5	Oral Health and Education	New	Removed dates and updated program name, added language for home based
6	Critical Health Concerns	New	Removed dates and updated program name

 <b>2020-2021 EHS-CCP Policy Index</b>		<b>Change Required?</b>	<b>Description and Volume of Change made to current Policy</b>
<b>Nutrition Services</b>			
1	Nutrition Services and Special Diets	New	Removed dates and updated program name
2	Outside Food & Adult Meals	New	Removed dates and updated program name
<b>Program Design and Management (PDM)</b>			
1	Program Monitoring	New	Removed dates and updated program name
2	Standards of Conduct	New	Removed dates and updated program name
3	Staff Performance Appraisals	New	Removed dates and updated program name
4	Training and Professional Development	New	Removed dates and updated program name
5	Harassment and Discrimination	New	Removed dates and updated program name
6	Staff Qualifications and Competency Requirements	New	Removed dates and updated program name
7	Identification and Reporting of Child Abuse and Neglect	New	Removed dates and updated program name and update position name
8	Community Complaints	New	Removed dates and updated program name
9	Critical Incident Reporting	New	Removed dates and updated program name and update position name
10	Personnel	New	Removed dates and updated program name
11	Program Governance	New	Removed dates and updated program name
12	Impasse	New	Removed dates and updated program name
13	Confidentiality	New	Removed dates and updated program name
14	Research Studies on Head Start Families	New	Removed dates and updated program name
15	Requirements	New	Removed dates and updated program name
16	Staff Safety Training	New	Removed dates and updated program name
17	Emergency Preparedness and Response Plan	New	Removed dates and updated program name
18	Program Data- Access and Security	New	Removed dates and updated program name
19	Management of Program Data	New	Removed dates and updated program name
20	Program Information Report	New	Removed dates and updated program name
<b>Transportation</b>			
1	General Requirements	New	Removed dates and updated program name
2	Student Pedestrian and Bus Safety Training	New	Removed dates and updated program name
<b>Wellness Support Services</b>			
1	Identification and Intervention through Wellness Support Services	New	Removed dates and updated program name

# Disabilities





**DHS Early Head Start-~~Child Care~~  
Partnership Program Policy  
~~Policy~~**



**DISABILITIES 1**

<b>SUBJECT</b>	Individualized Family Service Plan (IFSP) for Children with Delays/ Disabilities		
<b>REFERENCE</b>	Disabilities Services		
<b>EFFECTIVE</b>	10/01/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>

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**Policy:**

The Individualization policy guidelines in Education and Early Child Development Policy and the information provided in the child’s IFSP will be used when planning individualized strategies and activities for children with delays/disabilities. Every effort must be made to include children with delays/disabilities in all program activities.

Early Head Start ~~(EHS) Child Care Partnership (EHS-CCP)~~, Service Providers and City staff will coordinate to receive and review the IFSP as soon as possible after the Initial Assessment or Assessment meetings. If a child enters the EHS-~~CCP~~ Program with an IFSP, City staff will coordinate with Service Providers to review the IFSP within two weeks of a child’s first day of attendance.

Service Providers must initiate the implementation of the IFSP immediately after the review by modifying the child's daily activities in accordance with the IFSP and arranging for the provision of related services to accommodate the unique strengths, needs, interests, learning style, and cultural and linguistic background of the child.

Copies of the IFSP will be maintained in the Child’s Classroom File. Confidentiality of information will be maintained at all times. Individual child disability information and copies of additional required documents will be entered into Child Plus according to the City of San Antonio Benchmark Due Date Guide and the EHS-~~CCP~~ Child File Scan Order and Attachment Guide.

**Performance Standard(s):**

1302.61; 1302.62; 1302.63; 1303.75



**DHS Early Head Start-~~Child Care Partnership~~ Program Policy  
~~Policy~~**



**DISABILITIES 2**

<b>SUBJECT</b>	Timely Referrals		
<b>REFERENCE</b>	Disabilities Services		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
			<b>PAGE: 1 of 1</b>

**Policy:**

A child with a delay or a suspected delay may require a formal evaluation under the Individuals with Disabilities Education Act (IDEA) to determine the child’s eligibility for intervention services. The Early Head Start (~~EHS~~)—~~Child Care Partnership (EHS-CCP)~~ Disabilities Manager will collaborate with other program staff including Part C Agencies through the referral process for each child which may include screening, developmental assessment and formal evaluation.

The ~~EHS-CCP~~ Disabilities Manager will collaborate with other program staff to facilitate the provision of support services, such as educational and behavioral services and supports, to meet the needs of children, prior to an eligibility determination under the Individuals with Disabilities Education Act (IDEA). Children who do not respond to support services and are potentially eligible for Part C services should be referred for evaluation as soon as the need becomes evident.

City staff will develop a system to ensure that referrals, follow-up and timelines are documented in Child Plus and must adhere to the City of San Antonio Benchmark Due Date Guide and the ~~EHS-CCP~~ Program Child File Scan Order and Process Guide.

**Performance Standard:**

1302.61(a)(b); 1302.33(a-b)

**Other references:**

Head Start Act, Section 640 (d) (1 – 3) and United States Department of Education, Office of Special Education and Rehabilitative Services letter dated January 21, 2010



**DHS Early Head Start-~~Child Care~~  
Partnership Program Policy  
Policy**



**DISABILITIES 3**

<b>SUBJECT</b>	Children with developmental delays who do not qualify for Part C Services		
<b>REFERENCE</b>	Disability Services		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>

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**Policy:**

Early Head Start ~~(EHS) — Child Care Partnership Program (EHS-CCP)~~, Service Providers will serve children with suspected or diagnosed delays/disabilities who do not qualify for Part C services from the local Early Childhood Intervention Programs (ECI).

City Staff and teachers will work with parents to identify the child’s strengths, needs and interests and develop and implement strategies to ensure positive student outcomes, City Staff and teachers will monitor the child’s progress. If a child does not exhibit progress while in the EHS-~~CCP~~ Program, a request for re-evaluation may be submitted to an ECI Program.

**Performance Standard(s):**

1302.31; 1302.33; 1302.41; 1302.46; 1302.43 (d) (1-2); 1302.62 (a)

# *Education*



	<b>DHS, Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>EDUCATION 1</b>			
<b>SUBJECT</b>	Home Visits/Parent Conferences		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b> <u>4/23/19</u>	<b>Policy Council Revision:</b> <u>4/23/19</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
<b>PAGE: 1 of 2</b>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) teachers must complete two Home Visits and no less than two Parent/Teacher Conferences each program year [for center based services](#).

A system must be in place to ensure that completion dates of the Home Visits and Parent/Teacher Conferences are entered into *Child Plus* and meet the *City of the San Antonio Benchmark Due Date Guide* the *EHS-~~CCP~~ File Scan Order and Process Guide*, and applicable *ChildPlus Data Entry Guide*.

Documentation of the Home Visit and Parent/Teacher Conference must be maintained in the child’s classroom file and ChildPlus. If a Home Visit or Parent Conference did not occur, documentation regarding why the event did not occur must be noted in Child Plus.

The first Home Visit may be completed by the teacher no more than two weeks prior to the first day of a child’s entry into the program. If a child enters the program after January 31<sup>st</sup>, a minimum of one home visit and one Parent/Teacher Conference must be completed by the last day of the program year. If a child’s date of entry is within 45 days of the Parent/Teacher Conference benchmark due date, then the teacher may complete the Home Visit but is not required to complete both the Home Visit and the Parent Conference,

Home Visits and Parent/Teacher Conferences will be conducted in the family’s home language and, when necessary, using the services of an interpreter. The Home Visits and Parent/Teacher Conferences should be scheduled at the parent’s convenience and if necessary, at a neutral location.

Home Visits and Parent/Teacher Conferences offer opportunities for parents/guardians and staff to share knowledge related to the strengths, needs, interests, goals, and concerns of the child and program activities. During the Home Visits and Parent/Teacher Conferences the teacher will share work samples, educational assessment outcomes, screening information, and information regarding the transition into a PreK/Head Start program, when applicable.

Service Providers will develop and implement procedures to ensure that the information shared at the Home Visits and Parent/Teacher Conferences is documented.

**Performance Standard:**

302.34 (b) (2-3, 7-8); 1302.46; 1302.50; 1302.71 (a,b,e)

		<b>DHS, Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>			
<b>EDUCATION 2</b>					
<b>SUBJECT</b>		School Readiness			
<b>REFERENCE</b>		Education and Early Childhood Development			
<b>EFFECTIVE</b>		10/1/2020			
<b>Policy Council Approval:</b>		<b>Policy Council Revision:</b>		<b>Governing Body Approval:</b>	
				<b>Governing Body Revision: 9/28/17</b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

The Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program will establish school readiness goals that include the following:

- Approaches to Learning
- Social and Emotional Development
- Language & Literacy
- Cognition
- Perceptual, Motor, and Physical Development

School Readiness Goals will align with the Head Start Early Learning Outcomes Framework.

The EHS-~~CCP~~ Program and Service Providers will develop a collaborative School Readiness Implementation Plan and work together to develop a system for tracking, using and reporting progress on School Readiness Goals to include integration of the Parent, Family and Community Engagement Framework and the Approach to School Readiness across all EHS-CCP services areas.

**Performance Standard**

1302.30; 1302.102; 1304.11(2)

**Head Start Act:**

Sec. 641 A. Standards; Monitoring of Head Start Agencies and Programs

	<b>DHS, Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>EDUCATION 3</b>			
<b>SUBJECT</b>	Individualization		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

The program will provide individualized caregiving and instruction to meet each child’s unique characteristics, strengths and needs, taking into consideration gender, family composition, the cultural and linguistic background, pattern of development and learning.

Classroom teachers must document individualized caregiving, instruction and activities including large group, small group and one/one lessons and activities into lesson plans.

[Home Visitors must document individualized learning experiences and activities into the home visit planning form/lesson plan.](#)

The Early Head Start ~~—Child Care Partnership~~ (EHS-~~CCP~~) Program and Service Providers will work together to develop a system to ensure that the plan for individualized caregiving and/or instruction for each child is reviewed and updated on a regular basis.

Information from the following will be used to plan individualized instruction and activities:

- Formal and informal child assessments
- Input from parents regarding each child’s individual characteristics, interests, strengths and needs
- Developmental (ASQ-3), Behavioral (ASQ:SE-2) and Sensory (hearing and vision) screenings
- Medical/dental evaluations/treatments, and
- Referrals for wellness support (if applicable)
- An Individualized Family Service Plan (IFSP) for children with delays/disabilities

**Performance Standard(s):**

1302.31 (c) (1); 1302.33; 1302.61

	<p style="text-align: center;"><b>DHS, Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b></p>		
<b>EDUCATION 4</b>			
<b>SUBJECT</b>	Indoor and Outdoor Environment		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~), Service Providers will provide age-appropriate indoor and outdoor space, and sufficient equipment, materials, adult guidance, and time for active play and movement that promotes learning in the five Central Domains in the Head Start Early Learning Outcomes Framework (HSELOF) and Little Texans Big Futures [for center based services](#). The indoor and outdoor spaces should support and respect gender, cultural and linguistic background, and family composition. A variety of intentional and purposeful activities that include teacher directed and child initiated learning and play, large group, small group and one/one learning experiences should be offered for all children.

Indoor and outdoor environments must be organized so that they are recognizable and accessible by [all a++](#) children and allow for individual activities and social interactions.

Indoor learning centers must be labeled, organized, and clutter free. The following should be taken into consideration:

- Separate noisy activities from quiet activities as much as space allows
- Support and respect gender, cultural and linguistic backgrounds of all children
- Support and respect family composition of all children
- Adequate space for activities
- Unobstructed supervision
- Comfortable and quiet space
- A variety of learning experiences that encourage each child to experiment and explore
- All exits must be unobstructed by equipment, toys, materials and furniture

Service Providers will implement procedures and training for all staff, including teachers, to ensure daily safety inspections for indoor and outdoor spaces are completed and documented.

**Performance Standard(s):**

1302.31 (a-e); 1302.47(2)

	<b>DHS, Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <del>Policy</del></b>		
<b>EDUCATION 5</b>			
<b>SUBJECT</b>	Development and Behavior Screening		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

The Early Head Start ~~Child Care Partnership~~ Program uses the Ages and Stages Questionnaire (ASQ-3) as the developmental screening and the Ages and Stages Questionnaire Social and Emotional, Second Edition (ASQ:~~SE~~: SE-2) as the behavioral screening.

Service Providers must complete the ASQ 3 and ASQ:~~SE~~: SE-2 in collaboration with each child’s parent/guardian on or before the 45th calendar day after the child first attends the program. Returning children will not be rescreened each program year. Developmental and behavioral screenings must be completed within the timeframe to identify early concerns regarding a child’s developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills so appropriate referrals are made.

The ASQ-3 and ASQ: SE-2 will not be completed by the teacher. If the parent or guardian needs assistance completing the questionnaire, the teacher or other staff member may provide the most appropriate accommodation for completion. The ASQ-3 and ASQ: SE-2 will be distributed by the Service Provider no more than two weeks prior to the first day of a child’s entry into the center for center based services. For home-based services the ASQ-3 and ASQ:SE-2 will be distributed no more than two weeks prior to the first home visit. The screenings may not be distributed during Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~) enrollment, or family meetings. To the greatest extent possible, the screening procedures must be sensitive to the child’s cultural background and home language.

EHS-~~CCP~~ Program and Service Providers will work together to develop a comprehensive system to ensure proper training, administration and monitoring of the screening tools that includes, at a minimum, the following:

- Identifying appropriate staff responsible for administering, scoring, and follow-up and referrals.
- Ensuring the appropriate version is utilized for child’s age and language.

- Ensuring proper completion of the screening tool.
- Ensuring accurate scoring of the screening tool.
- Establishing timeframes for follow-ups, referrals, and documentation
- Following the *City of the San Antonio Benchmark and Due Date Guide* and the *EHS-CCP File Scan Order and Process Guide*.
- Completing routine internal monitoring of child files.
- Monitoring the fidelity of screenings

EHS-CCP Program will develop and implement procedures to address the use of the ASQ-3 and ASQ: SE-2 with children with an identified disability or Individual Family Service Plan (IFSP). A child is not automatically disqualified from receiving a developmental or behavioral screening if they have an identified disability or IFSP. Sensitivity to the parent/guardian should always be a priority. Procedures may include a determination to complete only certain sections of the ASQ-3 or the ASQ: SE-2. If it is determined by the teacher or other early childhood professional that it is not appropriate for a parent/guardian to complete any section of the developmental or behavioral screening, the information supporting this determination must be documented in Child Plus according to the *ChildPlus Data Entry Guide*.

**Performance Standard:**  
1302.33

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 6</b>			
<b>SUBJECT</b>	Curriculum/Daily Schedule		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/25/17</b>	<b>Policy Council Revision: 7/25/17</b>	<b>Governing Body Approval: 9/28/17</b>	<b>Governing Body Revision: 9/28/17</b>
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**Policy:**

The curriculum is a planned management of time, materials and activities to guide children’s individual pattern of learning and development. The curriculum helps children gain skills and confidence and should integrate Early Head Start – Child Care Partnership (EHS-CCP) components which form a foundation for school readiness. Service Providers will involve parents in the implementation of the program’s curriculum and approaches to child development and education.

The curriculum must be research-based and align with the Head Start Early Learning Outcomes Framework (HSELOF). The curriculum will address the five Central Domains from the HSELOF in an integrated approach, using intentional and individualized instruction to support children’s learning and development.

The Service Providers will establish a daily schedule that meets the individual needs of children, provides a balance of teacher-directed and child initiated lessons and activities, and offers a variety of activities including large-group, small-group, individual, indoor and outdoor free play. The daily schedule will be posted for parents and other staff to review and must include the following:

- Child Care Center
- Teacher Name
- Room Number
- Designated Times

**Performance Standard(s):**  
1302.34; 1302.31; 1302.32

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 7</b>			
<b>SUBJECT</b>	Ongoing Assessment Data		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

Service Providers will administer formal assessment that is research based and aligned with the Head Start Early Learning Outcomes Framework (HSELOF). The assessment will be conducted three times during the year.

The Early Head Start – Child Care Partnership (EHS-CCP) Program and Service Providers will work together to aggregate, analyze, and report child outcomes according to the *City of the San Antonio Benchmark Due Date Guide*. Service Providers will be responsible for submitting requested reports.

The EHS-CCP Program and Service Providers will work together to develop and utilize documented ongoing informal assessments to evaluate child progress and inform instructional decision making.

**Performance Standard:**

1302.33

**Head Start Act:**

642 (f) (5) (c)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 8</b>			
<b>SUBJECT</b>	Child Classroom File		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start – Child Care Partnership (EHS-CCP) Program and Service Providers will work together to develop a system to ensure that each child has a Child Classroom File that organizes and contains multiple sources of information used for ongoing assessments and instructional planning.

The Child’s Classroom File will contain the following:

- Documentation from home visits and parent conferences including parent/guardian input
- Work samples
- Developmental Screening
- Social and Emotional Screening
- Beginning, Middle and End of year formal assessment summary information
- Transition activities (if applicable)
- IFSP, if applicable
- Other items pertaining to educational development

The Service Providers must develop a system to ensure that the Child’s Classroom File is located in the teacher’s classroom, kept confidential, and available for parents to review upon request with the teacher. The file must also be accessible to parents/guardians and monitors/reviewers upon request.

**Performance Standard(s):**

1302.30-1302.34

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 9</b>			
<b>SUBJECT</b>	Multidisciplinary Staffing		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start – Child Care Partnership (EHS-CCP) Program and Service Providers will work together to develop a system in place for regular communication among program staff to facilitate quality outcomes for children and families. Service Providers will schedule at least two Multidisciplinary Staffing (MDS) meetings annually for every enrolled child. If a child enters the program after January 31<sup>st</sup>, a minimum of one MDS meeting will be held before the last day of the program year.

The MDS meeting is a documented and planned communication tool utilized to create a cohesive team approach to discuss the strengths and needs of children and families. The Center Director or designee, Family Support Staff, and Teachers, are required to participate in the MDS. Content area coordinators responsible for Education, Health, ERSEA, Mental Health, Transportation, Nutrition, Disabilities and other related services may be required to attend based on the child/family needs.

The EHS-CCP Program and Service Providers will work to develop a record-keeping system to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information. A system must be in place to ensure that completion dates of the MDS are entered and the MDS document is scanned into Child Plus and meets the *City of the San Antonio Benchmark Due Date Guide, applicable ChildPlus Data Entry Guide, and the Early Head Start-Child Care Partnership File Scan Order and Process Guide.*

**Performance Standard(s):**

1302.101(b)(2)(3); 1302.33; 1302.34

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 10</b>			
<b>SUBJECT</b>	Lesson Plans		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/25/17</b>	<b>Policy Council Revision: 7/25/17</b>	<b>Governing Body Approval: 9/28/17</b>	<b>Governing Body Revision: 9/28/17</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Service Providers will develop lesson plan guidance and procedures for classroom teachers utilizing Early Head Start – Child Care Partnership (EHS-CCP) Program designated curriculum. Lesson plans should include teacher directed and child initiated, large group, small group, and individual lessons and activities that support social, emotional, cognitive, physical development, and language skills. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized instruction, modifications, and accommodations for all children, including children with an IFSP.

Current lesson plans must be posted for parents and other staff to review.

**Performance Standard(s):**

1302.31: 1302.32

**Head Start Act:**

Sec.641A. (a) (1)(B) (i) - (x)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		 <b>HEAD START</b> City of San Antonio Department of Human Services
<b>EDUCATION 11</b>			
<b>SUBJECT</b>	Discipline and Guidance		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

Service Providers must establish discipline and guidance policies and procedures appropriate for infants and toddlers. A copy must be provided to all parents/guardians, staff, volunteers, substitute floater/teachers, and contractors. Documentation must be maintained showing receipt of the written discipline and guidance policies. Service Providers must ensure a signed copy of Education 11 Discipline and Guidance policy is maintained in all employee, volunteer, and substitute floater/teacher files.

The policies and procedures must include positive methods of discipline and guidance that encourage self-esteem, self-control, and self-regulation such as:

- Praise and encouragement of developmentally appropriate behavior instead of focusing only on the unacceptable behavior
- Frequent reminders of behavior expectations using clear and positive statements
- Redirection of behavior using positive statements

Discipline must be constructive, individualized, and consistent for each child, appropriate to the child’s level of understanding, and directed toward teaching the child appropriate behavior. Service Provider must prohibit or severely limit the use of suspension due to a child’s behavior. Service Provider must not expel or un-enroll a child from Head Start because of a child’s behavior, unless approved by the Head Start Administrator.

When appropriate for the child’s age and development, a brief supervised separation or time away from the group may be necessary, and should be limited to no more than one minute per year of the child’s age. There must be no harsh, cruel or unusual treatment of any child. The following examples are prohibited:

- Corporal punishment or threats of corporal punishment
- Punishment associated with food, naps, toilet training
- Pinching, shaking or biting a child

- Hitting a child with hand or an object
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting or yelling at a child
- Pointing a finger in a child's face
- Snapping fingers at a child
- Use of isolation to discipline a child
- Binding or tying a child to restrict movement
- Threatening phrases/tone or sarcastic language/tone
- Subjecting a child to harsh, abusive, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age including requiring a child to remain in a restrictive device
- Child restraint performed by staff not certified in proper restraint procedures

**Performance Standard(s):**

1302.17; 1302.90 (c) ; 1302.31 (e) (2-4)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 12</b>			
<b>SUBJECT</b>	Classroom Observations		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start – Child Care Partnership (EHS-CCP) Program, City Staff and Service Providers will work together to develop and implement a system for conducting monthly classroom observations. Service Providers will review (at a minimum) the following areas throughout the program year:

- Indoor classroom environment
- Outdoor classroom environment
- Health & Safety
- Curriculum / lesson plans / daily schedule
- Teacher / child interactions and relationships
- Nutrition
- Individualization
- Family Engagement

All areas listed above must be reviewed at least once every six months (Aug-Jan and Feb- July) in each classroom. Service Providers must also ensure that all classrooms are in compliance with Head Start, City of San Antonio, and Department of Family and Protective Services Child Care Licensing Minimum Standards, policies, and guidance.

Classroom observation documentation will be shared and used to guide professional development.

**Performance Standards:**

1302.31

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 13</b>			
<b>SUBJECT</b>	Transitions		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start- Child Care Partnership (EHS-CCP) Staff and Service Providers will work together to establish procedures to support successful transitions for children and families that outline outreach, coordination, and communication with parents/guardians, Head Start and other Early Head Start Programs, school districts, child care centers, and other community organizations/ agencies, as applicable.

The EHS-CCP Program and Service Providers will work together to promote the continued involvement of parents/guardians in the transition process.

To ensure the most appropriate placement and services following participation in the EHS-CCP Program, staff will work collaboratively with Head Start providers to facilitate transition planning for prospective Head Start eligible children and their families.

The EHS-CCP Program and Service Providers will work together to document all transition activities and develop a system to meet the *City of San Antonio Benchmark Due Date Guide*.

**Performance Standard(s):**

1302.70: 1302.72

**Head Start Act:**

642 (b) (13-15); 642 (e); 642 A (a) (1-14)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 14</b>			
<b>SUBJECT</b>	Learning During Mealtime		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start – Child Care Partnership (EHS-CCP) Program recognizes the importance of Family Style Meals, for age appropriate children, during breakfast and lunch in supporting social, emotional, language gross and fine motor learning and development.

Food must be available to any adult participating in Family Style Meals. Any adults actively participating with the class during Family Style Meals should share the same food as the children, free of charge, including during field trips and other EHS-CCP Program related activities. Any adult receiving food, paid for by the Program, must be involved in the meal with the students at some point during the scheduled meal service.

Ratio must be maintained during Family Style Meals and at a minimum; one adult should sit with the children during the majority of the meal service.

Children are not required to sit at one table or all at the same table. However, children must not be isolated or sit alone during Family Style Meals.

The current daily menu must be posted and made available to parents.

**Performance Standard:**

1302.31 (e) (2); 1302.44

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 15</b>			
<b>SUBJECT</b>	Child Arrival & Departure		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Service Providers will establish and implement ongoing procedures for child arrival and departure that includes signatures and/or initials of the individual signing in/out, a daily health check including observations and documentation of each child’s physical and mental well-being. The health check should be completed in front of a parent/guardian when possible.

In addition to identification and documentation, procedures should include a process for appropriate and timely follow up and referral for any concerns identified.

Information for documenting concerns should include at a minimum:

Arrival and departure:

- Site name
- Date
- Teacher name
- Child’s name
- Arrival time
- Departure Time
- Physical/mental condition
- Parent notification when a concern is identified

**Performance Standard:**

1302.41(a); 1302.42 (c) (2)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 16</b>			
<b>SUBJECT</b>	Infant / Toddler Classroom Assessment Scoring System™ (CLASS)		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: 8/17/18</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program Early Head Start – Child Care Partnership (EHS-CCP) Program and Service Providers will develop and implement a plan to utilize the Classroom Assessment Scoring System™ (CLASS) to measure interactions between children and teachers.

The Grantee will facilitate a CLASS Team comprised of Grantee and Service Providers staff. At a minimum, Service Providers are encouraged to maintain one (1) Infant and one (1) Toddler CLASS Reliable Observer or one (1) individual reliable in both the Infant and Toddler CLASS tools.

Data obtained from CLASS will serve as a guide to professional development and help teaching staff to improve interactions that support children’s learning and improve child outcomes.

**Performance Standard(s):**

1304.11(c); 1304.16

		<b>DHS Early Head Start-<del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>			
<b>EDUCATION 17</b>					
<b>SUBJECT</b>		Coaching			
<b>REFERENCE</b>		Education and Early Childhood Development			
<b>EFFECTIVE</b>		10/1/2020			
<b>Policy Council Approval:</b>		<b>Policy Council Revision:</b>		<b>Governing Body Approval:</b>	
				<b>Governing Body Revision: <u>8/17/18</u></b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

The Early Head Start ~~—Child Care Partnership—~~(EHS-~~CCP~~) Program and Service Providers will implement a researched-based coordinated coaching strategy for education staff. EHS-~~CCP~~ staff and Service Providers will develop and implement procedures to identify strengths, areas of needed support, and which staff would benefit most from coaching.

Service providers must collaborate with the EHS-~~CCP~~ Program to designate a qualified staff member who has the knowledge, skills and abilities to serve as an n-Peer Instructional Coach. The ~~Peer Coach-Instructional Coach~~ will provide ongoing coaching and support to teachers and home visitors to strengthen their skills and help increase the quality of care and child outcomes.

Ongoing Coaching will include reviewing the following areas for center based teachers:

- Indoor classroom environment
- Outdoor environment
- Health & Safety
- Curriculum Implementation and Fidelity
- Lesson plans and daily schedules
- Teacher/child interactions
- Family engagement

Ongoing Coaching will include reviewing the following areas for home visitors:

- Promoting the role of the parent as the child’s teacher through experiences focused on the parent-child relationship
- Health & Safety
- Curriculum Implementation and Fidelity
- Lesson Plans
- Family Engagement

All coaching consultations will be documented.

**Performance Standard**

1302.92 (c)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 18</b>			
<b>SUBJECT</b>	Coaching		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	6/27/2017		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: 8/17/18</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start – Child Care Partnership (EHS-CCP) Program and Service Providers will implement a researched-based coordinated coaching strategy for education staff. EHS-CCP staff and Service Providers will develop and implement procedures to identify strengths, areas of needed support, and which staff would benefit most from coaching.

Coaching process will include reviewing the following areas:

- Indoor classroom environment
- Outdoor environment
- Health & Safety
- Curriculum, lesson plans and daily schedules
- Teacher/child interactions
- Family engagement

All coaching consultations should be documented.

**Performance Standard**

1302.92 (c)

	<b>DHS, Early Head Start-Child Care Partnership Program Policy</b>		
<b>EDUCATION 18</b>			
<b>SUBJECT</b>	Outdoor Play		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/19		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start – Child Care Partnership Program recognizes outdoor play as an integral component of the overall development of young children. Service Providers will develop and implement procedures to ensure daily opportunities for outdoor play. Outdoor play areas will, at a minimum, include the following:

- Developmentally appropriate spaces and equipment
- Accommodations for movement and play of children with disabilities
- Shaded play space
- 
- Equipment and materials that motivate children to be physically active and engage in active play
- Equipment and materials that support social emotional development
- Equipment and materials that encourage infants and toddlers to experience the environment

The Early Head Start – Child Care Partnership Program recommends following Service Provider policies and guidelines regarding weather conditions and outdoor play restrictions.

**Performance Standard:**

1302.31(c-d)

**Other Resources:**

- Developmentally Appropriate Practice, 3rd Edition
- The Institute for Childhood Education, Outdoor Play, Effective Learning Environments Publication

# ***Environmental Health and Safety***



	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 1</b>			
<b>SUBJECT</b>	Safe Environments		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <u>4/24/18</u></b>	<b>Policy Council Revision: <u>4/24/18</u></b>	<b>Governing Body Approval: <u>8/17/18</u></b>	<b>Governing Body Revision: <del>8/17/18</del></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers will maintain indoor/outdoor environments and facilities to ensure they are safe, clean and in quality condition so as to prevent injury to a child. Service Provider will develop a system to maintain safe environments and to correct issues identified as unsafe and/or hazardous through the monitoring process.

Service Providers will maintain Head Start group sizes and ratios. Service Providers will also be responsible for safety drills, maintenance of first aid kits, training of staff, and accommodation of children with disabilities, food safety, and sanitation. In addition, Service Providers will maintain compliance with Texas Health and Human Services Commission Child Care Licensing requirements.

Service Providers will ensure the maintenance log is current and safety concerns are addressed.

**Performance Standard(s):**

1302.47; 1302.21; 1302.102(d)(ii)

	<b>DHS Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 2</b>			
<b>SUBJECT</b>	Staffing and Class Size Requirements		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

Early Head Start (EHS) Program, Service Providers will ensure that EHS classes are designed with no more than eight children and staffed by two paid teachers. It is recommended, whenever possible, that a third person be in the classroom, such as a volunteer.

**Classroom Design**

Ages	Classroom Design
6 <u>Weeks</u> -36 Months	All EHS classrooms, by design, will have no more than eight children enrolled per class. The integration of EHS enrolled children and non EHS-CCP children per classroom is encouraged.

**Group Size**

Ages	Group Size
6 <u>Weeks</u> -36 Months	Maximum of eight children enrolled per class. Two teachers with no more than eight children.

**Ratios**

Ages	Ratios
6 <u>Weeks</u> -36 Months	One teacher to four children

Class sizes are determined based on square footage, with a minimum of 35 square feet/child. Service Providers must seek prior approval before any change to a classroom age group designation. As children age throughout the program, they may remain in their current classrooms until room becomes available in the next age appropriate classroom.

Classroom management entails both teachers meeting the needs of all children. However, Service Providers must ensure that each teacher working exclusively with infants and toddlers has the responsibility for no more than four infants and toddlers when meeting home visits, parent/teacher conference expectations and developmental needs of the children. All EHS sites must comply with the above stated staffing, group and class size requirements.

Ratios must be maintained during EHS hours. Program hours vary by site and are set and approved at the beginning of the program year as part of the EHS Program Design.

**Volunteers being counted in classroom ratios**

A volunteer may be used to supplement the required adult/child ratio only for short periods of time, 10-15 minutes to accommodate for unscheduled interruptions/emergencies. Volunteers may be used to supplement for restroom breaks, children's needs and to cover lunch hours as long as a qualified EHS teacher is in the classroom. **A volunteer must never be left alone with a child or group of children and must remain with a qualified EHS teacher at all times.** All volunteers must sign the Head Start Standards of Conduct, pass a background check, and receive volunteer training. Providers must keep documentation of volunteer training and comply with the Texas Health and Human Services Commission/ Child Care Licensing.

**Performance Standard(s):**

1302.21(b)(1)(2); 1302.94(a)(b)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 3</b>			
<b>SUBJECT</b>	Hygiene & Cleaning Practices		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <u>4/24/18</u>	<b>Policy Council Revision:</b> <u>4/24/18</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
<b>PAGE: 1 of 2</b>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers will develop and implement systems that promote hand washing, hygiene and sanitation and disinfecting of the classroom including equipment and materials. Providers must ensure staff is trained on the procedures and documentation of training must be maintained.

**Hand washing**

- Staff, volunteers, and children must wash their hands with soap and running water at a minimum during the following times:
  - Upon arrival at the center
  - , Before and after diapering or toilet use
  - Before food preparation, handling, or any other food-related activity
  - Before and after eating
  - Whenever hands are contaminated with blood or other bodily fluids
  - After handling pets or other animals
  - After outdoor activities
  - Before and after playing in a water/sand play table
  - Any other time there is reason to believe the child has come in contact with substances that could be harmful to the child
- Staff and volunteers must also wash their hands with soap and running water:
  - Before and after giving medication
  - Treating or bandaging a wound
  - After assisting a child with toilet use
  - After using any cleaners or toxic chemicals; and
  - After removing gloves

## **Hygiene**

- Easily accessible nonporous, on-latex, disposable gloves are to be worn by all staff when they are in contact with blood or bodily fluids.
- Bodily fluids should be cleaned and disinfected immediately in keeping with Head Start Performance Standards and Texas Health and Human Services Commission/Child Care Licensing Minimum Standards.
- Any tools and equipment used to clean bodily fluids should be cleaned, disinfected immediately, and blood-contaminated materials must be disposed of properly.
- Hand Sanitizers, pre-moistened towelettes, and waterless hand cleaners are not allowed to replace hand-washing and should not be accessible or used on children.

## **Sanitation**

- Toys and equipment that are placed in a child's mouth, or otherwise contaminated by body secretion or excrement, must be sanitized before handling by another child
- Cloth toys must be washed at least weekly and when contaminated
- All linens must be washed at least weekly and when soiled or before another child uses them
- All sleeping equipment must be sanitized before a different child uses it and when soiled
- Water play tables must be empty, and toys used in water tables must be sanitized daily, children and caregivers must wash their hands before using the water table
- Sand boxes and tables must be maintained in a sanitary manner
- All garbage must be inaccessible to children and managed to keep the child-care center inside and outside, free of insects, rodents, and offensive odors and disposing of it according to local and state requirements
- All floors, ceilings and walls must be kept in good repair and clean. Paint used at the center must be lead-free
- All areas in the center used by children will be kept heated, lighted and ventilated
- All tabletops, furniture and other similar equipment used by children when soiled or contaminated with matter such as food, body secretions or excrement will be sanitized
- All cleaning supplies and other toxic materials will be marked and kept separate from food and inaccessible to children
- Hazardous materials will be stored and disposed of as recommended by the manufacturer

## **Performance Standard:**

1302.47(b)(6)(i)(ii)(iii)

	<p align="center"><b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b></p>		
<p align="center"><b>ENVIRONMENTAL HEALTH AND SAFETY 4</b></p>			
<p><b>SUBJECT</b></p>	<p>Management of Illness / Conditions of Short-Term Exclusions and Admittance</p>		
<p><b>REFERENCE</b></p>	<p>Environmental Health and Safety</p>		
<p><b>EFFECTIVE</b></p>	<p><del>8/1/2016</del><u>10/1/20</u></p>		
<p><b>Policy Council Approval: 4/24/18</b></p>	<p><b>Policy Council Revision: 4/24/18</b></p>	<p><b>Governing Body Approval: 5/23/19</b></p>	<p><b>Governing Body Revision: 5/23/19</b></p>
<p align="right"><b>PAGE: 1</b></p>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Service Providers will develop and implement procedures for children and staff who are ill. Procedures should include:

- Practices to control an infectious disease outbreak
- Notification of any reportable illnesses to include local or state public health agencies
- Training on accommodations that must be made for children with specific health and safety needs
- Practices to ensure confidentiality of children’s health and safety needs
- Exclusion criteria

A child cannot be denied enrollment based on a disability, illness or chronic health condition or its severity.

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program Service Providers may temporarily exclude a child with an acute injury or illness from program participation for a short-term period when the child’s needs cannot be readily accommodated or if they pose a significant risk to the health and safety to themselves or anyone that may come in contact with them.

Providers will create and implement procedures to ensure that appropriate staff is informed and trained on any accommodations that must be made for children with specific health and safety needs. Information about any child’s health or safety needs should be kept confidential.

**Performance Standard:**

1302.47 (b)(7)(iii)

**References:**

Texas Department of State Health Services Communicable Disease Chart for Schools and Child-Care Centers

	<p style="text-align: center;"><b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b></p>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 5</b>			
<b>SUBJECT</b>	Emergency Preparedness / Emergency Procedures		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The program will develop and implement procedures that address emergencies including, but not limited to health, fire, food allergies, natural disasters, and the control of infectious/contagious diseases. Staff must be trained in emergency preparedness and the Service Provider will maintain documentation of such training.

Locations and telephone numbers and emergency response procedures must be posted in each room used by children, including the main office and central locations and made available to all staff.

All emergency numbers including police, fire, ambulance, poison control, Child Abuse Hotline, and the Center for Disease Control, must be immediately accessible to staff at all times. Up-to-date family contact information and authorization for emergency care for each child, including emergency transportation authorization must be readily available.

Service Providers must post evacuation routes in each classroom, as well as every room used by children and staff, including the main office and central locations, and made available to all staff

Emergency evacuation routes and other safety procedures for emergencies are practiced regularly, in keeping with Head Start Performance Standards and Texas Health and Human Services Commission/Child Care Licensing Minimum Standards. Service Providers must retain documentation of these events and activities.

Each classroom must have a first aid kit, available at all times, including outdoor play time. The Early Head Start ~~-Child Care Partnership-~~(EHS-CCP) Program will develop and implement procedures related to the location and contents of each first aid kit. Procedures will include Caring for our Children: National Health and Safety Performance Standards and ensure the following for each first aid kit:

- Kept in clean and sanitary condition

- Easily accessible and available to all employees at all times
- Antiseptics should be in original packaging
- Stored in a designated location known to all employees
- Kept out of reach of children
- Maintained and restocked
- Schedule of ongoing and regular inventory
- Contain no items that are expired

**Performance Standard:**

1302.47(8)

**Additional Guidance:**

Caring for our Children Basics 5.6.0.1

Caring for our Children: National Health and Safety Performance Standards 5.6.0.1

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 6</b>			
<b>SUBJECT</b>	Medication Administration		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <del>4/24/18</del></b>	<b>Policy Council Revision: <del>4/24/18</del></b>	<b>Governing Body Approval: <del>8/17/18</del></b>	<b>Governing Body Revision: <del>8/17/18</del></b>
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**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers will establish and maintain written procedures regarding the administration, handling, storage, and appropriate disposal of expired medications, for every child, staff, and volunteer.

A physician’s instructions and written parent or guardian authorization is required for all medications administered by staff.

Service Providers will ensure that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication. Service Providers must retain documentation of medication administration training.

All medication must be in the original labeled container, not expired, up-to-date, and stored under lock and key, and refrigerated, if necessary, including those required for staff and volunteers. Rescue medications, including Epi Pens, inhalers, and glucose, do not need to be locked up, however, they must be kept out of the children’s reach and accessible to staff at all times. Any staff person administering rescue medications, whether in the classroom, on the playground, or on field trips, must be trained in the administration of such medications.

**Performance Standard:**

1302.47(7)(iv)

	<p align="center"><b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b></p>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 7</b>			
<b>SUBJECT</b>	Diapering and Toilet Training		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <del>4/24/18</del>	<b>Policy Council Revision:</b> <del>4/24/18</del>	<b>Governing Body Approval:</b> <del>8/17/18</del>	<b>Governing Body Revision:</b> <del>8/17/18</del>
<b>PAGE: 1 of 1</b>			

**Policy:**

A child cannot be denied enrollment or removed from the program based on toileting needs or the use of diapers and/or pull-ups. Early Head Start-~~Child Care Partnership~~ Program (EHS-~~CCP~~), Service Providers must develop and implement a procedure to address diapering and toilet training. Procedures must be provided to all EHS-~~CCP~~ staff/volunteers and posted in areas used for diapering and toileting.

At a minimum the system will include the following:

- Process to ensure the respect and dignity for children
- How to assist a child when toileting needs occur
- Provision of diapers and wipes
- Sanitation and hygiene procedures for hand washing, diapering, and toilet training for children and staff
- Cleaning and storage of soiled clothing
- Disposal and removal of soiled diapers
- Cleaning and storage of toilet training assistive equipment
- Posted procedures in areas used for diapering and toileting
- Regular internal monitoring of the system

Staff and families will work together according to developmentally appropriate practices regarding toilet training.

**Performance Standard:**

1302.42 (e)(i), 1302.47 (b)(1),(6)(i)

	<b>DHS Early Head Start-<del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>		
<b>ENVIRONMENTAL HEALTH AND SAFETY 8</b>			
<b>SUBJECT</b>	Supervision		
<b>REFERENCE</b>	Environmental Health and Safety		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <del>4/24/18</del>	<b>Policy Council Revision:</b> <del>4/24/18</del>	<b>Governing Body Approval:</b> <del>5/23/19</del>	<b>Governing Body Revision:</b> <del>5/23/19</del>
<b>PAGE: 1 of 1</b>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers will adhere to the Head Start Program Performance Standards and Texas Health and Human Services Commission/Child Care Licensing to ensure staff actively supervises the outdoor and indoor play areas at all times. No child will be left alone or unsupervised for any period of time. Infants not yet able to turn over on their own must be placed in a face-up sleeping position, unless the child’s parent presents written documentation from a health-care professional stating that a different sleeping position is allowed or will not harm the infant.

**Performance Standard:**

1302.47(b) (2)(iii); 1302.47(5)(i)(ii)(iii)  
~~1302.90; 1302.47 (b)(2)(iii); 1302.47(b)(5)(i); 1302.47(b) (5)(iii);~~

	<p align="center"><b>DHS Early Head Start-<del>Child Care</del>- Partnership Program <u>Policy</u> <u>Policy</u></b></p>		
<p align="center"><b>ENVIRONMENTAL HEALTH AND SAFETY 9</b></p>			
<p><b>SUBJECT</b></p>	<p>Food Sanitation</p>		
<p><b>REFERENCE</b></p>	<p>Environmental Health and Safety</p>		
<p><b>EFFECTIVE</b></p>	<p><del>8/1/2016</del><u>10/1/20</u></p>		
<p><b>Policy Council Approval: 4/24/18</b></p>	<p><b>Policy Council Revision: 4/24/18</b></p>	<p><b>Governing Body Approval: 8/17/18</b></p>	<p><b>Governing Body Revision: 8/17/18</b></p>
<p align="right"><b>PAGE: 1 of 1</b></p>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers will comply with applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers.

**Performance Standard:**

1302.47(1)(viii)(6)(ii)

# ***ERSEA***



	<b>DHS Early Head Start Program Policy</b>		
<b>ERSEA 1</b>			
<b>SUBJECT</b>	Determining Community Strengths & Needs		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program will perform a Community Assessment once over the five year grant period with annual updates. Results from the Community Assessment will be used to ensure community strengths, needs, and resources are identified and adequately integrated. Results from the Community Assessment and updates will be analyzed, as required by Head Start Performance Standards.

Results from the Community Assessment will be used annually to reassess long and short range objectives; program option and services provided; center locations; and criteria that assign priority to children and families.

The Community Assessment will include information related to:

- Number of Children experiencing homelessness and foster care
- Availability of publicly-funded full day pre-kindergarten
- Availability of early childhood programs in the community
- Availability of state and other publicly funded preschool
- Demographic data on Head Start eligible children and families
- Children with disabilities, including types of disabilities services
- Education, health, nutrition and social service needs of Head Start eligible children and their families including prevalent social or economic factors impacting their well-being
- Typical work, school and training schedules of parents with eligible children
- Child development, child care centers, family child care programs, publicly funded state and local preschools and approximate number of eligible children served
- Community resources and strengths

If resources are determined to be inadequate to meet the needs of the entire service area, the EHS program will request permission from the Federal Regional Office to revise the recruitment area to select the areas that have the greatest need for EHS program services, as determined by the Community Assessment.

Community Assessments and all updates will be approved by the Head Start Policy Council and Governing Body Advisory Committee which holds responsibility of programmatic oversight as it reports to the City Council (Governing Body).

**Performance Standard:**

1302.11

	<b>DHS, Early Head Start Program Policy</b>		
<b>ERSEA 2</b>			
<b>SUBJECT</b>	Eligibility		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The application process must be completed prior to determining a child’s eligibility into the Early Head Start (EHS) program and include requirements described in age, service area and income.

- **Age:**
  - A child must be an infant or toddler younger than three years old. A child may remain in EHS, following his or her third birthday, until he or she can transition into the DHS’ Head Start Program. Children not transitioning in to the DHS’ Head Start Program Start may remain in the program until the end of the term.
  
- **Service Area:** Children applying for the EHS program must reside ~~or the parents/guardians work~~ within the Edgewood Independent School District or qualify under the McKinney Vento Act.
  - **Income** Family’s income is equal to or below the 100 % poverty guideline; or
  - Family is eligible for, or in the absence of child care would be potentially eligible for public assistance, including TANF child only payments; or
  - Children who are in foster/kinship care or children who are homeless are eligible for the EHS regardless of income.
  - If a child moves from an EHS to a Head Start Program, the family’s income must be re-verified.
  
- **Additional Allowances:**
  - Families with an income at or below 130% of the *Federal Poverty Guidelines* may be eligible for enrollment in the Head Start Programs. The total number of families with income between 101%-130% of the *Federal Poverty Guidelines* must not exceed 35% of the total funded enrollment.

- Families with an income above 130% of the *Federal Poverty Guidelines* may be eligible for enrollment in the Head Start Programs. The total number of families with an income above 130% of the *Federal Poverty Guidelines* must not exceed 10% of total funded enrollment. Children accepted above the 130% of the Federal Poverty Guideline must be approved by the grantee's administrator.

**Performance Standard:**

1302.12

	<b>DHS, Early Head Start Program <u>Policy</u> <u>Policy</u></b>		
<b>ERSEA 3</b>			
<b>SUBJECT</b>	Training		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

The Head Start Program will develop a system to provide training on Head Start and Early Head Start (EHS) eligibility, Head Start Program Performance Standards and ERSEA policies and procedures that include at a minimum the following:

- Annual training for Head Start Administrator, Directors, management staff, and any staff who determine Head Start eligibility
  - Methods on how to collect and complete eligibility documentation from families and third party sources;
  - Strategies for treating families with dignity and respect and dealing with possible issues of domestic violence, stigma, and privacy; and,
  - Program policies, procedures, and actions taken against staff, families or participants who provide false information.
- Training for any staff member who determines Head Start eligibility within 90 days of hire
- Training for Governing Body and Policy Council members within 180 days of the beginning of a term
- Maintain all training records, including sign in sheets, agendas and training materials

**Performance Standard:**

1302.12 (m) (1-4)

	<b>DHS, Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 4</b>			
<b>SUBJECT</b>	Recruitment of Children		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start (EHS) Program and ~~Child Care~~-Service Providers will actively locate and recruit families most in need of EHS services including children with disabilities, those who are experiencing homelessness, in foster care, children receiving Child Care Subsidies as applicable, and other vulnerable children.

A recruitment plan will be developed each year and approved by the Head Start Policy Council and Governing Body Advisory Committee which holds responsibility of programmatic oversight ~~oversight~~ as it reports to the City Council (Governing Body).

The EHS Program will publicize the recruitment areas to enhance the likelihood that eligible families and children will apply for the program.

Recruitment materials will be available in the applicant’s native language or where possible staff will be available to communicate with families in their native language.

The Early Head Start must maintain a monitoring system for recruitment and report on all recruitment efforts.

**Performance Standard:**

1302.13

**Head Start Act:**

Sec. 642 (b)(11)

	<b>DHS Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 5</b>			
<b>SUBJECT</b>	Selection		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start (EHS) Program will select children and families with the most need for Head Start services, without regard for race, gender, disability, or creed in accordance with Head Start Performance Standards, Head Start Act and the DHS Head Start Program ERSEA policies.

If a child is declared eligible, his or her selection will be based on points received from the Selection Criteria Point System which is developed from the Community Assessment and approved by the Policy Council and Governing Body Advisory Committee which holds responsibility of programmatic oversight as it reports to the City Council (Governing Body).

At the beginning of each enrollment year, eligible children will be placed on a waiting list and prioritized according to the Selection Criteria Point System. A waiting list must be maintained throughout the program year. To ensure the children with the most need are selected for the program, a minimum of two separate selection events must occur. Selections must not exceed 90% of funded enrollment during the first selection event.

Selections must be conducted using the following waitlist priorities:

- **Income Eligible on the waitlist from 0% - 100%**
  - Using the waitlist, developed by the point system, EHS program will first select only children whose family income is at or below 100% of the Federal Poverty Guideline or those who are eligible for or, in the absence of child care, would be potentially eligible for public assistance; or children who are homeless or in foster care.
- **Income Eligible on the waitlist from 101%-130%**
  - EHS may select up to 35% of families who do not meet the Income Eligible criteria above. These selections may occur after demonstrating all income eligible children, families eligible for or in the absence of child care, would be potentially

eligible for public assistance, children who are homeless, in foster care, and children with disabilities on the waitlist have been selected.

- **Over Income on the waitlist 131% and above**
  - EHS must receive approval from the DHS Head Start Program Administrator prior to selecting an over income child unless the child has a current IFSP. Total participants accepted for this selection must not exceed 10% of the program funded enrollment. Excluding this priority, the EHS-CCP program may select over-income children after demonstrating they have conducted outreach and exhausted all resources to enroll income eligible children, families eligible for or in the absence of child care, would be potentially eligible for public assistance, children who are homeless or in foster care.

#### **Selection Exceptions:**

- **Children with Disabilities-** To comply with Head Start's requirement of having 10 percent of actual enrollment be children with an identified disability or delay, the program must give priority to children with a suspected disability or delay as identified by Part C of IDEA program during the selection process. This priority stays in effect until 12 percent of enrolled children are children with disabilities or delays and will be granted as follows:
  1. Income eligible children from 0-100% Federal Poverty Guideline with a current Individualized Family Service Plan (IFSP)
  2. Income eligible children from 101 – 130% Federal Poverty Guideline with a current Individualized Family Service Plan (IFSP)
  3. Over income children from 131% and above Federal Poverty Guideline with a current Individualized Family Service Plan (IFSP)

All, IFSPs and letters from licensed professionals must be reviewed and verified by the EHS-~~CCP~~ Disability Coordinator. All supporting documentation must be scanned and attached in Child Plus.

- **Tiebreaker** - In cases where families have the same point total for the same slot, priority will be given to the younger child.

#### **Performance Standard:**

1302.14

	<b>DHS, Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 6</b>			
<b>SUBJECT</b>	Eligibility and Determination Records		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start (EHS) Program and ~~Child Care~~ Service Providers must maintain eligibility determination records for any child enrolled in the program. All records must be kept for a minimum of five years after a child is no longer enrolled in the program.

**Performance Standard:**

1302.12 (k)(1-3)

	<b>DHS, Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 7</b>			
<b>SUBJECT</b>	Violation of Eligibility Determination Regulations		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

The Early Head Start (EHS) Program must develop procedures to address the violation of eligibility determination regulations that include, at a minimum, the following:

- Consequences for staff violating Federal and program eligibility determination regulations.
- Consequences for staff enrolling a child ineligible to receive EHS or Head Start Services.
- Consequences for parents providing false information or documentation, including possible removal from the program.
- Actions against staff who intentionally violate federal and program eligibility determination regulations.

On an annual basis staff must complete and Acknowledgment of Eligibility Regulations form.

**Performance Standard:**

1302.12 (L)

	<b>DHS Early Head Start Program Policy</b>		
<b>ERSEA 8</b>			
<b>SUBJECT</b>	Enrollment		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

All application forms must be completed and all necessary documents obtained prior to enrollment of a child in Early Head Start (EHS) Program.

Enrolled means a child has been accepted and attended at least one class for center-based or at least one home visit for the home-based option.

**Each child care service provider will be fully enrolled within 30 days of program start date.**  
**Enrollment opportunities must be filled and must fill any vacancies within 30 days.**

If a child is determined eligible and is enrolled in the EHS program, he or she remains eligible while participating in the program.

Children with a documented Individual Family Service Plan (IFSP) may be enrolled in the EHS Program.

**Performance Standard:**

1302.15

		<b>DHS Early Head Start Program Policy</b>			
<b>ERSEA-9</b>					
<b>SUBJECT</b>		Attendance			
<b>REFERENCE</b>		Eligibility, Recruitment, Selection, Enrollment, and Attendance			
<b>EFFECTIVE</b>		10/1/2020			
<b>Policy Council Approval:</b>		<b>Policy Council Revision:</b>		<b>Governing Body Approval:</b>	
				<b>Governing Body Revision:</b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

The Early Head Start (EHS) center-based program will ensure daily attendance is recorded in the Child Plus data tracking system.

- The EHS program must implement a process to attempt to contact the parent/guardian for any unexpected absences to ensure the child’s well-being.
- The EHS program will provide support efforts to promote the child’s regular attendance
- The EHS program will emphasize and provide information about the benefits of regular attendance, support families to promote regular attendance, and assist families with referrals for services that will enhance attendance.
- The EHS program will conduct a home visit or other direct contact with child’s parent/guardian if child has two consecutive unexplained absences.
- Within the first 60 days of the program year and thereafter, the EHS program must conduct an analysis utilizing individual child attendance data to identify children at risk of missing 10% of program days per year. The EHS program must then identify reasons for absenteeism and develop strategies to improve attendance of children at risk. Strategies may include direct contact with parents or intensive case management. All efforts and contact with parents must be documented in Child Plus.
- In circumstances where chronic absenteeism persists and the program has made appropriate efforts to reengage the family and attendance does not improve, the child’s slot may be then considered vacant with the Head Start Administrator’s authorization.

When the monthly average daily attendance rate falls below 85%, the EHS program must analyze the causes of absenteeism and determine the systematic issues contributing to the program's absentee rate. A process must be implemented, utilizing absenteeism data, to identify program strengths and needs and implement a plan to continuously evaluate compliance of performance standards.

The EHS program must support homeless eligible children by allowing attendance up to 90 days, or as allowed under state licensing requirements, without immunization and other records. Programs must give families reasonable time to present documents and work with families to obtain immunizations to comply with state requirements.

The EHS program must utilize community resources, where possible, to provide transportation to homeless children experiencing absenteeism due to transportation to and from their child care center.

### EHS Home-Based Program

Attendance is viewed as a family's participation in a home visit with a designated Home Visitor.

Children enrolled in the home-based option ~~should complete~~ will have a minimum of 46 home visits ~~and a minimum of 22 group socializations~~ during the program year.

The EHS program will make up planned home visits ~~or scheduled group socialization activities that were~~ canceled by the program, and to the extent possible, attempt to make up planned home visits cancelled ~~or missed~~ by the family.

Medical or social service appointments may not replace ~~group for either the planned group socializations activities or the required number of home visits.~~

~~If the family is absent three consecutive visits, the Home Visitor will investigate and document their attempts to contact the family. If contact cannot be made by phone, the Home Visitor will make a home visit. If parent cannot be found and the home is vacant, the child's slot may be then considered vacant with the Head Start Administrator's authorization.~~

### **Performance Standard(s):**

1302.16 (a)(1-3)(b); 1302.102 (b-c); 1302.22(c)(1-3)

	<b>DHS, Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 10</b>			
<b>SUBJECT</b>	Suspension and Expulsion		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start (EHS) Program prohibits ~~Child Care~~ Service Providers from suspending, expelling, or un-enrolling a child from an EHS program due to a child’s behavior. Exceptions to this policy may be considered on a case- by- case basis. Consultation with the ~~Grantee’s~~ City’s EHS Mental Health Coordinator, Education Coordinator, in collaboration with the parents, must be conducted to determine if the child’s enrollment presents a safety threat to the child or other enrolled children. Other community resources should be considered if appropriate. Exceptions must be submitted to the Head Start Administrator and approved prior to any action.

**Performance Standard:**

1302.17 (a) (b)

	<b>DHS, Early Head Start</b> <b>Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>ERSEA 11</b>			
<b>SUBJECT</b>	Policy on Fees		
<b>REFERENCE</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
<b>EFFECTIVE</b>	<del>October 1, 2020</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start (EHS) Program does not charge any fees for participation in the program. EHS ~~Child Care~~ Service Providers may not request parents to provide any supplies, materials, money, or other items including snacks for special celebrations or events. Teachers may accept donations for special celebrations or events but cannot exclude a child’s participation of events contingent on donations.

**Performance Standard:**

1302.18

# Family and Community



	<p style="text-align: center;"><b>DHS, Early Head Start-<del>Child Care</del> Partnership Program Policy</b> <b>Policy</b></p>		
<b>FAMILY 1</b>			
<b>SUBJECT</b>	Family Engagement Approach		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<del>8/1/2017</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <del>4/24/18</del>	<b>Policy Council Revision:</b> <del>4/24/18</del>	<b>Governing Body Approval:</b> <del>8/17/18</del>	<b>Governing Body Revision:</b> <del>8/17/18</del>
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**Policy:**

**Family Engagement**

The Head Start Program, including ~~the Early Head Start-Child Care Partnership program~~, recognizes parents/guardians as their children’s primary teachers and nurturers and implements intentional strategies to engage parents/guardians in their children’s learning and development and support parent-child relationships, including specific strategies for father engagement.

The Head Start Program provides parents/guardians with opportunities to participate in the program as employees or volunteers. Service Providers will develop and implement procedures that support and promote strategies to engage parents/guardians such as opportunities to participate as employees or volunteers.

**Performance Standard(s):**

1302.50 (b)(1)& (4)

	<del>DHS, DHS, Early</del> <b>Head Start</b> <b>Program Policy</b> <b>Policy</b>		
<b>FAMILY 2</b>			
<b>SUBJECT</b>	Staff/Parent Communication System		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<u>10/1/20</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, including ~~the~~ Early Head Start ~~—Child Care Partnership—~~ (EHS-~~CCP~~), develops relationships with parents/guardians and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents/guardians to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community.

All Head Start staff will ensure continuous communication between families and themselves. This will allow our families to develop a sense of knowledge, trust and respect for our staff members, thus allowing staff and parents/guardians to work easily together to ensure that each child and family are receiving the full amount of benefits that Head Start has to offer.

The Head Start Program conducts family engagement services in the family’s preferred language, or through an interpreter, to the extent possible, and ensures families have the opportunity to share personal information in an environment in which they feel safe.

The Head Start Grantee will work with the Service Provider to ensure the establishment of a Parent Connection Committee (PCC) comprised exclusively of parents/guardians of currently enrolled children at each site/center as early in the program year as possible. At a minimum, procedures must include:

- Activities to ensure parents/guardians of currently enrolled children understand the process for elections to the Head Start Policy Council (HSPC) and other leadership opportunities.
- Opportunities for PCC members to assist staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families.
- A process for PCC members to communicate with the Head Start Policy Council (HSPC).
  - i. PCC agendas must dedicate time to allow for parent questions/discussion

**Performance Standard(s):**

1302.50(b)(2) & (5); 1301.4

	<b>DHS, <u>Early Head Start</u> Program <u>Policy</u> <u>Policy</u></b>		
<b>FAMILY 3</b>			
<b>SUBJECT</b>	Family Engagement and Collaboration		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<u>10/1/20</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, [including Early Head Start](#), collaborates with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability.

Head Start Program provides parents/guardians training opportunities, including presentations, activities, educational materials/resources, and/or campaigns on various topics, including:

- Vehicle and Pedestrian Safety
- Disabilities
- Health, Dental, and Nutrition
- Child Abuse Prevention
- Mental Wellness
- Financial Literacy
- Child and Community Advocacy
- And other topics that promote family well-being

[The Head Start Grantee City staff](#) and Service Providers will develop and implement procedures to work together to provide training and presentation opportunities for parents/guardians.

**Performance Standard(s):**  
1302.50(b)(3)

	<b>DHS <u>Early</u> Head Start Program Policy</b>		
<b>FAMILY 4</b>			
<b>SUBJECT</b>	Parent Activities to Promote Child Learning and Development		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start ~~Grantee Program, including Early Head Start~~ and Service Providers will promote shared responsibility with parents/guardians for children’s early learning and development. In addition, ~~and~~ implement family engagement strategies that are designed to foster parental confidence and skills in promoting children’s learning and development. These strategies must include:

- Offering activities that support Parent-Child Relationships;
- Offer activities that support Child Development (including language, dual language, literacy and bi-literacy development);
- Provide parents/guardians with information about the importance of regular attendance, and partner with them, as necessary to promote consistent attendance (impact of attendance on learning outcomes);
- For dual language learners, information and resources for parents about the benefits of bilingualism and bi literacy.

**Performance Standard(s):**

1302.51(a)

	<del>DHS, DHS,</del> <b>Early Head Start</b> <b>Program <u>Policy</u></b> <b>Policy</b>		
<b>FAMILY 5</b>			
<b>SUBJECT</b>	Research Based Parent Curriculum		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<u>10/1/20</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, including ~~the~~ Early Head Start ~~Child Care Partnership Program~~ and Service Providers collaborate to offers opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents'/guardians' knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children's learning and development. If the Head Start Grantee chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, the program will work with an expert or experts to develop such adaptations.

**Performance Standard(s):**

1302.51(b)

	<p style="text-align: center;"><del>DHS, DHS, Early Head Start Childcare</del>  <b>Partnership Program Policy</b>  <b>Policy</b></p>		
<b>FAMILY 6</b>			
<b>SUBJECT</b>	Family Partnership Services		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<del>8/1/2017</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <del>4/23/19</del>	<b>Policy Council Revision:</b> <del>4/23/19</del>	<b>Governing Body Approval:</b> <del>5/23/19</del>	<b>Governing Body Revision:</b> <del>5/23/19</del>
<b>PAGE: 1 of 2</b>			

**Policy:**

**Family Partnership Services**

The Head Start Program, including ~~the~~ Early Head Start ~~Child Care Partnership~~ (EHS ~~CCP~~) ~~Program~~, engages in a process of collaborative and respectful partnership-building with parents/guardians to establish mutual trust and to identify needed services, supports, family strengths, and family goals. This process must take into consideration each family’s readiness and willingness to participate in the process and must be engaged in jointly with parents. Family services are to be individualized and focused on the achievement of identified outcomes as described in the Head Start Parent, Family, and Community Engagement Framework.

Staff is to adhere to all confidentiality policies and procedures to protect family information.

Family and Community Support staff will offer:

- A **Family Partnership Agreement** to orient parents/guardians of the roles and responsibilities of Head Start parents/guardians and staff.
- A **Family Assessment** tool to identify each family’s strengths, needs and interests.
- An opportunity to develop family goals. The goal setting process must include: family goals, strategies for success, staff support to be provided, timeframes, and community resources that are available to assist families in meeting their goals.
- Community resources that are able to meet their identified needs, interests and/or goals.

**Performance Standard(s):**

1302.52



~~DHS~~~~DHS~~ Early Head Start ~~Child Care Partnership~~ Program Policy  
Policy



**FAMILY 7**

<b>SUBJECT</b>	Community Partnerships		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	<del>8/1/2017</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including ~~the~~ Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~) Program establishes ongoing collaborative relationships and partnerships with community organizations. Relationships are built by establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate. This helps to facilitate access to community services that are responsive to children’s and families’ needs and family partnership goals, and community needs and resources, as determined by the community assessment.

**Performance Standard:**

1302.53 (a) (1) (2)

# ***Fiscal Management***



	<b>DHS Head Start Program Policy</b>		
<b>FISCAL 1</b>			
<b>SUBJECT</b>	Financial Management of Head Start Grant		
<b>REFERENCE</b>	Fiscal Management		
<b>EFFECTIVE</b>	<del>8</del> <u>10</u> / <u>1</u> / <del>2017</del> <u>2020</u>		
<b>Policy Council Approval: 7/25/17</b>	<b>Policy Council Revision: 7/25/17</b>	<b>Governing Body Approval: 9/28/17</b>	<b>Governing Body Revision: 9/28/17</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

It is the policy of the grantee, City of San Antonio, to manage the Head Start grant in accordance with Federal, State and local guidelines.

These guidelines include but are not limited to:

- Head Start Act;
- Head Start Program Performance Standards;
- 45 CFR part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;
- City of San Antonio Administrative Directives and
- Department of Human Services Policies.

**Related Regulations:**

Head Start Act; Head Start Program Performance Standards; Information Memoranda (IMs); Program Instructions (PIs); 2 CFR part 300.1 Adoption of 2 CFR Part 200; City of San Antonio Administrative Directives; and any other applicable law or regulation.

# Health



	<b>DHS Early Head Start-<del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>		
<b>HEALTH 1</b>			
<b>SUBJECT</b>	Immunization Requirements		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b> <u>4/24/18</u>	<b>Policy Council Revision:</b> <u>4/24/18</u>	<b>Governing Body Approval:</b> <u>8/17/18</u>	<b>Governing Body Revision:</b> <u>8/17/18</u>
<b>PAGE: 1 of 2</b>			

**Policy:**

~~The~~ Early Head Start (EHS) Program Service Provider staff ~~— Child Care Partnership Program Child Care Coordinator, Directors (Directors), and Family Support Workers (FSWs), and Home Based Visitors~~ will ensure that all children are ~~up-to-date~~up-to-date with the current immunization recommendations issued by the Centers for Disease Control and Prevention, Texas Health and Human Services Commission– Child Care Licensing and the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule. If a center-based child is not up-to-date with minimum immunization requirements, he or she may be excluded from attendance, but not unenrolled from the ~~Early Head Start – Child Care Partnership (EHS-CCP) EHS~~ Program.

Any immunization records received by EHS-~~CCP~~ staff will be scanned into ChildPlus according to the City of San Antonio Benchmark Due Date Guide and the EHS-~~CCP~~ Program ChildPlus Scan Order and Process Guide and the applicable Child Plus Data Entry Guide. Current immunization records will be kept on file with the ~~Coordinator, Directors~~Service Provider.

Staff must work with the family to ensure that the child is up-to-date with the recommended immunization schedule and must document all efforts and outcomes in Child Plus.

**Immunization Exemptions:**

A Refusal of Health Services form will not be accepted as documentation for exemption from the immunization requirements.

Chapter §97.62 of the Texas Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exemption information and instructions can be obtained through the Texas Department of State Health Services. <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions>

Once State process for exemptions is followed, documentation must be attached in Child Plus and in the child file, if applicable.

**Performance Standard:**

1302.42~~(b)~~

**Reference:**

[TAC 97, State Immunization Requirements, CDC Immunization Schedule, THSteps Medical Checkup Periodicity Schedule](#)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>HEALTH 2</b>			
<b>SUBJECT</b>	Hemoglobin and Lead Screenings		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/ 1/2020</u>		
<b>Policy Council Approval:</b> <u>4/24/18</u>	<b>Policy Council Revision:</b> <u>4/24/18</u>	<b>Governing Body Approval:</b> <u>8/17/18</u>	<b>Governing Body Revision:</b> <u>8/17/18</u>
<b>PAGE: 1 of 1</b>			

**Policy:**

Early Head Start-~~Child Care Partnership~~ Program (EHS-~~CCP~~) Staff must ensure that all children are up-to-date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

EPSDT, Medicaid and the Children's Health Insurance Programs require that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted at 12 months EHS-~~CCP~~ Staff will work with the family to bring the child up to date.

EPSDT, Medicaid and the Children's Health Insurance Programs require that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been previously conducted at 12 months EHS-~~CCP~~ Staff will work with the family to bring the child up to date.

The EHS-~~CCP~~ Program will provide onsite screenings for any child with missing, unobtainable, or elevated blood lead level results. Each child must have a signed parent/guardian consent form before screenings occur.

Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to *the City of San Antonio Benchmark Due Date Guide*, Early Head Start ChildPlus Scan Order and Process Guide, and ChildPlus Data Entry Guide.

The EHS-~~CCP~~ Program will ensure that elevated blood level results are shared with and understood by parents/guardians. Referral forms to the child's primary care physician will be given to all children with elevated hemoglobin and lead blood levels. With consent families will be ~~referred to~~referred to San Antonio Green and Healthy Homes.

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)  
<http://www.dshs.texas.gov/thsteps/providers.shtm>

**References:**

**References:** <http://www.dshs.texas.gov/thsteps/providers.shtm>



**DHS Early Head Start-~~Child Care Partnership~~ Program Policy**  
**Policy**



**HEALTH 3**

<b>SUBJECT</b>	Preventative Health Visit Requirements and Documentation		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>

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**Policy:**

Early Head Start ~~—Child Care Partnership~~ Program (~~EHS-CCP~~) staff will ensure that all children are up to date on a schedule of age-appropriate preventative and primary health care that meets the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

A system must be in place to meet the requirements of the ~~City of San Antonio~~ Antonio Benchmark Due Date Guide:

**30-Day Requirement:**

Within 30 calendar days after the child first attends the program, or for the home – based program option, receives a home visit, staff must consult with parent/guardian to determine whether the child has ongoing sources of continuous, accessible, health care and health insurance coverage.

**45-Day Requirement:**

Within 45 calendar days after the child first attends the program, or for the home – based program option, receives a home visit, a program must either obtain or perform evidence based vision and hearing screenings. The screenings should be in the child’s home language as appropriate.

**90-Day Requirement:**

Within 90 calendar days after the child first attends the program, or for the home – based program option, receives a home visit, documentation of a current well child exam and oral health determination must be received based on the EPSDT requirements.

**Follow up, Tracking and Data Documentation**

- Staff will follow procedures for follow-up ~~on for~~ medical and dental concerns as indicated on screenings, health assessments, well child exams, and other health related concerns,

including health insurance coverage, medical/ dental home, and any missing events.  
~~missing events.~~

- All health related contacts and follow-ups will be documented in ChildPlus according to

the *City of San Antonio Benchmark Due Date Guide, EHS-CCP Program ChildPlus Scan Order and Process Guide* and the Health Services Handbook.

~~If a follow up is not documented in ChildPlus within 30 days, do not back date a follow up.~~

## Parent/Guardian Collaboration and Communication

The EHS Program including the Service Provider will:

- Develop a system to inform the parents/guardians about ~~their children's~~their – health~~child's health~~ needs in a timely manner.
- Provide information and community health resources to families.
- Provide resources to families in need of assistance with prescribed medications, aids or equipment for medical, dental, or mental health conditions.
- Provide results of abnormal medical and/or dental exam/screening administered through the program and ~~discuss the results to ensure the parent/guardian understanding of the~~understands results~~the results~~.
- Obtain advance authorization to perform intrusive medical or dental services from the parent/guardian, such as unclothed physical exams, immunizations, and venous blood draws.
- Head Start funds may be used for children's professional medical and/or dental services when other sources of funding are not available. In such cases, documentation of efforts to access other available sources of funding must be ~~documented~~included in Child Plus.

### Performance Standard(s):

1302.41; 1302.42; 1302.45

### Reference:

[THSteps Medical Checkup Periodicity Schedule](#), Caring for Our Children

	<b>DHS Early Head Start-<del>Child Care</del>- Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>HEALTH 4</b>			
<b>SUBJECT</b>	Parent/ <u>Guardian</u> Refusal of Health Services		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

A written refusal is required when a parent/guardian refuses to allow their child to participate in or receive health services required or provided by the Early Head ~~Start — Child Care Partnership~~ (EHS-~~CCP~~) Program and/or outside health service providers.

EHS-~~CCP~~ staff must obtain approval from their direct supervisor or management staff prior to requesting the Refusal of Health Services form. Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.

A completed Refusal of Health Services form must be scanned into Child Plus. The form must include parent/guardian and staff signatures. In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) ~~he/she declines~~they decline. The refusal on a consent form does not require any other statement from the parent or guardian.

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (d)(2)

	<p style="text-align: center;"><b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b></p>		
<b>HEALTH 5</b>			
<b>SUBJECT</b>	Oral Health and Education		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b> <u>4/23/19</u>	<b>Policy Council Revision:</b> <u>4/23/19</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
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**Policy:**

~~A program must promote effective oral health hygiene by ensuring all children with teeth are assisted in brushing their teeth with toothpaste containing fluoride once daily.~~

~~The Early Head Start ~~—Child Care Partnership~~ (EHS-~~CCP~~) Program, Service Providers, ~~and Home Based Visitors~~ will ensure children brush their teeth once a day during program hours. to promote effective oral health hygiene.~~

~~Service Providers, ~~Provider~~ ~~Provider~~ and Home Based Visitors~~ will ensure that educational oral health activities are provided in both the center and home-based options. ~~.~~

**Tooth-Brushing:**

~~Center Based~~ Service Providers~~ss~~ must promote effective oral health hygiene among children in conjunction with at least one meal and include on the respective classroom daily schedule for center-based services. After breakfast, lunch or PM snack, staff or volunteers must assist children in brushing using a “rice-sized” amount of fluoride tooth paste for children under two years of age with teeth. For children over the age of two years use a “pea size” amount of fluoride toothpaste. Service Providers will notify parents that fluoride toothpaste is used. Non-fluoride toothpaste may be used upon written request due to medical or other personal reasons.

Service Providers~~ss~~ will comply with the following:

• **Sanitation:**

- Tables should be clean and free of food debris.
- Toothpaste should **not** be put directly on a toothbrush and/or a non-disposable surface, such as a table or tray unless toothpaste has been provided for the individual child and is clearly labeled with the child’s name
- Toothbrushes should be thoroughly rinsed after tooth brushing.

- **Measures to prevent cross contamination:**

- Toothbrushes should be labeled with the child's first and last name and stored upright, in an air-dried position, covered and with no part of one toothbrush touching another toothbrush.

• **Additional guidelines:**

- Children should spit out excess toothpaste after brushing. At least one staff member should supervise proper tooth brushing techniques.
- A child's toothbrush may be discarded and replaced when
  - ~~R~~requested by a parent/guardian
  - ~~D~~ue to illness
  - ~~-or other~~Other personal reasons-
- ~~T~~oothbrushes should be replaced every 3 months or sooner if the bristles become splayed or worn.

~~Home Based Service Provider must promote effective oral health hygiene among children in conjunction with at least one meal. After breakfast, lunch or PM snack, Home Based Visitor with the parent/ guardian must assist child(ren) in brushing using a "rice sized" amount of fluoride tooth paste for children under two years of age with teeth. For children over the age of two years use a "pea size" amount of fluoride toothpaste. Service Providers will notify parents that fluoride toothpaste is used. Non fluoride toothpaste may be used upon written request due to medical or other personal reasons.~~

- ~~— Children should spit out excess toothpaste after brushing. Parent/ Giardian should supervise proper tooth brushing techniques.~~
- ~~— A child's toothbrush may be discarded and replaced when~~
  - ~~— Requested by a parent/guardian~~
  - ~~— Due to illness~~
  - ~~— Other personal reasons~~
  - ~~— Toothbrushes should be replaced every 3 months or sooner if the bristles become splayed or worn.~~

Dental hygiene will be discussed using the dental puppet and the dental book, as age appropriate.

**Performance Standard:**

1302.43

**Reference:**

<http://eclkc.ohs.acf.hhs.gov>, Recommendations for Oral Health Caring for Our Children

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>HEALTH 6</b>			
<b>SUBJECT</b>	Critical Health Concerns		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	<del>8/1/2019</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b> <del>4/23/19</del>	<b>Policy Council Revision:</b> <del>4/23/19</del>	<b>Governing Body Approval:</b> <del>5/23/19</del>	<b>Governing Body Revision:</b> <del>5/23/19</del>
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**Policy:**

A critical health concern is a medically identified condition that affects the child while in the Child Care Centercare of the Early Head Start (EHS) Service Provider and may require medication, monitoring, or emergency care. ~~The Early Head Start-EHS~~Child Care Partnership Program (EHS-CCP) will use the Child Health History form and Well Child Exams to identify information on the child's health needs. ~~EHS-CCP~~ will develop and implement procedures that address the following:

- Critical health concerns that need accommodations while the child is in care must be diagnosed by a healthcare professional and documented on a signed statement/ form before child attends the center.

~~EHS-CCP~~ staff in collaboration with the Service Providers ~~s~~ will develop a system to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided.
- Identify and address major community health issues, as indicated in the Community Assessment and parent survey and shared at the Health Advisory Committee or by the local health department.
- Identify and address any relevant critical health concern data -related to child assessment data, including health problems such as failure-to-thrive, diabetes, asthma, anaphylaxis, epinephrine injection, and any other condition (ie: dental items) requiring special health care considerations. Provide resources/ information when needed.
- Share relevant individual child health-related information with appropriate center staff.
- Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, doctor's and dentist for consultations on ways to assist staff and families, working with children with disabilities or health related concerns.

Follow-up and documentation related to critical health concerns will be conducted according to the *Head Start Program ChildPlus Scan Order and Process Guide* and the applicable *ChildPlus Data Entry Guide*.

**Performance Standard:**

1302.42

**Other References:**

Caring For Our Children, 3<sup>rd</sup> Edition, 9.2.3.6 and 9.2.3.7;  
Child Care Licensing 746.605 (13)

# ***Nutrition***



	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>NUTRITION 1</b>			
<b>SUBJECT</b>	Nutrition Services and Special Diets		
<b>REFERENCE</b>	Nutrition Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b> <u>4/23/19</u>	<b>Policy Council Revision:</b> <u>4/23/19</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
<b>PAGE: 1 of 2</b>			

**Policy:**

Early Head Start ~~—Child Care Partnership~~ (EHS-~~CCP~~) staff will use the EHS-~~CCP~~ Program Nutrition Assessment Form to identify information on family eating patterns, including cultural, religious, ethnic, and special dietary requirements for each child with nutrition-related health problems.

Service Providers will ensure that:

- ~~conform~~ ~~to~~ Meals and snacks provided are 2/3 of the child’s daily nutritional needs and ~~conform~~ ~~to~~ appropriate US Department of Agriculture (USDA)/ Child and Adult Care Food Program (CACFP) requirements.
- ~~Provide appropriate healthy snacks and meals are provided to each child during group socialization activities in the home based option.~~
- ~~Serve, e~~Children who have not received breakfast upon arrival at the program ~~a~~ are served a nourishing breakfast no matter the arrival time of the child.
- Food allergies and intolerances that require special dietary restrictions must be diagnosed by a healthcare professional and documented on a signed statement/ form before child attends the center.
- ~~Food substitutions are made if a parent/ guardian’s declaration of a religious or ethnic preference for their child’s dietary restrictions is provided in a written statement indicating the child’s food restrictions.~~
- ~~A parent/ guardian’s declaration of a religious or ethnic preference for their child’s dietary restrictions must be provided a in a written statement indicating the child’s food restrictions. Service provider will make accommodations for food substitutions.~~
- ~~For individual children with special medical or dietary needs, substitutions/ modifications can be made in meal patterns without approval from the USDA/CACFP program if a supporting statement signed by a healthcare professional is on file. Supporting statement should specify how each child’s diet is restricted and which foods provided by the program or the parents must be substituted.~~

EHS-CCP staff in collaboration with the Service Providers will develop a system to:

- Identify and provide necessary substitutions for a child's meal once a health care professional's note has been provided. All formula for infants/toddlers ~~whether they require special dietary accommodations~~ will be provided ~~for all EHS CCP families through the program.~~

- Identify and address major community nutritional issues, as indicated in the Community Assessment and parent survey and shared at the Health Advisory Committee or by the local health department.
- Identify and address any relevant nutrition-related child assessment data, including nutrition-related health problems such as obesity, iron deficiency, failure-to-thrive, food allergies and food intolerances and any other condition requiring special dietary considerations (e.g., diabetes). Provide resources/ information when needed.
- Share relevant individual child nutrition-related information with appropriate center staff.
- Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists or dietitians for consultations on ways to assist staff and families, working with children with disabilities or nutrition related concerns.

The current weekly menu must be posted at all times on the parent board in the classrooms.

**Performance Standard(s):**

1302.31 (e)(2); 1302.42 (b)(4); 1302.44

**Reference:**

USDA 7CFR 226.17

	<b>DHS Early Head Start <del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>		
<b>NUTRITION 2</b>			
<b>SUBJECT</b>	Outside Food & Adult Meals		
<b>REFERENCE</b>	Nutritional Services		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

To ensure the nutritional needs and safety of all Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~) Program children are met, only food on the approved menu is allowed during EHS-~~CCP~~ meal service times.

Exceptions will only be allowed and must be accompanied by a Health Care Professional’s note indicating medical, and/ or dietary needs of the child. A parent/guardian’s note will be accepted for religious/ ethnic dietary restrictions for the child.

Due to food allergies and intolerances, Service Providers will ensure that each child’s health, and safety, and confidentiality is maintained during meal service by developing a communication system to share relevant individual child nutrition-related information with appropriate staff according to the Texas Health and Human Services Child Care Licensing Minimum Standards.

**Classroom Staff, Parents/Guardians, and Volunteers:**

Any adults, including teachers, teacher substitutes/ floaters, parents/guardian’s and/or volunteers, participating during meal times including breakfast, lunch, and snack, must share the same meals as the children, free of charge. This includes field trips and other EHS-~~CCP~~ related activities/events. Any adult receiving food, paid for by the Program, must be involved in the meal with the students at some point during the scheduled meal service.

Staff and volunteers will only drink what is available for the children by utilizing the same type and size of cups during meal times and/or clear water bottles throughout the day.

**Class Parties and Celebrations:**

Service providers will follow Texas Department of Family and Protective Services Child Care Licensing and USDA/CACFP guidelines in regards to birthday celebrations and outside food. Staff should promote healthy eating habits, ensure that all children receive a nutritious and balanced diet, and accommodate children with food allergies and/or intolerances, and/or other dietary

restrictions.

**Performance Standard:**

1302.31 (e)(2);1302.44;1302.47(7)(vi)

**Related Policies:**

Education 14 Learning ~~During~~during Meal Time

**Reference:**

USDA 7CFR 226.17

***PDM***



	<b>DHS, Early Head Start <del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>		
<b>PDM 1</b>			
<b>SUBJECT</b>	Program Monitoring		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<u>8/1/2016 10/1/2020</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: <u>4/23/19</u></b>	<b>Governing Body Approval: <u>5/23/19</u></b>	<b>Governing Body Revision: <u>5/23/19</u></b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Early Head Start Program ~~Child Care Partnership Program~~ (EHS-~~CCP~~) will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery and program operations. The program will abide by all local, state, and federal regulations. The EHS-~~CCP~~ will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

The EHS-~~CCP~~ Program will use the following monitoring systems:

- Service Provider level monitoring systems for ongoing monitoring efforts and activities to include regular site visits to all EHS-~~CCP~~ Service Providers and classrooms
- Site visits to all EHS-~~CCP~~ ~~centers~~ sites will be announced and unannounced
- Service Provider level monitoring through the Texas Health and Human Services Commission/ Child Care Licensing ([THHSCCL](#))
- Service Provider level monitoring through the Texas Rising Star, [Texas Workforce Commission's Child Care Subsidy program when applicable](#) ~~Texas Workforce Commissions' Child Care Subsidy program~~
- Grantee level monitoring system that ensures Service Providers are effective in oversight of service delivery systems and remain in compliance with all local, state, and federal regulations
- Periodic collecting and reporting of program data to the grantee, by Service Providers
- Utilization of ChildPlus by the Grantee and the Service Providers to collect and record information about children and families for data analysis, evaluation and program improvement
- Collaborative review of program information for planning and future development decisions
- Annual Self-Assessment
- Managed by Information (MBI) Reporting
- Content Area Data Reports

| **The EHS-CCP Program's Responsibilities:**

The ~~EHS-CCP~~ Program will develop procedures for ongoing monitoring of the program. These procedures will provide guidance and expectations of how the ~~EHS-CCP~~ program will monitor internally and externally. These procedures will also include the requirements for reporting findings.

~~EHS-CCP~~ will establish a monitoring model that will help ensure timely and effective delivery of services and provide content area expertise and support to the ~~EHS-CCP~~ Service Providers. ~~EHS-CCP~~ will focus on direct monitoring, reviewing, and analyzing the results of Service Providers.

~~EHS-CCP~~ will monitor required program tasks and responsibilities to ensure completion within required timelines and according to guidelines provided in the Head Start Program Performance Standards, federal and state regulations, and local laws and rules.

Monitoring of the ~~EHS-CCP~~ Program is a continuous process. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, Policy Council and the Governing Body to determine the level of compliance with Head Start Performance Standards, Federal, State and local laws and rules.

The ~~EHS-CCP~~ Program will follow-up on monitoring issues or concerns to ensure corrective action and implementation of quality improvement plans. ~~EHS-CCP~~ may provide training and technical assistance and resources to assist the Service Providers in developing and implementing a corrective action and quality improvement plan.

The ~~EHS-CCP~~ Program will establish an annual monitoring calendar of monitoring activities and will share with the Service Providers.

The Grantee-EHS Program will conduct the annual Self-Assessment by utilizing program data. Results are shared with stakeholders including parents, Policy Council members, Governing Body members, community members, and program staff.

### **Service Provider Responsibilities:**

Service Providers are responsible for the following:

- Allowing access to ~~EHS-CCP~~ Program monitor for scheduled and unscheduled visits
- Taking corrective action
- Requesting assistance from the Grantee when needed
- Reporting any results pertinent to the operations of the Service Provider
- Implementing a quality improvement plan that prevents reoccurrence of previous findings

### **Monitoring Approach:**

#### **Three, Three Tiered Approach**

Ongoing monitoring for the ~~EHS-CCP~~ Program is a three-tiered approach.

- First - Monitoring is completed by the THHSCCL for all Service Providers.
- Second — Service Providers will complete program monitoring to ensure Head Start Performance Standards are maintained. The ~~EHS-CCP~~ Program provides monitoring to ensure understanding and compliance with the Head Start Performance Standards and expectations. When applicable, Texas Rising Star (TRS) system recognized as the Quality Rating Improvement System (for the state of Texas) assessments will serve as an additional

level of monitoring.

- ~~Third – The State of Texas Rising Star (TRS) system recognized as the Quality Rating Improvement System for the state of Texas.~~
- Third – The EHS-CCP Program provides monitoring to ensure understanding and compliance with the Head Start Performance Standards and expectations. EHS Contractor will complete program monitoring to ensure Head Start Performance Standards are maintained.

Ongoing monitoring continues to provide recommendations to enhance the quality of care and services to children and to provide safe and healthy environments through the following service areas:

- Environmental Health and Safety
- Education Services
- Health /Dental Services
- Nutrition
- Disabilities
- Wellness Support Services
- Family & Community Support
- ERSEA
- Human Resources
- Transportation

The EHS-CCP Program will utilize the results of monitoring efforts and activities to further evaluate compliance with Head Start Performance Standards and regulations.

**Service Provider Corrective Action:**

**Following the receipt of results from a monitoring project completed by the City, the Service Providers will:**

- Complete all Correction Action Plans (CAPs) in ChildPlus within 15 business days;
- Address any findings related to child health and safety that is an immediate threat to children within 24 hours;
- ~~The Service Provider may request extension for completion of a CAP~~

The Service Provider or service area manager may request an extension prior to the initial deadline along with justification if they are unable to meet the deadline for the completion of a CAP. Based on the justification, the extension may or may not be granted. The EHS Senior Special Projects Manager ~~over the EHS CCP Program~~ or Head Start Administrator may give permission and/or add provisions related to the CAPs.

**Performance Standard(s):**

Subpart J-Program Management and Quality Improvement  
1302.100 – 1302.103 (a-b)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>PDM 2</b>			
<b>SUBJECT</b>	Standards of Conduct		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Head Start Program, [including Early Head Start](#), staff, consultants, contractors, and volunteers must abide by the program’s Standards of Conduct that:

- a. Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior;
- b. Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
  - i. Use corporal punishment;
  - ii. Use isolation to discipline a child;
  - iii. Bind or tie a child to restrict movement or tape a child’s mouth;
  - iv. Use or withhold food as a punishment or reward;
  - v. Use toilet learning/training methods that punish, demean, or humiliate a child;
  - vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - vii. Physically abuse a child;
  - viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or,
  - ix. Use physical activity or outdoor time as a punishment or reward;
- c. Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
- d. Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and,

- e. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Furthermore, all staff, consultants, contractors, volunteers, ~~and~~ Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.

**Performance Standard(s):**

1302.90(c)(1); 1303(C)

	<p style="text-align: center;"><b>DHS Early Head Start-<del>Child Care</del> Partnership</b></p> <p style="text-align: center;"><b>Program <u>Policy</u> Policy</b></p>		
<b>PDM 3</b>			
<b>SUBJECT</b>	Staff Performance Appraisals		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>4/13/2010</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Head Start Program, including ~~the~~ Early Head Start, Grantee and Service Providers, will follow their agency or school district guidelines concerning staff performance appraisals. At a minimum, all Head Start employees are required to have an annual performance review conducted and on file. The results of these reviews will be used to identify staff training, professional development needs, modify staff performance agreements, as necessary, and assist each staff member in improving their skills and professional competencies.

	<b>DHS Early Head Start-<del>Child Care</del> Partnership- Program Policy</b>		
<b>PDM 4</b>			
<b>SUBJECT</b>	Training and Professional Development		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, [including Early Head Start](#), will ensure all new staff, consultants and volunteers ~~receive~~[receives](#), at a minimum, an orientation that includes the goals and underlying philosophy of Head Start including the Head Start Program Performance Standards, regulations, policies and procedures.

The Head Start Program must provide appropriate training and technical assistance to include orientation to the governing body, advisory committee, and policy council. The training must include review of program governance and eligibility verification indicated in 1302.12(m). This is to ensure the staff and governing body members understand the information and can effectively oversee the direction of the Head Start Program.

Additionally, the Head Start Program will develop and implement a procedure for staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services. At a minimum, the procedures must include:

- a. Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act;
- b. Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws;
- 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 services staff, including staff that work on family services,

health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes. All teaching staff assigned to a co-teach classroom

must receive training specific to the co-teach model; and,

- e. Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early 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 (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.
- f. Mental health and wellness information available to staff regarding health issues that may affect their job performance. The program, must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.

**Performance Standard(s):**

1301.5; 1302.12(m); 1302.92(a-b); 1302.93(b)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>PDM 5</b>			
<b>SUBJECT</b>	Harassment and Discrimination		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <del>7/25/17</del></b>	<b>Policy Council Revision: <del>7/25/17</del></b>	<b>Governing Body Approval: <del>9/28/17</del></b>	<b>Governing Body Revision: <del>9/28/17</del></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program will maintain a work environment free from sexual and other unlawful harassment and discrimination. Discrimination on race, creed, color, national origin, sex, age, religion, or ethnic group, sexual orientation, gender identity, gender expression, political affiliation, or belief, genetic information, or disability or veteran status will not be tolerated.

Additionally, the EHS-~~CCP~~ Program is governed by all existing agency, state and federal policies prohibiting unlawful harassment, in any form and discrimination on any basis.

**Head Start Act:**

CFR 45 Part 80; 45 CFR Part 84

Sec. 654. NONDISCRIMINATION PROVISIONS; American with Disabilities Act (ADA); Age Discrimination in Employment Act (ADEA)



**DHS Early Head Start-~~Child Care~~  
Partnership Program Policy  
Policy**



**PDM 6**

<b>SUBJECT</b>	Staff Qualifications and Competency Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <del>7/25/17</del></b>	<b>Policy Council Revision: <del>7/25/17</del></b>	<b>Governing Body Approval: <del>9/28/17</del></b>	<b>Governing Body Revision: <del>9/28/17</del></b>
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**Policy:**

The Head Start Program, including Early Head Start, will ensure all staff, consultants, and contractors meet the following criteria and have sufficient knowledge, training and experience, and must provide ongoing training and professional development to fulfill their roles and responsibilities:

**i. Early Head Start or Head Start Director**

- i. At a minimum, a baccalaureate degree if hired after November 7, 2016;
- ii. Experience in supervision of staff, fiscal management, and administration.

**ii. Fiscal Officer**

- i. At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- ii. Certified Public Accountant.

**iii. Child and Family Services Management Staff**

**i. Family, Health, and Disabilities Management**

- a. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

**ii. Education Management**

- b. A baccalaureate or advanced degree in early childhood education; or
- c. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience

**iv. Child and Family Services Staff**

**i. Early Head Start Teacher**

- a. Child development associate (CDA) credential for Infant and Toddler; or
- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddlers;

**ii. Head Start Pre-K Teachers**

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
  - I. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas.

**iii. Pre-K Head Start Teacher Assistants**

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be enrolled in a program that will lead to degree within two years of hire.

\*Infants are defined as children between the ages of birth – 17 months and Toddlers are defined as children between the ages of 18 -36 months

**iv. Family Support Workers**

- a. Must have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.

**v. Health Professionals**

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Program must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dieticians or nutritionists with appropriate qualifications.

**vi. Coaches**

- a. Minimum of a baccalaureate degree in early childhood education or a related field.

**Performance Standard(s):**

1302.91(a-d); 1302.92(c-d)

**Head Start Act:**

HS Act 645A(h); Sec 648 A (a)(1-3)

	<b>DHS Early Head Start <del>Child Care Partnership</del> Program <u>Policy</u></b> <b>Policy</b>		
<b>PDM 7</b>			
<b>SUBJECT</b>	Identification and Reporting of Child Abuse and Neglect		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <u>4/23/19</u>	<b>Policy Council Revision:</b> <u>4/23/19</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start ~~Child Care Partnership~~ Program (EHS-~~CCP~~) must develop and implement procedures to respond to suspected or known child abuse whether it occurs at or away from the program.

All Head Start staff including Service Provider staff, as well as teachers, teacher assistants, floaters, substitutes, a site personnel, and consultants and volunteers must follow the Service Provider’s policies and procedures regarding child abuse and neglect.

The EHS-~~CCP~~ Senior Special Projects Manager must be notified within 24 hours of an incident that has occurred within the EHS-~~CCP~~ Program. The Head Start Administrator must also be notified of any report that has been made for suspected child abuse or neglect occurring away from the EHS-~~CCP~~ within 24 hours of notification. Such official incident reporting must be provided in writing.

Additionally, when any Head Start Program Staff, contractors, Service Providers, ~~Child Care Center~~ staff or Volunteers witness or suspect child abuse or neglect they must make a report to the Texas Department of Family and Protective Services (TDFPS) within 48 hours. According to the State of Texas, Title 5, Chapter 261 of the Family Code, “child abuse is an act or omission that endangers or impairs a child’s physical, mental or emotional health and development.” Child abuse may take several forms including, but not limited to:

- Physical, mental or emotional injury
- Sexual abuse
- Sexual exploitation
- Physical neglect
- Medical neglect
- Inadequate supervision

In filing a report, personnel will follow state regulations regarding the timeframes that reports must be made, the information that must be reported, and confidentiality of reported information.

Service Providers will develop and implement procedures to notify the parents/guardians of any suspected or known child abuse incidents occurring within the EHS-CCP Program. EHS-CCP City staff and Service Providers must also comply with Texas Health and Human Services Commission/Child Care Licensing Minimum Standards.

Should the Service Provider be informed that a report has been made for suspected child abuse or neglect occurring outside the Head Start Program, they must comply with notification requirements outlined in this policy.

All EHS-CCP staff, including teachers, teacher assistants, and all other campus or site personnel, consultants and volunteers receive training on procedures for identifying and reporting child abuse or neglect. EHS-CCP staff are expected to fully cooperate with Texas Department of Family Protective Services, Texas Health and Human Services Child Care Licensing and other applicable agency personnel to report any suspected or known incidents.

**Performance Standard(s):**

1302.41; 1302.47(5)(i); 1302.90; 1302.92(b)(2); 1302.102  
1302.47(b)(4)(i)(K); 1302.47(b)(5)(i); 1302.53(a)(2)(iii); 1302.90(b)(2); 1302.92(b)(2)  
1302.102(d)(1)(ii)(A); 1303.22(c)(5)(iii); 1303.22(c)(8)

**Resources:**

Office of the Texas Attorney General, "What Can We Do about Child Abuse Part 2":  
[https://www.texasattorneygeneral.gov/ag\\_publications/txts/childabuse2.shtml](https://www.texasattorneygeneral.gov/ag_publications/txts/childabuse2.shtml)

Family Code, Chapter 261. Investigation of Report of Child Abuse or Neglect  
<http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.261.htm>

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program Policy</b>		
<b>PDM 8</b>			
<b>SUBJECT</b>	Community Complaints		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, including Early Head Start, encourages a climate of open communication between parents, program employees, and community members. Head Start and Service Provider staff are available to provide support and to assist any parent or community resident who has a complaint, problem or concern.

Parents/guardians and community residents are encouraged to attempt to resolve Head Start complaints, problems or concerns at the center/school level by talking to a teacher, Family Support Worker, center director or principal. Parent/Guardians may at any time also talk directly to any Head Start staff member or Head Start Administrator about any issues or concern. Concerns/complaints may also be submitted using the comment section of the Head Start website at [www.saheadstart.org](http://www.saheadstart.org).

If attempts to informally resolve the concern/problem are not successful, the following formal steps may be taken:

1. Call, email, meet with, or provide a written statement to the Head Start Education Service Provider Director. The Director will provide the parent/guardian or community resident a recommendation for resolution of the concern/problem within five business days of receipt of the issue. The Director may request additional time if required to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 2.
  
2. Call, email, meet with, or provide a written statement to the City of San Antonio Head Start Program Administrator. The Head Start Administrator will have five business days to resolve the concern/problem. The Head Start Administrator may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 3.

3. Submit a signed, written statement to the City of San Antonio City Council's Governing Board/Advisory Committee. The statement shall describe in detail the complaint, problem or concern and steps taken to resolve the issue. The City of San Antonio City Council's Governing Board/Advisory Committee will provide a written response within 15 business days of receipt of the written statement. The City of San Antonio City Council's Governing Board is the last formal step in resolving parent/community resident complaints or concerns and the resolution is final.

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program Policy</b>		
<b>PDM 9</b>			
<b>SUBJECT</b>	Critical Incident Reporting		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: <del>5/23/19</del></b>
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**Policy:**

The Early Head Start-~~Child Care Partnership~~ Program (EHS-~~CCP~~) must develop and implement a system for Critical Incident Reporting (CIR). All staff must be trained on incident reporting. A critical incident includes, but is not limited to:

- Suspected child abuse which may or may not have occurred during service hours.
- Allegations of child abuse/neglect against any EHS-~~CCP~~ staff member, volunteer or contractor, injury to a child due to lack of supervision or unacceptable methods of child guidance
- Incidents which may have placed a child, family member or staff in danger, including any incidents in which a child was left unsupervised
- Health incidents and illnesses, which include, but are not limited to:
  - Injuries that require urgent medical attention by a health-care professional
  - Child or staff member leaving by emergency medical transport
  - Contagious diseases that could lead to an outbreak
  - Child receiving outside medical attention at any point in time for an injury sustained during EHS-~~CCP~~ program hours
- Any incident which has the potential to generate negative media coverage
- Any media inquiry/coverage of the program
- Unplanned interruption in EHS-~~CCP~~ Program services
- Closure of any facility or part of a facility, including outdoor play areas
- Accidents involving vehicles that transport children and families

When applicable, parents/guardians must be notified of critical incidents within 24 hours of occurrence. Providers must also provide notification to the EHS-CCP [Senior](#) Special Projects Manager or designee within 24 hours.

**Performance Standard(s):**

1302.47(c); 1302.102(d)(1)(ii); 1304.12; 1303.79(b)(3)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>PDM 10</b>			
<b>SUBJECT</b>	Personnel		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: <del>8/17/18</del></b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, [including Early Head Start \(EHS\)](#) and Education Service Providers will abide by their internal agency personnel policies and procedures which must meet or exceed applicable requirements including Head Start regulations as well as local, state and federal laws.

The City of San Antonio Head Start Program personnel policies must be approved by the Governing Board, or the designated Advisory Committee, and Policy Council and must be available to all staff. The Head Start Policy Council will approve decisions regarding the employment of program staff as stated in paragraph 1(E)(iv)(IX), regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, and any other person in an equivalent position within the Head Start Program.

The Head Start Program collaborates with the City of San Antonio’s Human Resources Department to ensure all newly hired City staff complete the required criminal background checks prior to employment. According to the City of San Antonio’s Administrative Directive (AD) 4.55, the City conducts Criminal Background Checks (CBC) as part of the initial employment process and applies to volunteers and interns.

**Head Start Program and Education Service Provider Background Check Requirements:**

- a. Before a person is hired, directly or through a contract, including transportation staff and contractors, the Head Start Program and Education Service Providers must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following:
  - i. State or tribal criminal history records, including fingerprint checks; or,
  - ii. Federal Bureau of Investigation criminal history records, including fingerprint checks.
- b. A program has 90 days after an employee is hired to complete the background check process

by obtaining:

- i. Whichever check listed in paragraph (a) of this section was not obtained prior to the date of hire; and,
  - ii. Child abuse and neglect state registry check, if available.
- c. A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check.
- d. A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the background check process is complete.
- e. A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years and must include each of the four checks listed above.

Staff who has direct contact with children will abide by Department of Health and Human Services Commission Child Care Licensing requirements, whichever is most stringent.

The Head Start Program will consider current and former program parents for employment vacancies for which such parents apply and are qualified.

**Performance Standard(s):**

1302.90(a-b);

**Head Start Act:**

642(c)(1)(E)(iv)(V)(cc); 642(c)(1)(E)(IX); 642(c)(2)(D)(vi)

**City of San Antonio Administrative Directive (AD):**

4.55 Background Checks/Reporting Arrests, Indictments and Convictions

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u></b> <b><u>Policy</u></b>		
<b>PDM 11</b>			
<b>SUBJECT</b>	Program Governance		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <u>4/23/19</u></b>	<b>Policy Council Revision: <u>4/23/19</u></b>	<b>Governing Body Approval: <u>5/23/19</u></b>	<b>Governing Body Revision: <u>5/23/19</u></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The [Head Start Program, including](#) Early Head Start, ~~—Child Care Partnership—~~(EHS-~~CCP~~) [Program](#) has established a formal structure for program governance that includes the City of San Antonio City Council as the Governing Body, and the Head Start Policy Council. City Council has the legal and fiscal responsibility to administer and oversee the Head Start and Early Head Start-~~Child Care Partnership~~ [P](#)programs and has authorized a subcommittee to oversee key responsibilities related to program governance and improvements of the Head Start programs. The Head Start Policy Council allows for parent participation in policy making and other decisions about the program, as required by the Head Start Program Performance Standards and Section 642 (c) of the Head Start act.

In addition, the Head Start Program will establish parent committees exclusively of parents of currently enrolled children to advise staff and communicate with the Policy Council.

**Performance Standard:**

1301

**Head Start Act:**

Sec. 642(c)(1)(E)(iv)(XI) and Sec. 642 (c) (2)

	<b>DHS Early Head Start-<del>Child Care</del>- Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>PDM 12</b>			
<b>SUBJECT</b>	Impasse		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <del>7/25/17</del></b>	<b>Policy Council Revision: <del>7/25/17</del></b>	<b>Governing Body Approval: <del>9/28/17</del></b>	<b>Governing Body Revision: <del>9/28/17</del></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

To facilitate meaningful consultation and collaboration about decisions of the Governing Board, Advisory Committee and the Head Start Policy Council (HSPC), written impasse procedures ~~are~~is established for resolving internal disputes in a timely manner. These procedures meet the requirements established in the Head Start Program Performance Standards.

This policy, detailed further in the Impasse Procedure, seeks to ensure that matters of internal dispute are resolved in a respectful, professional, and timely manner to safeguard the integrity and continued funding and operation of the Head Start Program.

**Performance Standards:**

1301.6; HS Act 642(d)(1)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> Policy</b>		
<b>PDM 13</b>			
<b>SUBJECT</b>	Confidentiality		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: 7/25/17</b>	<b>Policy Council Revision: 7/25/17</b>	<b>Governing Body Approval: 9/28/17</b>	<b>Governing Body Revision: 9/28/17</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start ~~–Child Care Partnership–~~(EHS-~~CCP~~) Program is committed to ensure the security and confidentiality of personnel, children, and family information. The EHS-~~CCP~~ Program, including Grantee and Service Providers must establish data management procedures on the effective use and sharing of data in accordance with the Head Start Program Performance Standards.

Confidentiality requirements include, but are not limited to, the following:

- a) Physical and electronic records are secured;
- b) Only authorized staff members may access ~~personnel~~personal child and family information;
- c) Staff members share child information on a need-to-know basis;
- d) Written consent from the parent/guardian is required prior to the release of any individual child or family records.
- e) Staff is trained on how to maintain confidentiality;

Only information that is essential to provide services is recorded and maintained for any child enrolled in the Head Start ~~Program–Program.~~ Parents/ guardians are the primary source of information about themselves, and any information sought from them is limited to that which is essential for service.

The sharing of information with community partners is encouraged only if it improves service delivery and is done in accordance with this confidentiality policy. Sharing of information with outside agencies for purposes other than coordination of services must be pre-approved by the Head Start Program Administrator.

Confidentiality must be maintained in accordance with this policy, local, state and federal requirements.

**Performance Standard:**

1302.22; 1302.101(b)(4); 1303.20

	<p style="text-align: center;"><b>DHS Early Head Start-<del>Child Care</del> Partnership</b></p> <p style="text-align: center;"><b>Program <u>Policy</u> Policy</b></p>		
<b>PDM 14</b>			
<b>SUBJECT</b>	Research Studies with Head Start Families		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval: <del>7/25/17</del></b>	<b>Policy Council Revision: <del>7/25/17</del></b>	<b>Governing Body Approval: <del>9/28/17</del></b>	<b>Governing Body Revision: <del>9/28/17</del></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head ~~Start Child Care Partnership~~ (EHS-~~CCP~~) Program must follow the established guidelines for research study requests involving Head Start children and families.

A written request must be provided to the Grantee for approval when a request to support a research study involves children and families enrolled in the Head Start program and/or involves secondary Head Start data (research collected by the Head Start program for another purpose). This request must include assurances that the study will be conducted in compliance with the Head Start Program Confidentiality policy, 45 CFR 46 and 45 CFR 46 Subpart D (additional protections for children) and include the following basic elements:

- Person or entity conducting the study
- Type of research study
- Title of project
- Timeframe for study
- Proposed subjects
- Methodology and data collection
- Purpose of study and use of information collected
- Method to obtain parental permission and child’s agreement (if applicable) unless a waiver has been granted by an Institutional Review Board (IRB) or other agency in accordance with section 46.116 (c) or 46.116 (d) of 45 CFR 46
- How anonymity and confidentiality of subjects will be maintained
- Documentation of agency approval and/or approval by an IRB, if applicable

The Grantee has a right to review and edit documentation prior to publication. At the conclusion of the project, anticipated dates of publication will be provided to the grantee as well as a copy of all published reports.

**Related Regulations:**

45 CFR 46 and 45 CFR 46 Subpart D

	<b>DHS Early Head Start-Child Care Partnership Program Policy</b> <b>Policy</b>		
<b>PDM 15</b>			
<b>SUBJECT</b>	Health Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <u>4/23/19</u>	<b>Policy Council Revision:</b> <u>4/23/19</u>	<b>Governing Body Approval:</b> <u>5/23/19</u>	<b>Governing Body Revision:</b> <u>5/23/19</u>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, [including Early Head Start](#), will develop and implement procedures requiring identified program staff to submit a copy of their most recent physical exam or approved health document within 30 business days of hire to ensure that staff do not pose a significant risk to the health or safety of others in the program. The physical exam or approved health document must not be more than 12 months old and must include appropriate screenings or tests for Tuberculosis or other communicable diseases as recommended by a healthcare professional.

Every five years after the initial hire date, staff must submit a copy of their most recent physical exam or approved health document. The physical exam or approved health document must not be more than 12 months old and must include appropriate screenings or tests for Tuberculosis or other communicable diseases as recommended by a healthcare professional.

Additionally, the Head Start Program will develop and implement procedures to ensure regular volunteers complete appropriate screenings or tests for Tuberculosis or other communicable diseases as recommended by a healthcare professional.

Documentation of health exams, screenings, and/or tests must be kept on file.

**Performance Standard(s):**

1302.93; 1302.94

	<b>DHS Early Head Start <del>Child Care Partnership</del> Program <u>Policy</u></b>		
<b>PDM 16</b>			
<b>SUBJECT</b>	Staff Safety Training		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2017</del> <u>10/1/20</u>		
<b>Policy Council Approval:</b> <del>7/25/17</del>	<b>Policy Council Revision:</b> <del>7/25/17</del>	<b>Governing Body Approval:</b> <del>9/28/17</del>	<b>Governing Body Revision:</b> <del>9/28/17</del>
<b>PAGE: 1 of 1</b>			

**Policy:**

All Early Head Start ~~Child Care Partnership~~ (EHS-~~CCP~~) Program staff must receive an initial safety orientation within 90 days of hire, on an annual basis, and/or as required by issuing entity. Head Start Program including all contractors will develop and implement procedures to ensure safety training requirements are met and documented.

At a minimum, safety training will include:

- The prevention and control of infectious diseases;
- Prevention of sudden infant death syndrome and use of safe sleeping practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention and response to emergencies due to food and allergic reactions;
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Emergency preparedness and response planning for emergencies;
- Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- Appropriate precautions in transporting children, if applicable;
- First aid and cardiopulmonary resuscitation; and,
- Recognition and reporting of child abuse and neglect.

**Performance Standards:**

1302.47(4); 1302.47(5)(i)

	<p style="text-align: center;"><b>DHS Early Head Start-<del>Child Care</del>- Partnership</b></p> <p style="text-align: center;"><b>Program <u>Policy</u> Policy</b></p>		
<b>PDM 17</b>			
<b>SUBJECT</b>	Emergency Preparedness and Response Plan		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/1/2017</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: <del>8/17/18</del></b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, including ~~the~~ Early Head Start ~~–Child Care Partnership–~~ Program (EHS-~~CCP~~) and Service Providers, will develop and implement an emergency management/disaster preparedness and response plan including natural and man-made disasters and emergencies, and violence in or near the program that includes, at a minimum:

- Emergency Administrative Communication Protocols
- Critical Phone Numbers to Public Emergency Services
- Emergency Management/Disaster Preparedness Team
- Parent/Guardian Contact Protocol

**Performance Standards:**

1302.47(b)(8)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>PDM 18</b>			
<b>SUBJECT</b>	Program Data – Access and Security		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<u>4/23/18</u> <del>10/1/20</del>		
<b>Policy Council Approval: <u>1/22/19</u></b>	<b>Policy Council Revision: <u>1/22/19</u></b>	<b>Governing Body Approval: <u>2/28/19</u></b>	<b>Governing Body Revision: <u>2/28/19</u></b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Head Start ~~p~~Program, including Early Head Start, must establish an internal procedure for proper access and security of program data for the City of San Antonio Department of Human Services Head Start and Early Head Start-~~Child Care Partnership~~ (EHS-~~CCP~~) Program (DHS Head Start).

**Procedure:**

DHS Head Start utilizes ChildPlus as the secure database system for storing and tracking client information.

All user account holders are required to complete ChildPlus Access Request and ChildPlus User Security and Confidentiality Agreement forms. Upon completion, the forms are scanned and attached by the ChildPlus Administrator in ChildPlus under each respective user profile.

By accessing the database, staff understands and agrees to abide by all terms of the ChildPlus User Security and Confidentiality Agreement and any applicable state and federal laws regarding Personally Identifiable Information (PII) and Protected Health Information (PHI).

- Education Service Providers are required to designate a staff member to complete the Personnel Profile for all staff members funded by the Head Start or EHS-~~CCP~~ grant or anyone who works with children or families enrolled in the Head Start or EHS-~~CCP~~ programs under the Management Module in ChildPlus. Designated staff is defined as preauthorized users in the Management/Personnel Module.
- Upon completion of the Personnel Profile, the designee will notify the ChildPlus Administrator if the user requires access to PII. Not all personnel require a ChildPlus user account.
- The ChildPlus Administrator will confirm with the designee the role of personnel and the types of access required.

- The ChildPlus Administrator will complete a User Security profile in ChildPlus, assign a login username and temporary password, restrict access by location, and designate User Security group(s).
- The ChildPlus Administrator will email the new account holder the login username and temporary password.
- The new account holder will log into ChildPlus and change the temporary password to a permanent password.

Authorized ChildPlus users are granted access under one of the following groupings:

- Staff:
  - A ChildPlus personnel account will be created for all staff. ChildPlus user accounts and access is granted upon the approval of the ChildPlus Access Request Form and the completion of the ChildPlus User Security and Confidentiality Agreement Form.
- Education Service Providers:
  - An assigned ChildPlus Super User for each Service Provider formally requests accounts via email for Service Provider Head Start Staff. Service providers are subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA).
- Contracted Providers:
  - A Special Projects Manager or designee will request user accounts for contractual providers via email or meeting with the ChildPlus Administrator. To meet the requirements of HIPAA, DHS Head Start requires any contract that include access to client information include an enforceable Business Associate Agreement (BAA). BAAs are documented in the professional services contract with the DHS Head Start.

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard HIPAA, FERPA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) part B and C data from unauthorized access, acquisition or disclosure. Staff that share PHI, PII and IDEA part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

Only computers configured by ITSD for use on the CoSA network are authorized for accessing ChildPlus.

Staff may utilize a laptop and a secure means such as VPN, Workspace or Citrix to access ChildPlus.

Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen.

Disclosure ChildPlus information to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.

All DHS Head Start staff must successfully complete the following trainings annually:

- CoSA HIPAA 101 Privacy online training module
- CoSA HIPAA 102 Security online training module
- CoSA Employee Security Awareness Day in the Life online training module
- Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must successfully review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and ensure all staff receive training on safeguarding FERPA, HIPAA, PHI, PII and (IDEA) part B and C data.

**Performance Standards:**

1302.101(b)(4)

	<b>DHS Early Head Start-Child Care Partnership Program Policy</b>		
<b>PDM 19</b>			
<b>SUBJECT</b>	Management of Program Data		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<u>10/1/20</u>		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b> <del>1/22/19</del>	<b>Governing Body Approval:</b> <del>2/28/19</del>	<b>Governing Body Revision:</b> <del>2/28/19</del>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including Early Head Start, must establish an internal procedure for proper management of program data for the City of San Antonio Department of Human Services Head Start and Early Head Start ~~start-Child Care Partnership~~ (EHS-CCP) Program (DHS Head Start).

**Procedure:**

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard FERPA, HIPAA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) part B and C data from unauthorized access, acquisition, or disclosure. Staff that share PHI, PII and IDEA part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

- Only computers configured by ITSD for use on the CoSA network are authorized for the storage or transport of PHI, PII and/or IDEA part B and C data.
- Staff may utilize a laptop and a secure means such as VPN, Workspace or Citrix to access systems to view and maintain PHI, PII, and IDEA part B and C files.
- Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen.
- Disclosure of PII and/or PHI, and/or IDEA part B and C to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.
- Personal devices shall not be used to store or transmit unencrypted protected data.
- Any removable media or storage devices used to transfer PHI, PII, and/or IDEA part B and C data must be encrypted.

- If any PHI, PII, and/or IDEA part B and C data is transmitted via email attachment, the attachment must be protected by a password. The password to access the attachment must be sent to the recipient in a separate email.
- Hard copies (i.e., paper) of any PHI, PII, and/or IDEA part B and C data must be kept secured in a lockable file cabinet or other secured storage.
- In the event that PHI, PII, and/or IDEA part B and C data, either hard copy or electronic, are transported between locations, staff must take all precautions to ensure the materials remain secure and must remain in the presence of staff at all times.

#### Facsimiles

- Any documents received via facsimile, either telefax or online, that contain PHI, PII and/or IDEA part B and C data shall be uploaded or scanned into appropriate software (i.e., ChildPlus) as soon as possible. Any electronic copies of the facsimile should be saved to the user's desktop; once the upload is completed the file should be deleted and the deletion confirmed. Any hardcopies of the facsimile must be stored in a secure location or destroyed.
- Any hardcopies of the documents sent via facsimile, either telefax or online, that contain PHI, PII and/or IDEA part B and C data shall be either stored in or destroyed.

All DHS Head Start staff must successfully complete the following trainings annually:

- CoSA HIPAA 101 Privacy online training module
- CoSA HIPAA 102 Security online training module
- CoSA Employee Security Awareness Day in the Life online training module

Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must successfully review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and receive training on safeguarding FERPA, HIPAA, PHI, PII and IDEA part B and C data.

#### **Performance Standards:**

1302.101(b)(4)

	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>PDM 20</b>			
<b>SUBJECT</b>	Program Information Report Data Entry and Completion		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	<del>8/2019</del> <u>10/1/20</u>		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program, including [Early Head Start](#), the Grantee and Education Service Providers will develop and implement a process of ongoing record keeping and reporting through the utilization of ChildPlus to collect and record information about children and families for data analysis, evaluation, program improvement, and reporting required by the Head Start Act. This process will ensure timely and accurate submission of the Program Information Report (PIR) to the Office of Head Start.

The Grantee and Education Service Providers will develop and implement procedures to ensure information required for the Program Information Report is entered, reviewed, and updated according to the *City of the San Antonio Benchmark Due Date Guide* and applicable *ChildPlus Data Entry Guides*.

**Performance Standards:**

1302.101(b)(4)

**Head Start Act:**

642(d)(2)

# *Transportation*



	<p align="center"><b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b></p>		
<b>TRANSPORTATION 1</b>			
<b>SUBJECT</b>	General Requirements		
<b>REFERENCE</b>	Transportation		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval:</b> <u>4/24/18</u>	<b>Policy Council Revision:</b> <u>4/24/18</u>	<b>Governing Body Approval:</b> <u>8/17/18</u>	<b>Governing Body Revision:</b> <u>8/17/18</u>
<b>PAGE: 1 of 1</b>			

**Policy:**

Early Head Start —~~Child Care Partnership~~ Program (EHS-~~CCP~~), Service Providers who provide transportation must adhere to all Head Start Program Performance Standards (HSPPS) and Texas Health and Human Services Commission/Child Care Licensing Minimum Standards.

**Performance Standard(s):**

1303.70; 1303.71; 1303.72; 1303.73; 1303.74



**DHS Early Head Start-~~Child Care~~  
Partnership Program Policy  
Policy**



**TRANSPORTATION 2**

<b>SUBJECT</b>	Student Pedestrian and Bus Safety Training		
<b>REFERENCE</b>	Transportation		
<b>EFFECTIVE</b>	<del>8/1/2016</del> <u>10/1/2020</u>		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: 8/17/18</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Early Head Start-~~Child Care Partnership Program~~ (EHS-~~CCP~~), Service Providers ensure that every child enrolled in the program receives Pedestrian and Bus Safety Training and Information according to the City of the San Antonio Benchmark Due Date Guide.

**Performance Standard(s):**

1302.46 (b)(1)(v); 1303.74(a)(b)

# *Wellness Support*



	<b>DHS Early Head Start-<del>Child Care</del> Partnership Program <u>Policy</u> <u>Policy</u></b>		
<b>WELLNESS SUPPORT SERVICES 1</b>			
<b>SUBJECT</b>	Identification and Intervention through Wellness Support Services		
<b>REFERENCE</b>	Mental Health		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start Program will develop and implement procedures for the identification and the effective provision of mental health services to Early Head Start children, their family members, and to Early Head Start staff in need of wellness supports through the program’s Wellness Support Services. Wellness Support Services will be provided by mental health professionals and consultants with experience in early childhood social-emotional development and in the provision of mental health services to young children, their families, and staff.

Early Head Start mental health professionals, behavior coaches/consultants, and other designated staff will support the social-emotional development of children and the wellness of family members and staff by providing education and services at the following levels:

**Foundation - Effective Workforce**

The Early Head Start Program will provide services to children, families and staff in need of assistance. Emphasis will be placed on the provision of training and supports to staff to promote staff mental wellness so that they are better equipped to interact with children and families in healthier and more positive ways.

- **Tier I: Promotion - Nurturing and Responsive Relationships and High-Quality Supportive Environments**

The Early Head Start program will promote the positive social-emotional development of all children by creating and implementing an approach that focuses on positive and nurturing relationships between staff, children and parents.

## **Tier II: Prevention - Targeted Social-Emotional Supports**

The [Early](#) Head Start program will promote the positive social-emotional development of identified children through parent and teacher education, classroom observations and teacher consultations to impact effective strategies that promote wellness.

- **Tier III: Intensive Intervention**

The [Early](#) Head Start program will respond to children, family members and staff in need of intensive interventions by providing consultation, referrals to community providers or direct clinical services. Services and referrals will be documented in the mental health area of ChildPlus.

The [Early](#) Head Start program will ensure compliance with all confidentiality policies, as required by law, including when documenting services, referrals and follow-up provided in all data management systems utilized by the Head Start program.

All mental health documentation must be entered according the *City of San Antonio Data Entry & Benchmark Due Date Guide*.

### **Performance Standard:**

1302.45

# Home- Based Option



	<b>DHS Early Head Start Program Policy</b>		 <b>HEAD START</b> City of San Antonio Department of Human Services
<b>HOME-BASED 1</b>			
<b>SUBJECT</b>	Socializations for Home-Based Services		
<b>REFERENCE</b>	Home-Based Option		
<b>EFFECTIVE</b>	October 1, 2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start (EHS) Program Service Provider will ensure, at a minimum, 22 group socializations (twice a month) activities are developed and implemented over the course of the program year. Group size for socializations will remain at the case load level. Group size exceptions must be approved by City Staff.

Service Providers must ensure that group socializations are:

- Planned jointly with families
- Conducted with both child and parent participation
- Occur in a classroom, community facility, home or field trip setting, as appropriate

Group socializations must be 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: and,
- Encourage parents to share experiences related to their children’s development with other parents in order to strengthen parent-child relationships and to help promote parents understanding of child development;
- Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;

Service Provider must make up planned group socialization activities that were canceled by the program, to meet the minimum of 22 group socialization activities.

Medical or social service appointments may not be used for the purposes of meeting the minimum socialization activities requirement.

**Performance Standard:**

1302.22 (c)(ii), 1302.36(e)(1,2,3), 1302.44 (a)(2)(vii)

	<b>DHS Early Head Start Program Policy</b>		
<b>HOME-BASED 2</b>			
<b>SUBJECT</b>	Home Visits for Home-Based Services		
<b>REFERENCE</b>	Home-Based Option		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
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**Policy:**

The Early Head Start (EHS) Program Service Provider will provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year.

Service Providers must ensure that all home visits are:

- Planned jointly by the home visitor and parents, and reflect the critical role of parents in the early learning and development of their children, including that the home visitor is able to effectively communicate with the parent, directly or through an interpreter;
- Planned using information from ongoing assessments that individualize learning experiences;
- Scheduled with sufficient time to serve all enrolled children in the home and conducted with parents or other primary caregiver and are not conducted when parent/non-primary caregiver is not present (i.e. childcare provider or other temporary caregivers only are present);
- Scheduled with sufficient time and appropriate staff to ensure effective delivery of the full range of program services

Home Visit activities must include:

- Age and developmentally appropriate, structured child-focused learning experiences;
- Strategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development;
- Strategies and activities that promote the home as a learning environment that is safe, nurturing, responsive and language and communication rich;
- Strategies to support parents in using the home as a learning environment while helping parents understand how they influence their children's development every time they interact throughout the day;
- Strategies to support parents understanding safe play materials found in the home rather than on purchased items;
- Research-based strategies and activities for children who are dual language learners that

recognize bilingualism and biliteracy as strengths, and:

- For infants and toddlers, focus on the development of the home language, while providing experiences that expose both parents and children to English
- Follow up with the families to discuss learning experiences provided in the home between each visit, address concerns, and inform strategies to promote progress toward school readiness goals.

Service Provider must make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up planned home visits canceled by the family, when this is necessary to meet the minimum of 46 home visits.

If the family cancels and/or is not at home for the scheduled home visit for two consecutive visits, the Home Visitor will make every attempt to determine the reasons for the missed home visits by documenting their attempts to contact the family in the Child Plus data system. In addition, the Home Visitor will report this information to their Supervisor. The Supervisor will make every attempt to contact the family either by phone and/or making a home visit to discuss barriers to keeping scheduled appointments. The Supervisor may also discuss with the family if the Home-Based program is the best fit for the family. If parent cannot be found and the home is vacant, the child's slot may be then considered vacant with the Head Start Administrator's authorization.

Medical or social service appointments may not be used for the purposes of meeting the minimum home visits requirement.

**Performance Standard:**

1302.22 (c)(i), 1302.35(a)(b)(1,2,3,4), 1302.35(c)(1, 2, 3, 4, 5)

	<b>Early Head Start Program Policy</b>		
<b>HOME-BASED 3</b>			
<b>SUBJECT</b>	Home Visitors Caseloads for Home-Based Services		
<b>REFERENCE</b>	Home-Based Option		
<b>EFFECTIVE</b>	October 1, 2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start (EHS) Program Service Provider Home-based option must not exceed a caseload of 12 children for any individual home visitor.

**Performance Standard:**

1302.22 (b)

	<b>DHS Early Head Start Program Policy</b>		
<b>HOME-BASED 4</b>			
<b>SUBJECT</b>	Safety Requirement for Home-Based Services		
<b>REFERENCE</b>	Home-Based Option		
<b>EFFECTIVE</b>	October 1, 2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head Start (EHS) Program Service Providers will ensure the areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations in the home-based option must meet the safety standards described as follows:

- Clean and free from pests;
  - Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety;
  - Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;
  - Well lit, including emergency lighting;
  - Equipped with safety supplies that are readily accessible, including, at a minimum. Fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;
  - Free from firearms or other weapons that are accessible to children;
- Meet all Texas Health and Human Services Commission Child Care Licensing requirements.

**Performance Standard:**

1302.22 (d), 1302.47(1)(ii-viii)

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 5</b>			
<b>SUBJECT</b>	Curriculum for Home Based Services		
<b>REFERENCE</b>	Home-Based Option		
<b>EFFECTIVE</b>	10/1/2020		
<b>Policy Council Approval:</b>	<b>Policy Council Revision:</b>	<b>Governing Body Approval:</b>	<b>Governing Body Revision:</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start definition of curriculum is a planned management of time, materials and activities to guide children’s individual pattern of learning and development. The curriculum helps children gain skills and confidence and should integrate Early Head Start (EHS) components which form a foundation for school readiness. Service Providers will involve parents in the implementation of the program’s curriculum and approaches to child development and education.

The home-based curriculum must be:

- Developmentally appropriate, research-based and align with the Head Start Early Learning Outcomes Framework (HSELOF);
- Promote the parent’s role as the child’s teacher through experiences focused on the parent child relationship and as appropriate, the family’s traditions, cultures values and beliefs;
- Align with the five Central Domains from the HSELOF in an integrated approach, using intentional and individualized instruction to support children’s learning and development;
- Have an organized developmental scope and sequence that includes plans and materials for learning experiences based on developmental progressions and how children learn.

**Performance Standard(s):**

1302.35 (d)