



CALL TO ASSEMBLY

Please rise.

- **Pledge of Allegiance (US)** *I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.*
- **Pledge of Allegiance (Texas)** *Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.*
- **Community Action Promise** *Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to Helping People Help themselves and each other.*
- **Our Mission** *CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.*
- **Our Community Services Vision** *To be the leading organization in our region which empowers families to be self-reliant, educated, and healthy*
- **Our Head Start Vision** *To provide a system of education and encouragement which results in school-readiness for young children and their families*
- **Invocation**

Board Meeting

Tuesday, October 28, 2025 @ 12:00 Noon

East Texas Enrichment Center

510 E. Bonham St., Jefferson, Texas 75567

Cecelia Huff, Board Chairperson

Michelle Morehead, B.S., CCAP, NCRT, NCRI, Chief Executive Officer

If you need assistance with physical accessibility to the meeting, please call 430-218-8277

1. Call Meeting to Order

2. Establishment of a Quorum

3. Approval of Agenda 10/28/2025*

4. Approval of Minutes 8/26/2025*

5. Chairman's Comments and Recognitions

6. Training

Head Start Governance Requirements – Berny Harris

7. Committee Reports and Information – No committee reports at this time.

- A. Planning & Evaluation
- B. Personnel
- C. Finance
- D. Executive
- E. Nominating
- F. By Laws

The Chair may make changes to committee rosters and/or develop new committees.

****Committees, other than Executive Committee, get named by the Board Chairperson**

8. Action Items

A. Seat new board member(s), if any*

Re-seat Private Sector Members:

John Baxter*

Keri Winters*

Ross Hyde*

Teresa Thompson*

Remove Previous Policy Council Liaison

Martavius Jones*

Poverty Sector Elections Report presented by CSNT, Inc. Leadership Team

Seat/Re-seat Poverty Sector Board Members (to begin/continue service January 2026):

Sheyenne Baker – Policy Council Liaison*

Casey Purifoy – Bowie County*

Harmony Roberson – Cass County*

Jenny Wilson – Lamar County*

B. Approve Consent Agenda*

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Misty Van Hooser
- 2) Family Empowerment Report.....(OS 5.9).....Amy Perales

- 3) Human Resource Report.....(OS 5.9).....Rachel Kelsey
- 4) Service & HS Transportation Reports.....(OS 5.9) Robert Norton
- 5) Information Technology Report.....(OS 5.9).....David Buford
- 6) Financial Reports.....Melissa Burrows
- 7) Quality Assurance Report.....Berny Harris

C. Discuss/Approve Continued use of the 15% De Minimus Cost Rate & Indirect Cost Rate Certification

D. Discuss/Approve 2026 Head Start Community Assessment Update

E. Discuss/Approve Succession Plan Update

F. Discuss/Approve Bylaws Update (Succession)

G. Discuss/Approve Head Start Standard Operating Procedures

H. Discuss/Approve Head Start Operating Manuals and Forms

I. Discuss/Approve Job Descriptions

J. Discuss/Approve Updated Volunteer Rates

K. Discuss/Approve Policy Council Bylaws

9. Staff Reports

Staff Reports are located under the consent agenda.

10. Chief Executive Officer's Report

11. Discussion Items

12. Audience Comments

13. Executive Session – No Executive Session

Reminder: According to Robert's Rules of Order, the minutes from Executive Session are reviewed and approved exclusively by those members who were present at the session.

While there's an option to share the minutes with all members, the confidentiality of the discussions must be preserved.

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and Section 551.074(1)(2) of the government codes.

A. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality

B. Discussion with respect to the purchase, exchange, lease, or value of real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.

C. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.

D. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law

14. Required Action from Executive Session

15. Adjourn Board Meeting

* Requires Board Vote

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Board Meeting

Tuesday, August 26, 2025 @ 12:00 Noon
Cass County Peace Officers Training Center
1031 County Road 1913, Texas 75563

Cecelia Huff, Board Chairperson

Michelle Morehead, B.S., CCAP, NCRT, NCRI, Chief Executive Officer

Board Members

Angela Thompson

Representing Bowie County, Poverty Sector

John Baxter, Treasurer

Representing Texana Bank, Private Sector

Cecelia Huff, Chairperson

Representing Bowie County, Poverty Sector

Ross Hyde - Absent

Representing Habitat for Humanity, Private Sector

Harmony Roberson - Absent

Representing Cass County, Poverty Sector

Lindsay Hergert - Absent

Representing Cass County Judge Travis Ransom, Public Sector

Judge Doug Reeder, Vice-Chair

Morris County Judge, Public Sector

Keri Winters, Secretary - Absent

Representing Cass County, Private Sector

Martavius Jones, Parliamentarian - Absent

Representing Camp County as Policy Council Liasion, Poverty Sector

Jason Wright - Absent

Representing Senator Ted Cruz, Public Sector

Karen Jones

Representing Marion County, Public Sector

Teresa Thompson

Representing Morris County, Private Sector

CALL TO ORDER

Cecelia Huff, Chairman called the meeting to order at 12:17 p.m.
Quorum: established 6 of 12, members present.

AGENDA

Motion: John Baxter, moved to accept the 8/26/2025 agenda
Second: Doug Reeder
All in favor voted aye, none opposed, the motion carried unanimously

MINUTES

Motion: Doug Reeder, moved to accept the 7/22/2025 minutes
Second: John Baxter
All in favor voted aye, none opposed, the motion carried unanimously

CHAIRMAN'S COMMENTS AND RECOGNITIONS

TRAINING / PRESENTATIONS

Annual Board Training – Including Orientation, Conflict of Interest, Roles and Responsibilities, Bylaws was provided by Michelle Morehead. Each board member was given a new binder with all information included. They were informed of how to access the Open Meetings and Public Information Act Trainings.

COMMITTEE REPORTS

- A. Planning & Evaluation – No current report required at this time
- B. Personnel – No current report required at this time
- C. Finance – No current report required at this time
- D. Executive – This Committee meets only when necessary
- E. Nominating – No current report required at this time
- F. By Laws- No current report required at this time

The Chair may make changes to committee rosters and/or develop new committees.

****Committees, other than Executive Committee, get named by the Board Chairperson**

Action Items

A. Seat New Board Member(s) – No new board members

Motion: _____,

Second: _____,

All items reviewed and when asked, the Board stipulated that no further discussion was needed on the consent agenda and no items were requested to be removed.

All in favor voted aye, none opposed, the motion carried unanimously

B. Approve Consent Agenda

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Misty Van Hooser
- 2) Community Services Report..... (OS 5.9).....Amy Perales
- 3) Human Resource Report.....(OS 5.9).....Rachel Kelsey
- 4) Service & HS Transportation Reports..... (OS 5.9) Robert Norton
- 5) Information Technology Report.....(OS 5.9).....David Buford
- 6) Financial Reports.....(OS 5.9).....Melissa Burrows

Motion: John Baxter, Member

Second: Angela Thompson, Member

All items reviewed and when asked, the Board stipulated that no further discussion was needed on the consent agenda and no items were requested to be removed.

All in favor voted aye, none opposed, the motion carried unanimously.

C. Discuss/Approve Risk Assessment

Motion: Karen Jones, Member made a motion to accept as presented

Second: Doug Reeder, Vice Chairperson

All in favor voted aye, none opposed, the motion carried unanimously

D. Discuss/Approve CSBG CAP Update

Motion: John Baxter, Member made a motion to accept as presented

Second: Karen Jones, Member

All in favor voted aye, none opposed, the motion carried unanimously

E. Discuss/Approve Strategic Plan Update

Motion: John Baxter, Member made a motion to accept as presented

Second: Doug Reeder, Member

All in favor voted aye, none opposed, the motion carried unanimously

F. Discuss/Approve Customer Satisfaction Data

Motion: Karen Jones, Member made a motion to accept as presented

Second: Angela Thompson, Member

All in favor voted aye, none opposed, the motion carried unanimously

G. Discuss/Approve Annual Report

Motion: Doug Reeder, Member made a motion to accept as presented

Second: John Baxter, Member

All in favor voted aye, none opposed, the motion carried unanimously

H. Discuss/Approve Organization Wide Budget

Motion: John Baxter, Member made a motion to accept as presented.

Second: Karen Jones, Member

All in favor voted aye, none opposed, the motion carried unanimously

9. Staff Reports

Staff Reports are located under the Consent Agenda.

10. Chief Executive Officer's Report

Michelle Morehead talked about the new Student Impact Program.

11. Discussion Items

CAPLAW Presentations: Cecelia Huff and Michelle Morehead presented what they learned at the CAPLAW Conference.

AUDIENCE COMMENTS

None

EXECUTIVE SESSION

No Executive Session

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and section 551.074(1)(2) of the government code.

Motion to enter Executive Session at _____ pm: _____,
Second: _____,

Motion to exit Executive Session at _____ pm: _____,
Second: _____,

- a. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality.
- b. Discussion with respect to the purchase, exchange, lease, or value or real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- c. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- d. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law.

REQUIRED ACTION FROM EXECUTIVE SESSION

Motion: _____ made a motion to action from Executive Session

Second: _____,

All in favor voted aye, none apposed, the motion carried unanimously

ADJOURN

Motion: Karen Jones, Member motioned to adjourn at 1:34 pm

Second: Doug Reeder, Vice Chairperson

Hearing no descent, adjournment passed.

Approved by: _____, on _____, 2025
(Board Secretary) (Date)

2025 CSNT Governing Board Poverty Sector Election Results

Per Article V, Section 4 of CSNT’s Bylaws, the Board has adopted written democratic selection procedures for the Poverty (Low-Income) Sector members.

Procedures followed for our 2026 selection of poverty sector members included one member being selected by Policy Council per Head Start Standards. The remaining poverty sector members were selected by democratic elections in the most impoverished counties in CSNT’s service area. Those counties include Bowie, Cass, and Lamar counties.

Elections were held in each of the three counties; Bowie County on Thursday, October 16, 2025 from 9:00am-Noon at the Northeast Texas Workforce Solutions office; Cass County on Wednesday, October 22, 2025 from 9:00am- Noon at Atlanta City Hall; and Lamar County on Thursday, October 23, 2025 from 9:00am-Noon at Lamar County United Way.

Voters signed in and presented their photo identification. Ballots were placed in locked boxes by voters after writing in their candidate choice.

The locked boxes were given to Heather Humphries on arrival back to the office.

Ballot Counting

On Thursday, October 23, 2025 at 2:30pm, CSNT’s Leadership Team, without the CEO or COO, met to count the ballots. Ballots from each county were counted, then recounted to ensure accuracy. Certification of the ballot counts is below.

Bowie County received a total of 21 votes. Of those votes, there were 21 write-in candidates.

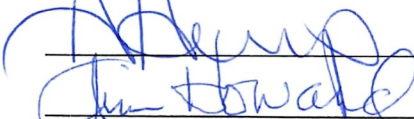
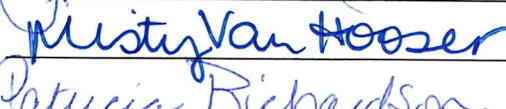
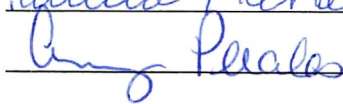
Cass County received a total of 14 votes. Of those votes, there were 14 write-in candidates.

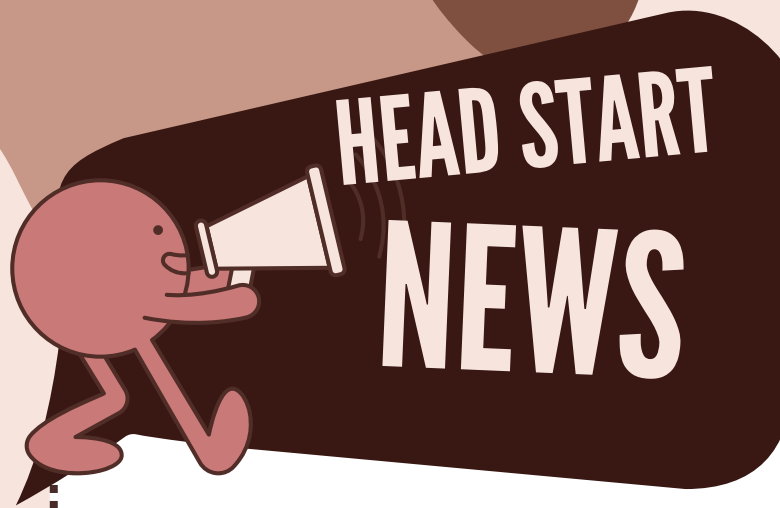
Lamar County received a total of 15 votes. Of those votes, there were 15 write-in candidates.

Our low-income sector representatives for each county beginning January 2026 are as follows:

- Bowie County: Casey Purifoy MVH
- Cass County: Harmony Robertson
- Lamar County: Jenny Wilson

Certification of ballot counts (signatures):

	_____
	_____
	_____



MISTY VAN HOOSER, MSP - HEAD START PROGRAM DIRECTOR

EXCITING NEWS

- EARLY HEAD START REACHED FULL ENROLLMENT ON 9/2/2025
- HEAD START REACHED FULL ENROLLMENT ON 9/10/2025
- INTERVIEWED FOR NEW STAFF ON 9/10/2025 AND HOPE TO HAVE HUGHES SPRINGS CAMPUS FULL ON STAFF.

PARENT INVOLVEMENT

WE HAD GREAT TURN-OUT AT OUR FIRST PARENT MEETINGS OF THE YEAR. WE WERE ABLE TO GET ALL POLICY COUNCIL REPS APPOINTED AND ALL OFFICE POSITIONS APPOINTED.



UPCOMING NEWS



*MANY CAMPUSES WILL HAVE A FALL BREAK IN OCTOBER.
ADMIN OFFICE WILL BE CLOSED
OCT. 13, 2025
DENTAL CLINIC IS SCHEDULED
FOR OCT. 23, 2025

BUILDING STRONGER FAMILIES EVERYDAY

CSNT Head Start **Highlights** September 2025

ATTENDANCE

92% Pre-K **90%** EHS

HEAD START IN YOUR COMMUNITY

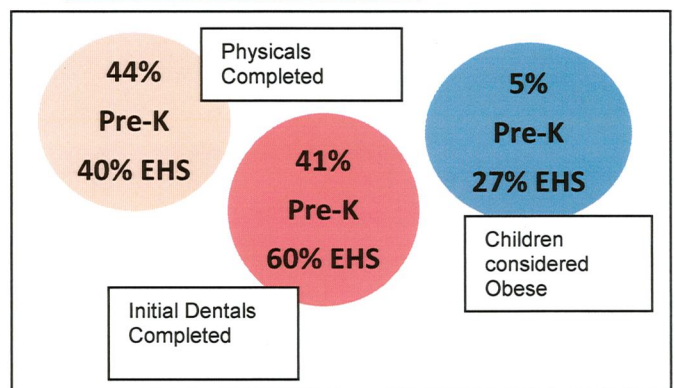
- 462-Pre-K/15 EHS children enrolled in locally-run classrooms
- 60% entering kindergarten in next year
- 90% of children speak English at home
- 13+ collaboration agreements between programs and schools
- 2.59% Pre-K/12.50% EHS of enrolled children receive services under IDEA

541,021
Head Start
Preschool children
served in US

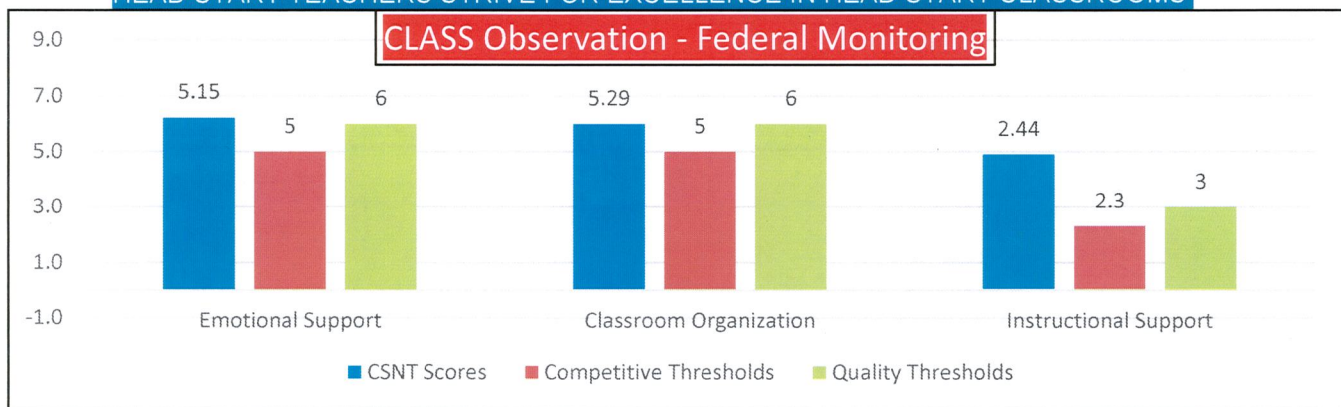
187,996
Early Head Start
children served in
US



CHILDREN ARE HEALTHIER ...



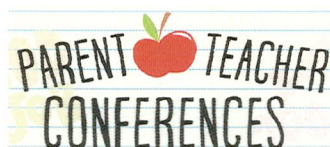
HEAD START TEACHERS STRIVE FOR EXCELLENCE IN HEAD START CLASSROOMS



HS FAMILIES ENGAGED IN LEARNING

- **14%** of Head Start parents completed first home visits
- **0%** of Head Start parents completed first Parent/Teacher Conference

75% of Parents
HAVE MET WITH
TEACHERS
2025-2026



EHS FAMILIES ENGAGED IN LEARNING

- **13%** of Early Head Start parents completed first home visits
- **0%** of Early Head Start parents completed first Parent/Teacher Conference

Head Start Quality Assurance Report PY01/FY25

Septembert Report/August Data

How Are We Doing?



HEAD START Preschool Attendance - August 2025

- ✓ **463** Actual Enrollment (Under/Over **2** Student(s)) – Funded **465**
- ✓ **3%** Disability Students – **10%** Target
- ✓ **92%** Average Daily Attendance (Funded Enrollment)



HEAD START Preschool NFS/ICP/Admin Expenses Rate

- ✓ **\$1,191,594** NFS Collected – **\$1,133,347** NFS Needed
- ✓ **\$234,865** Indirect Costs Collected
- ✓ **14%** Admin Expense Rate



HEAD START Preschool CACFP Meals/Reimbursements

- ✓ **\$0** Reimbursed This Month - **\$74,287** Reimbursed This Year
- ✓ **0** days of Service – **0** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Preschool Quality Assurance

- ✓ **0** Files Reviewed/**17** Classrooms Observed
- ✓ **0** Incomes Verified/**51** Surveys/**0** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**3** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **45** Findings/**45** Corrections/**0** Remaining

ANNOUNCEMENTS:

Updating the 2026 HS Community Assessment. Completing Safety & ADA Monitoring at the Campuses.

Early Head Start Quality Assurance Report PY01/FY25

September Report/August Data

How Are We Doing?



EARLY HEAD START Attendance - August 2025

- ✓ **15** Actual Enrollment (Under/Over - **1** Student(s)) – Funded **16**
- ✓ **12.5%** Disability Students – **10%** Target
- ✓ **90%** Average Daily Attendance (Actual Enrollment)



EARLY HEAD START NFS/ICP/Admin Expenses Rate

- ✓ **\$16,407** NFS Collected - **\$67,317** NFS Needed
- ✓ **\$10,723** Indirect Costs Collected
- ✓ **9%** Admin Expense Rate



Early Head Start CACFP Meals/Reimbursements

- ✓ **\$0** Reimbursed This Month - **\$10,976** Reimbursed This Year
- ✓ **0** days of Service – **0** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



EARLY HEAD START Quality Assurance

- ✓ **0** Files Reviewed/**17** Classrooms Observed
- ✓ **0** Incomes Verified/**51** Surveys/**0** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**3** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **45** Findings/**45** Corrections/**0** Remaining

ANNOUNCEMENTS:

Updating the 2026 HS Community Assessment. Completing Safety & ADA Monitoring at the Campuses.



HEAD START PROGRAM DIRECTOR REPORT

OCTOBER 2025

ENROLLMENT

Head Start reached full enrollment of 465 in September 2025. Current enrollment is at 459 with 6 vacancies. Head Start staff are working to fill all vacancies.

Early Head Start has maintained full enrollment of 16.

Family Engagement Coordinator is completing 100% file checks.

EDUCATION

All teachers have completed their beginning of the year Parent-Teacher Conferences and Circle Assessments.

Education Coordinator is completing the Fall 2025 CLASS observations.

Education Coordinator will complete CLASS Trainer of Trainers in November 2025.

We had one new staff obtain her CDA certification!

HEALTH

All 45-day deadline requirements have been completed (Hearing/Vision)

Dr. Joshua Talley will be on our campuses on Oct. 24 to complete our fall dental clinic.

HMHSAC meeting will be on November 14, 2025

Family Empowerment Advocates are working on 90-day deadlines (Physicals, Dentals, Height/Weights, and Blood Pressures)

TRAINING COMPLETED

Head Start Director, Family Engagement Coordinator, and Administrative Assistant to the Head Start Director attended Child Plus training in Las Vegas, Nevada.

Quality Assurance Specialist and Data Coordinator attended the Region VI: Southwest Fall Conference in Dallas, Texas

UPCOMING

I am excited that CSNT has purchased a subscription with NHSA Academy+ that will help us streamline our on-boarding training and yearly required in-service trainings. Our program will complete a federal review in the 2025-2026 school year. We are awaiting our notification of review 45-day letter.



Office of Head Start - Early Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2025-2026)

Date

10/20/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	16	100.00%

Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	16	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

Detail - Center-based Funded Enrollment

	<i># of center-based funded enrollment slots</i>	<i>% of center-based funded enrollment slots</i>
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	16	100.00%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

Total Cumulative Enrollment

	<i># of participants</i>	<i>% of participants</i>
Total Cumulative Enrollment	16	100.00%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
Under 1 Year Old	0	0.00%
1 Year Old	5	31.25%
2 Years Old	11	68.75%
3 Years Old	0	0.00%
Pregnant Women	0	0.00%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	0	0.00%

Foster Care

	# of children	% of children
Total number of enrolled children who were in foster care at any point in the program year	4	25.00%

Prior Enrollment of Children

	# of children	% of children
The second year	3	18.75%
Three or more years	0	0.00%

Ethnicity And Race

	# of Hispanic or Latino Origin participants	% of Hispanic or Latino Origin participants	# of Non-Hispanic or Non-Latino Origin participants	% of Non-Hispanic or Non-Latino Origin participants
American Indian or Alaska Native	0	0.00%	0	0.00%
Asian	0	0.00%	0	0.00%
Black or African American	1	6.25%	11	68.75%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	1	6.25%	1	6.25%
Biracial or Multi-Racial	0	0.00%	1	6.25%
Other Race	1	6.25%	0	0.00%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	# of children	% of children
English	15	93.75%
Of these, the number of children acquiring/learning another language in addition to English	1	6.25%
Spanish	1	6.25%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	0	0.00%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages	0	0.00%

Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	# at Beginning of Enrollment Year	% at Beginning of Enrollment Year	# at End of Enrollment Year	% at End of Enrollment Year
Children with health insurance	16	100.00%		0.00%
Children with accessible health care	16	100.00%		0.00%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	15	93.75%		0.00%
Children with accessible dental care	16	100.00%		0.00%

Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Family Service Plan (IFSP), indicating they were determined eligible to receive early intervention services	2	12.50%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	15	93.75%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	15	100.00%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	0	0.00%
Housing Assistance	0	0.00%
Asset Building Services	0	0.00%
Mental Health Services	0	0.00%
Substance Misuse Prevention	0	0.00%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	1	6.67%
Assistance in enrolling into an education or job training program	4	26.67%
Research-based parenting curriculum	15	100.00%
Involvement in discussing their child's screening and assessment results and their child's progress	15	100.00%
Supporting transitions between programs	14	93.33%
Education on preventive medical and oral health	15	100.00%
Education on health and developmental consequences of tobacco product use	0	0.00%
Education on nutrition	15	100.00%
Education on postpartum care	0	0.00%
Education on relationship/marriage	0	0.00%
Assistance to families of incarcerated individuals	0	0.00%



Office of Head Start - Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2025-2026)

Date

10/1/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	# of funded enrollment slots	% of funded enrollment slots
Total Funded Enrollment	465	100.00%

Funded Enrollment by Program Option

	# of funded enrollment slots	% of funded enrollment slots
Center-based	465	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

Detail - Center-based Funded Enrollment

	# of center-based funded enrollment slots	% of center-based funded enrollment slots
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	465	100.00%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

Total Cumulative Enrollment

	# of participants	% of participants over Funded Enrollment
Total Cumulative Enrollment	478	2.80%

Participants by Age

	# of participants	% of participants
1 Year Old	0	0.00%
2 Years Old	0	0.00%
3 Years Old	193	40.38%
4 Years Old	285	59.62%
5 Years Old	0	0.00%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	26	5.44%

Foster Care

	<i># of children</i>	<i>% of children</i>
Total number of enrolled children who were in foster care at any point in the program year	14	2.93%

Prior Enrollment of Children

	<i># of children</i>	<i>% of children</i>
The second year	160	33.47%
Three or more years	17	3.56%

Ethnicity And Race

	<i># of Hispanic or Latino Origin participants</i>	<i>% of Hispanic or Latino Origin participants</i>	<i># of Non-Hispanic or Non-Latino Origin participants</i>	<i>% of Non-Hispanic or Non-Latino Origin participants</i>
American Indian or Alaska Native	0	0.00%	0	0.00%
Asian	0	0.00%	0	0.00%
Black or African American	10	2.09%	207	43.31%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	44	9.21%	138	28.87%
Biracial or Multi-Racial	21	4.39%	21	4.39%
Other Race	36	7.53%	1	0.21%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	<i># of children</i>	<i>% of children</i>
English	435	91.00%
Of these, the number of children acquiring/learning another language in addition to English	21	
Spanish	41	8.58%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	2	0.42%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages		0.00%

Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	<i># at Beginning of Enrollment Year</i>	<i>% at Beginning of Enrollment Year</i>	<i># at End of Enrollment Year</i>	<i>% at End of Enrollment Year</i>
Children with health insurance	447	93.51%		0.00%
Children with accessible health care	450	94.14%		0.00%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	328	68.62%		0.00%
Children with accessible dental care	413	86.40%		0.00%

Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	17	3.66%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	455	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	247	54.29%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	12	2.64%
Housing Assistance	2	0.44%
Asset Building Services	29	6.37%
Mental Health Services	5	1.10%
Substance Misuse Prevention	1	0.22%
Substance Misuse Treatment	7	1.54%
English as a Second Language (ESL) Training	5	1.10%
Assistance in enrolling into an education or job training program	9	1.98%
Research-based parenting curriculum	197	43.30%
Involvement in discussing their child's screening and assessment results and their child's progress	243	53.41%
Supporting transitions between programs	229	50.33%
Education on preventive medical and oral health	238	52.31%
Education on health and developmental consequences of tobacco product use	63	13.85%
Education on nutrition	243	53.41%
Education on postpartum care	2	0.44%
Education on relationship/marriage	7	1.54%
Assistance to families of incarcerated individuals	0	0.00%

Family Empowerment Report



CSNT
Community Services of Northeast Texas, Inc.

SEPTEMBER 2025

The Comprehensive Energy Assistance Program, or as we like to call them, Family Empowerment Intake Specialists, have processed over 2130 intakes this year. They have depleted all of the CEAP funding at this time. CEAP HVAC has helped 10 families with either repair or replacement of their HVAC units.

We are very proud of their hard work.

The Community Service Block Grant Family Empowerment team has 63 clients signed up for the Tops Program; seven of the clients have already topped out at 125%.

We now have over 15 Family Empowerment Advocates; they will continue signing families up for TOPS. Our CSBG Family Empowerment Team has also helped 20 families with Stabilization. This includes 2 families with house fires.

Our Tenant-Based Rental Assistance case manager has over 30 clients in the program. He is working with the CSBG Family Empowerment and the Family Empowerment Advocates to make sure the Tops clients have all the resources they need to lead improved, empowered, and self-reliant lives.

I would like to tell you about Mrs. Margaret's Food Pantry. However, there is so much to tell you that I do not have the space, so I have included the flyer in this report.

MAKE A DIFFERENCE.
DONATE TODAY.



Mrs. Margaret's Food Pantry

Small, but makes a difference

How Mrs. Margaret's Food Pantry got started:

Mrs. Margaret is a 74-year-old from Atlanta, Texas.



One day, she sent a box of food and personal items to the Mount Pleasant Office. She said: Give this to anyone who is in need. As I sat there looking at this donation, I teared up. This sweet person wanted to give to others when she was barely making it herself. After putting everything together and putting it on the bookshelf in the lobby, so many people would ask if they could have some of the food. We let them get what they needed. Why? Because that was what Mrs. Margaret said to do. They were in need; they could have it. We have been keeping the pantry going with only donations from kind people and local businesses; no federal or state help. Mrs. Margaret still gives in many ways. Even after losing her husband recently, it puts a smile on her face to know that what she started with only a small box of food can put a smile on the face and satisfy the hunger of a person experiencing food insecurity. A little bit of Mrs. Margaret's heart is in every item that is given out at our food pantry.

Mrs. Margaret's food pantry in the Mount Pleasant office is in need of donations of non-perishable food items. The shelves are becoming bare! We would also need travel-sized personal items, such as hair products and toiletries.



Most of us don't worry about what we are going to eat, if we can brush our teeth or wash our hair. However, the people we serve worry every day. They could be your friend, your neighbor, they could work with you, or go to the same church.

The pantry is run totally on donations. The pantry serves anyone who is in need, no matter what county you live in.

However, WE NEED DONATIONS of food items, bath items, and household items.

If you would like to donate, please contact Amy-903-717-7301 or email amy.perales@csntexas.org or Kari- 903-717-7305 email



Kari.Furnish@csntexas.org



**MAKE A DIFFERENCE.
DONATE TODAY.**



Items Needed – Non-perishable food – canned fruits and vegetables – cereal - shelf-stable items – canned meats (Spam, Vienna sausage, Tuna, Chicken)

Travel size – body wash- shampoo- conditioner-lotion – mouth wash- combs- wash cloths – tooth brushes – toothpaste – small bars of soap - floss – toilet paper

FAMILY EMPOWERMENT DIVISION

OCTOBER 2025

OUR FAMILY EMPOWERMENT DIVISION IS GEARING UP FOR GROWTH!

NEWS:

AMY PERALES HAS CHANGED POSITIONS AND IS NOW OUR ADMINISTRATIVE SUPPORT SPECIALIST. HEATHER HUMPHRIES IS NOW LEADING OUR FAMILY EMPOWERMENT DIVISION. HEATHER IS READY TO TAKE FAMILY EMPOWERMENT TO A NEW LEVEL!

FAMILY EMPOWERMENT PROGRAM

WE CURRENTLY HAVE 84 INDIVIDUALS ENROLLED IN THE JOURNEY TO SELF-SUFFICIENCY.

CEAP (UTILITY ASSISTANCE)

ALL UTILITY ASSISTANCE FUNDS HAVE BEEN EXPENDED FOR 2025.

THE STORY TIMELINE:

MRS. MARGARET'S FOOD PANTRY HAS STARTED SOMETHING NEW! WE HAVE RECEIVED ENOUGH DONATIONS FOR 100 HYGIENE BAGS! WE ARE GEARING UP FOR THE HOLIDAYS AND ACTIVELY SEEKING DONATIONS TO PROVIDE FOOD FOR PEOPLE EXPERIENCING FOOD INSECURITY.

TBRA

THE TBRA (TENANT BASED RENTAL ASSISTANCE) PROGRAM IS RUNNING WELL! THERE ARE OVER 30 FAMILIES IN THE PROGRAM AND THAT NUMBER IS GROWING DAILY!



Employee Count Updates

Please note report information is as of 8/31/2025:

	Total Employees	Full Time	Part Time	Sub/Temp
Head Start	69	64		5
Early Head Start	4	4		
CSBG/CEAP/TBRA	6	6		
ICP	3	3		
Totals	82	77		5

August Hires: 0

August Terminations: 4 (HS, EHS, Sub)

Wipfli HRO Updates

- Improving hiring process (such as fingerprinting coupon codes)
- Leveraging Paychex Hiring Portal for a more seamless process
- H.S.A. uploads completed
- Annual non-discrimination testing submitted and passed.

Wipfli CAS Updates

- Performing a soft close process to ensure grant reports can still be filed timely
- Implementing grant tracking workpapers
- Sage Intacct implementation; chart of accounts has been developed



Employee Count Updates

Please note report information is as of 9/30/2025:

	Total Employees	Full Time	Part Time	Sub/Temp
Head Start	69	66		3
Early Head Start	4	4		
CSBG/CEAP/TBRA	6	6		
ICP	3	3		
Totals	82	79		3

September Hires: 1

September Terminations: 0

Wipfli HRO Updates

- Improving hiring process (such as fingerprinting coupon codes)
- Leveraging Paychex Hiring Portal for a more seamless process
- H.S.A. uploads completed
- In conjunction with CAS, Census has been submitted.

Wipfli CAS Updates

- Performing a soft close process to ensure grant reports can still be filed timely
- Implementing grant tracking workpapers
- CAS was onsite in September
- Implementing business process improvements around purchase orders
- Assisting with financial reporting

Service Department Report

AUG 2025

Service Department

Department makeup

4 full time employees

0 temporary employees

0 Head Start employees under temporary supervision.

Head Start Transportation

Cost per child to transport: 0

Transportation Costs:

	Children	Staff	Children	Staff
Vehicle Maintenance cost (Campus)			YTD =	
Vehicle Maintenance cost (Buses)			YTD =	
Vehicle Maintenance cost (Exec. Office)			YTD =	
Vehicle fuel cost (Gas Campus)		695.68	YTD =	2559.28
Vehicle fuel cost (Exec. Office)		393.89	YTD =	3320.32
Vehicle fuel cost (BUS CAMPUS)		126.18	YTD =	426.11
Vehicle insurance cost (Buses)			YTD =	
Vehicle driver cost buses			YTD =	
Total transportation cost:		1215.75		
Total number transported:		0		

Service Department Report

SEP 2025

Service Department

Department makeup

4 full time employees

0 temporary employees

0 Head Start employees under temporary supervision.

Head Start Transportation

Cost per child to transport: 0

Transportation Costs:

	Children	Staff	Children	Staff
Vehicle Maintenance cost (Campus)			YTD =	
Vehicle Maintenance cost (Buses)			YTD =	
Vehicle Maintenance cost (Exec. Office)			YTD =	
Vehicle fuel cost (Gas Campus)		530.12	YTD =	3089.40
Vehicle fuel cost (Exec. Office)		408.97	YTD =	3729.29
Vehicle fuel cost (BUS CAMPUS)		96.12	YTD =	522.23
Vehicle insurance cost (Buses)			YTD =	
Vehicle driver cost buses			YTD =	
Total transportation cost:		1035.21		
Total number transported:		0		

I.T. REPORT (AUGUST)

DAVID BUFORD

I.T. COORDINATOR

Email System Upgrade to Microsoft 365

I've successfully moved all our email accounts over to Microsoft 365. This was a big change, but I believe everyone will appreciate the improvements. Here's a quick overview of what's new and how it will benefit the team:

Better Email Experience

- **Sending and receiving emails will now be faster and more reliable.**
- **Microsoft 365 includes better security, which helps protect against spam, phishing, and other threats.**

Access Anywhere

- **You can now check your emails on the go—from your phone, tablet, or any device with internet access.**

Increased Storage Space

- **Email storage has increased from 512MB to 50GB per user.**
 **That's almost 100x more space, so you won't have to worry about your inbox getting full anymore.**

More Than Just Email

- **With Microsoft 365, you also get access to powerful tools like:**
 - **Microsoft Teams** – for chatting, video calls, and collaboration.
 - **OneDrive** – for storing and sharing files securely online.
 - **Plus many other useful apps that we can explore together over time.**

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Financial Position

As of 8/31/2025

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Financial Position

As of 8/31/2025

	Current Year Balance	Beginning Period Balance	Current Period Change
Assets			
Cash	\$ 439,740	\$ 885,759	\$ (446,019)
Grant receivables	365,205	207,052	158,153
Prepaid Expense	188,448	187,948	500
Property and equipment	3,158,094	3,158,094	-
Accumulated depreciation	(1,825,505)	(1,815,065)	(10,440)
Total Assets	<u>\$ 2,325,983</u>	<u>\$ 2,623,789</u>	<u>\$ (297,806)</u>
Liabilities			
Accounts payable	\$ 4,371	\$ 52,203	\$ (47,832)
Accrued expenses	384,592	457,155	(72,563)
Total Liabilities	<u>388,963</u>	<u>509,358</u>	<u>(120,395)</u>
Total Net Assets	<u>1,937,020</u>	<u>2,114,431</u>	<u>(177,411)</u>
Total Liabilities and Net Assets	<u>\$ 2,325,983</u>	<u>\$ 2,623,789</u>	<u>\$ (297,806)</u>

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 8/1/2025 Through 8/31/2025

Check Num...	Effective Date	Vendor Name	Check Amount
0330	8/6/2025	SOUTHWESTERN ELECTRIC POWER	237.10
0331	8/6/2025	SOUTHWESTERN ELECTRIC POWER	416.79
0332	8/6/2025	SOUTHWESTERN ELECTRIC POWER	458.66
0333	8/6/2025	SOUTHWESTERN ELECTRIC POWER	1,152.17
0334	8/6/2025	AFLAC	2,008.24
0335	8/6/2025	BLUE CROSS BLUE SHIELD	33,401.99
0336	8/6/2025	CECELIA HUFF	181.72
0337	8/6/2025	CENTERPOINT ENERGY ENTEX	69.35
0338	8/6/2025	WILLIAM MICHAEL BERRY	269.52
0339	8/6/2025	MOORE PEST CONTROL	425.00
0340	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	995.07
0341	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	153.67
0342	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	773.70
0343	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	202.20
0344	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	1,314.83
0345	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	226.15
0346	8/6/2025	ODP BUSINESS SOLUTIONS, LLC	995.78
0347	8/6/2025	RELIABLE ALARM SERVICE, LLC	45.00
0348	8/6/2025	REPUBLIC SERVICES #070	116.63
0349	8/6/2025	RPM STAFFING PROFESSIONALS, INC.	1,283.40
0350	8/6/2025	RPM STAFFING PROFESSIONALS, INC.	1,163.34
0351	8/6/2025	VESTIS GROUP , INC	30.91
0352	8/6/2025	VESTIS GROUP , INC	158.45
0353	8/6/2025	VESTIS GROUP , INC	30.91
0360	8/6/2025	AFLAC	2,008.24
2358	8/12/2025	AMERICAN EXPRESS	4,786.53
	8/12/2025	WILLIE MITCHELL, JR.	480.00
2359	8/12/2025	AMERICAN EXPRESS	2,308.35
2360	8/12/2025	CENTERPOINT ENERGY ENTEX	68.48
2361	8/12/2025	WILLIAM MICHAEL BERRY	91.92
2362	8/12/2025	KIMBERLY COLLINS	13,682.57
2363	8/12/2025	ODP BUSINESS SOLUTIONS, LLC	209.62
2364	8/12/2025	ODP BUSINESS SOLUTIONS, LLC	263.07
2365	8/12/2025	ODP BUSINESS SOLUTIONS, LLC	58.48
2366	8/12/2025	ODP BUSINESS SOLUTIONS, LLC	144.09
2367	8/12/2025	OMKAR INVESTMENT LLC	163.97
2368	8/12/2025	SCHOOL NURSE SUPPLY, INC.	904.44
2369	8/12/2025	SHELLEY MITCHELL	20,961.83
2370	8/12/2025	STACY ADAMS	9,583.51
2371	8/12/2025	WIPFLI LLP	97.50
2373	8/19/2025	SOUTHWESTERN ELECTRIC POWER	394.22
2374	8/19/2025	AEP-SWEPCO-EA	262.00
2375	8/19/2025	AEP-SWEPCO-EA	259.00
2376	8/19/2025	AEP-SWEPCO-EA	1,200.00
2377	8/19/2025	AEP-SWEPCO-EA	1,082.46
2378	8/19/2025	AEP-SWEPCO-EA	337.73
2379	8/19/2025	AEP-SWEPCO-EA	1,406.04
2380	8/19/2025	AEP-SWEPCO-EA	167.82
2381	8/19/2025	AEP-SWEPCO-EA	1,000.00
2382	8/19/2025	AEP-SWEPCO-EA	116.88
2383	8/19/2025	AEP-SWEPCO-EA	1,500.00
2384	8/19/2025	AEP-SWEPCO-EA	150.31
2385	8/19/2025	AEP-SWEPCO-EA	600.00
2386	8/19/2025	AEP-SWEPCO-EA	1,800.00
2387	8/19/2025	AEP-SWEPCO-EA	678.18

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 8/1/2025 Through 8/31/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2388	8/19/2025	AEP-SWEPCO-EA	1,800.00
2389	8/19/2025	AEP-SWEPCO-EA	823.92
2390	8/19/2025	AEP-SWEPCO-EA	366.01
2391	8/19/2025	AEP-SWEPCO-EA	1,500.00
2392	8/19/2025	AEP-SWEPCO-EA	1,200.00
2393	8/19/2025	AEP-SWEPCO-EA	559.75
2394	8/19/2025	AEP-SWEPCO-EA	1,323.46
2395	8/19/2025	AEP-SWEPCO-EA	229.72
2396	8/19/2025	AEP-SWEPCO-EA	1,165.82
2397	8/19/2025	AEP-SWEPCO-EA	918.32
2398	8/19/2025	AEP-SWEPCO-EA	140.04
2399	8/19/2025	AEP-SWEPCO-EA	1,441.84
2400	8/19/2025	AEP-SWEPCO-EA	556.97
2401	8/19/2025	AEP-SWEPCO-EA	954.27
2402	8/19/2025	AEP-SWEPCO-EA	761.19
2403	8/19/2025	AEP-SWEPCO-EA	182.34
2404	8/19/2025	AEP-SWEPCO-EA	208.13
2405	8/19/2025	AEP-SWEPCO-EA	831.10
2406	8/19/2025	AEP-SWEPCO-EA	266.75
2407	8/19/2025	AEP-SWEPCO-EA	1,200.00
2408	8/19/2025	AEP-SWEPCO-EA	964.97
2409	8/19/2025	AEP-SWEPCO-EA	1,725.30
2410	8/19/2025	AEP-SWEPCO-EA	667.09
2411	8/19/2025	AEP-SWEPCO-EA	124.22
2412	8/19/2025	AEP-SWEPCO-EA	1,200.00
2413	8/19/2025	AEP-SWEPCO-EA	640.92
2414	8/19/2025	AEP-SWEPCO-EA	138.24
2415	8/19/2025	AEP-SWEPCO-EA	1,200.00
2416	8/19/2025	AEP-SWEPCO-EA	1,000.00
2417	8/19/2025	AEP-SWEPCO-EA	1,200.00
2418	8/19/2025	AEP-SWEPCO-EA	600.00
2419	8/19/2025	AEP-SWEPCO-EA	1,409.55
2420	8/19/2025	AEP-SWEPCO-EA	51.74
2421	8/19/2025	AEP-SWEPCO-EA	67.07
2422	8/19/2025	AEP-SWEPCO-EA	1,316.92
2423	8/19/2025	AEP-SWEPCO-EA	1,200.00
2424	8/19/2025	AEP-SWEPCO-EA	278.01
2425	8/19/2025	AEP-SWEPCO-EA	1,500.00
2426	8/19/2025	AEP-SWEPCO-EA	1,409.55
2427	8/19/2025	AEP-SWEPCO-EA	1,400.00
2428	8/19/2025	AEP-SWEPCO-EA	194.40
2429	8/19/2025	AEP-SWEPCO-EA	1,200.00
2430	8/19/2025	AEP-SWEPCO-EA	113.99
2431	8/19/2025	AEP-SWEPCO-EA	1,200.00
2432	8/19/2025	AEP-SWEPCO-EA	216.39
2433	8/19/2025	AEP-SWEPCO-EA	1,500.00
2434	8/19/2025	AEP-SWEPCO-EA	139.95
2435	8/19/2025	AEP-SWEPCO-EA	1,500.00
2436	8/19/2025	AEP-SWEPCO-EA	1,209.31
2437	8/19/2025	AEP-SWEPCO-EA	1,200.00
2438	8/19/2025	AEP-SWEPCO-EA	260.88
2439	8/19/2025	AEP-SWEPCO-EA	1,400.00
2440	8/19/2025	AEP-SWEPCO-EA	1,800.00
2441	8/19/2025	AEP-SWEPCO-EA	407.71
2442	8/19/2025	AEP-SWEPCO-EA	1,075.94

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 8/1/2025 Through 8/31/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2443	8/19/2025	AEP-SWEPCO-EA	438.56
2444	8/19/2025	AEP-SWEPCO-EA	354.47
2445	8/19/2025	AEP-SWEPCO-EA	1,800.00
2446	8/19/2025	AEP-SWEPCO-EA	1,500.00
2447	8/19/2025	AEP-SWEPCO-EA	144.00
2448	8/19/2025	AEP-SWEPCO-EA	1,100.00
2449	8/19/2025	AEP-SWEPCO-EA	1,409.55
2450	8/19/2025	AEP-SWEPCO-EA	1,440.96
2451	8/19/2025	AEP-SWEPCO-EA	1,200.00
2452	8/19/2025	AEP-SWEPCO-EA	1,200.00
2453	8/19/2025	AEP-SWEPCO-EA	845.17
2454	8/19/2025	AEP-SWEPCO-EA	1,100.00
2455	8/19/2025	AEP-SWEPCO-EA	1,703.62
2456	8/19/2025	AEP-SWEPCO-EA	82.68
2457	8/19/2025	AEP-SWEPCO-EA	959.21
2458	8/19/2025	AEP-SWEPCO-EA	7.15
2459	8/19/2025	AEP-SWEPCO-EA	900.00
2460	8/19/2025	AEP-SWEPCO-EA	1,300.00
2461	8/19/2025	AEP-SWEPCO-EA	1,500.00
2462	8/19/2025	AEP-SWEPCO-EA	286.27
2463	8/19/2025	AEP-SWEPCO-EA	1,800.00
2464	8/19/2025	AEP-SWEPCO-EA	522.19
2465	8/19/2025	AEP-SWEPCO-EA	1,013.09
2466	8/19/2025	AEP-SWEPCO-EA	1,800.00
2467	8/19/2025	AEP-SWEPCO-EA	376.78
2468	8/19/2025	AFLAC	1,587.70
2469	8/19/2025	BOWIE CASS	1,500.00
2470	8/19/2025	BOWIE CASS	1,200.00
2471	8/19/2025	BOWIE CASS	1,800.00
2472	8/19/2025	BOWIE CASS	1,200.00
2473	8/19/2025	BOWIE CASS	127.44
2474	8/19/2025	BOWIE CASS	1,800.00
2475	8/19/2025	BOWIE CASS	158.31
2476	8/19/2025	BOWIE CASS	850.00
2477	8/19/2025	BOWIE CASS	1,800.00
2478	8/19/2025	BOWIE CASS	1,200.00
2479	8/19/2025	BOWIE CASS	1,800.00
2480	8/19/2025	BOWIE CASS	243.71
2481	8/19/2025	BOWIE CASS	1,200.00
2482	8/19/2025	BOWIE CASS	1,200.00
2483	8/19/2025	BOWIE CASS	1,800.00
2484	8/19/2025	CAMCO ELEVATOR INC	400.00
2485	8/19/2025	CENTERPOINT ENERGY ENTEX	80.71
2486	8/19/2025	ERICK BALLESTEROS	3,520.00
2487	8/19/2025	ETEX TELEPHONE CORP, INC.	4,765.79
2488	8/19/2025	HEALTHCARE EXPRESS LLP	505.00
2489	8/19/2025	HEALTHJOY LLC	981.67
2490	8/19/2025	HEALTHJOY LLC	926.52
2491	8/19/2025	HEALTHJOY LLC	948.58
2492	8/19/2025	BENEFITS TECHNOLOGY RESOURCES LLC	200.00
2493	8/19/2025	MOUNTAIN VALLEY OF TEXARKANA	83.25
2494	8/19/2025	ODP BUSINESS SOLUTIONS, LLC	1,303.64
2495	8/19/2025	ODP BUSINESS SOLUTIONS, LLC	896.81
2496	8/19/2025	RPM STAFFING PROFESSIONALS, INC.	2,649.60
2497	8/19/2025	STAPLES	141.19

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 8/1/2025 Through 8/31/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2498	8/19/2025	TALCO PROPANE	350.00
2499	8/19/2025	TOSHIBA FINANCIAL SERVICES	5,982.40
2500	8/19/2025	TOSHIBA FINANCIAL SERVICES	1,754.10
2501	8/19/2025	VANCO SYSTEMS, INC.	1,020.30
2502	8/19/2025	VESTIS GROUP , INC	30.91
2503	8/19/2025	VESTIS GROUP , INC	63.88
2504	8/19/2025	VESTIS GROUP , INC	30.69
2505	8/19/2025	VESTIS GROUP , INC	30.91
2506	8/19/2025	WEX HEALTH, INC.	69.00
2507	8/19/2025	VANCO SYSTEMS, INC.	43.45
	8/19/2025	WILLIE MITCHELL, JR.	600.00
2509	8/25/2025	SOUTHWESTERN ELECTRIC POWER	805.24
2510	8/25/2025	SOUTHWESTERN ELECTRIC POWER	362.21
2511	8/25/2025	SOUTHWESTERN ELECTRIC POWER	157.22
2512	8/25/2025	SOUTHWESTERN ELECTRIC POWER	73.18
2513	8/25/2025	SOUTHWESTERN ELECTRIC POWER	278.53
2514	8/25/2025	AEP-SWEPCO-EA	1,500.00
2515	8/25/2025	AEP-SWEPCO-EA	973.08
2516	8/25/2025	AEP-SWEPCO-EA	985.26
2517	8/25/2025	AEP-SWEPCO-EA	83.09
2518	8/25/2025	AEP-SWEPCO-EA	1,000.00
2519	8/25/2025	AEP-SWEPCO-EA	408.15
2520	8/25/2025	AEP-SWEPCO-EA	1,500.00
2521	8/25/2025	AEP-SWEPCO-EA	247.66
2522	8/25/2025	AEP-SWEPCO-EA	842.93
2523	8/25/2025	AEP-SWEPCO-EA	77.97
2524	8/25/2025	AEP-SWEPCO-EA	1,500.00
2525	8/25/2025	AEP-SWEPCO-EA	1,200.00
2526	8/25/2025	AEP-SWEPCO-EA	392.34
2527	8/25/2025	AEP-SWEPCO-EA	1,300.00
2528	8/25/2025	AEP-SWEPCO-EA	289.30
2529	8/25/2025	AEP-SWEPCO-EA	1,500.00
2530	8/25/2025	AEP-SWEPCO-EA	1,000.00
2531	8/25/2025	AEP-SWEPCO-EA	123.33
2532	8/25/2025	AEP-SWEPCO-EA	91.70
2533	8/25/2025	AEP-SWEPCO-EA	700.00
2534	8/25/2025	AEP-SWEPCO-EA	1,110.85
2535	8/25/2025	AEP-SWEPCO-EA	714.76
2536	8/25/2025	AEP-SWEPCO-EA	927.46
2537	8/25/2025	AEP-SWEPCO-EA	1,800.00
2538	8/25/2025	AEP-SWEPCO-EA	283.97
2539	8/25/2025	AEP-SWEPCO-EA	1,463.05
2540	8/25/2025	AEP-SWEPCO-EA	1,500.00
2541	8/25/2025	AEP-SWEPCO-EA	240.74
2542	8/25/2025	AEP-SWEPCO-EA	1,200.00
2543	8/25/2025	AEP-SWEPCO-EA	1,500.00
2544	8/25/2025	AEP-SWEPCO-EA	1,000.00
2545	8/25/2025	AEP-SWEPCO-EA	1,540.28
2546	8/25/2025	AEP-SWEPCO-EA	213.59
2547	8/25/2025	AEP-SWEPCO-EA	875.36
2548	8/25/2025	AEP-SWEPCO-EA	1,200.00
2549	8/25/2025	AEP-SWEPCO-EA	421.99
2550	8/25/2025	AEP-SWEPCO-EA	1,186.07
2551	8/25/2025	AEP-SWEPCO-EA	645.39
2552	8/25/2025	AEP-SWEPCO-EA	1,000.00

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 8/1/2025 Through 8/31/2025

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2553	8/25/2025	AEP-SWEPCO-EA	1,500.00
2554	8/25/2025	AEP-SWEPCO-EA	800.00
2555	8/25/2025	AEP-SWEPCO-EA	1,800.00
2556	8/25/2025	AEP-SWEPCO-EA	269.13
2557	8/25/2025	AEP-SWEPCO-EA	1,703.62
2558	8/25/2025	AEP-SWEPCO-EA	1,427.75
2559	8/25/2025	AEP-SWEPCO-EA	1,200.00
2560	8/25/2025	AEP-SWEPCO-EA	361.39
2561	8/25/2025	AEP-SWEPCO-EA	1,127.68
2562	8/25/2025	AEP-SWEPCO-EA	1,700.00
2563	8/25/2025	AEP-SWEPCO-EA	1,065.58
2564	8/25/2025	AEP-SWEPCO-EA	1,058.82
2565	8/25/2025	AEP-SWEPCO-EA	100.00
2566	8/25/2025	AEP-SWEPCO-EA	72.00
2567	8/25/2025	AEP-SWEPCO-EA	744.00
2568	8/25/2025	ATLANTA INDEPENDENT SCHOOL DIST	700.00
2569	8/25/2025	BOWIE CASS	1,200.00
2570	8/25/2025	BOWIE CASS	1,200.00
2571	8/25/2025	BOWIE CASS	1,500.00
2572	8/25/2025	BOWIE CASS	1,500.00
2573	8/25/2025	BOWIE CASS	1,200.00
2574	8/25/2025	BOWIE CASS	1,092.10
2575	8/25/2025	BOWIE CASS	827.38
2576	8/25/2025	BOWIE CASS	900.00
2577	8/25/2025	BOWIE CASS	133.20
2578	8/25/2025	CENTERPOINT ENERGY ENTEX	58.89
2579	8/25/2025	CENTERPOINT ENERGY ENTEX	59.48
2580	8/25/2025	AREA WIDE PROPERTIES	1,400.00
2581	8/25/2025	FARMER ELECTRIC	1,200.00
2582	8/25/2025	FARMER ELECTRIC	231.00
2583	8/25/2025	GLENN B. LANIER	240.00
2584	8/25/2025	KATHY JO RODGERS	258.00
2585	8/25/2025	PINE TERRACE APARTMENT	474.00
2586	8/25/2025	PINE TERRACE APARTMENT	287.00
2587	8/25/2025	PINE TERRACE APARTMENT	299.00
2588	8/25/2025	NARROW PATH PROPERTY MANAGEMENT	3,180.00
2589	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	144.22
2590	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	140.68
2591	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	134.57
2592	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	97.83
2593	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	405.66
2594	8/25/2025	ODP BUSINESS SOLUTIONS, LLC	515.12
2595	8/25/2025	PADDY PROPERTIES	542.00
2596	8/25/2025	PAM MCMICHEAL	308.00
2597	8/25/2025	RELIABLE ALARM SERVICE, LLC	45.00
2598	8/25/2025	S E BURTON ENTERPRISES	612.00
2599	8/25/2025	TEXARKANA INDEPENDENT SCHOOL DISTRICT	4,882.00
2600	8/25/2025	SOUTHWESTERN ELECTRIC POWER	964.19
2601	8/30/2025	SOUTHWESTERN ELECTRIC POWER	313.57
2602	8/30/2025	SOUTHWESTERN ELECTRIC POWER	627.49
2603	8/30/2025	SOUTHWESTERN ELECTRIC POWER	1,249.93
2604	8/30/2025	SOUTHWESTERN ELECTRIC POWER	98.43
2605	8/30/2025	BEN E KEITH CO	983.71
2606	8/30/2025	BEN E KEITH CO	1,525.40
2607	8/30/2025	BEN E KEITH CO	1,278.36

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2608	8/30/2025	BEN E KEITH CO	906.38
2609	8/30/2025	BEN E KEITH CO	513.90
2610	8/30/2025	BEN E KEITH CO	136.83
2611	8/30/2025	BEN E KEITH CO	911.33
2612	8/30/2025	BEN E KEITH CO	1,169.99
2613	8/30/2025	BEN E KEITH CO	765.72
2614	8/30/2025	BEN E KEITH CO	833.38
2615	8/30/2025	BEN E KEITH CO	863.72
2616	8/30/2025	CENTERPOINT ENERGY ENTEX	70.59
2617	8/30/2025	RPM STAFFING PROFESSIONALS, INC.	1,059.84
82407			0.00
82408			0.00
82409			0.00
82410			0.00
82428	8/6/2025	PHILIP R. NIXON	335.00
82429	8/6/2025	AT&T	1,459.42
82430	8/6/2025	B & S TRUE VALUE HARDWARE	14.98
82431	8/6/2025	BOBBY'S B&G AUTOMOTIVE INC.	371.30
82432	8/6/2025	CITY OF HUGHES SPRINGS	411.18
82433	8/6/2025	CITY OF JEFFERSON WATER .	78.39
82434	8/6/2025	CITY OF NEW BOSTON	3.49
82435	8/6/2025	CITY OF PITTSBURG	281.11
82436	8/6/2025	CONN AUTO SUPPLY	245.25
82437	8/6/2025	JOHN BAXTER	16.80
82438	8/6/2025	LINDSAY HERGERT	21.00
82439	8/6/2025	MCI	68.49
82440	8/6/2025	PEST-PRO SERVICES INC	75.00
82441	8/6/2025	THE SIGN SHOP	45.00
82442	8/6/2025	TRICO LUMBER CO.	45.82
82443	8/6/2025	WASTE MANAGEMENT CORPORATE SERVICES, INC.	612.04
82444	8/12/2025	BLOOMBURG WATER SUPPLY	57.23
82445	8/12/2025	S.W. ARKANSAS TELE. CO-OP	251.86
82446	8/12/2025	TRICO LUMBER CO.	98.93
82447	8/19/2025	21ST MORTGAGE CORPORATION	1,775.17
82448	8/19/2025	21ST MORTGAGE CORPORATION	738.00
82449	8/19/2025	4 CHANGE ENERGY	800.00
82450	8/19/2025	A & R SERVICE CENTER LLC	107.50
82451	8/19/2025	ALFORD AIR CONDITIONING AND HEATING LLC	25,828.75
82452	8/19/2025	AMERICAS CAR-MART INC	260.00
82453	8/19/2025	ATMOS ENERGY	1,582.12
82454	8/19/2025	BOBBY'S B&G AUTOMOTIVE INC.	168.88
82456	8/19/2025	CENTERPOINT ENERGY	4,862.22
82457	8/19/2025	CIRRO ENERGY	1,200.00
82458	8/19/2025	CITY OF MOUNT PLEASANT	112.78
82459	8/19/2025	CONN AUTO SUPPLY	18.90
82460	8/19/2025	DIRECT ENERGY	1,690.06
82461	8/19/2025	FERGUSON CONSTRUCTION	2,628.00
82462	8/19/2025	FRANK STRINGHAM & SON	3,392.14
82463	8/19/2025	GREEN MOUNTAIN ENERGY	3,596.42
82464	8/19/2025	JUST ENERGY	3,421.51
82465	8/19/2025	LAMAR CO-OP	1,330.88
82466	8/19/2025	LINDEN FUEL CENTER	982.65
82467	8/19/2025	FIRST PLUMBING OF CASS COUNTY LLC	1,736.97
82468	8/19/2025	MBJ INVESTMENTS LLC	650.00
82469	8/19/2025	MRD HETH APARTMENTS	875.00

COMMUNITY SERVICES OF NORTHEAST TEXAS
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From 8/1/2025 Through 8/31/2025

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82470	8/19/2025	NELSON PROPANE	657.93
82471	8/19/2025	NORTH TEXAS TOLLWAY AUTHORITY	26.02
82472	8/19/2025	RELIANT ENERGY	4,199.25
82473	8/19/2025	S & S AUTOMOTIVE	376.00
82475	8/19/2025	SUMMIT UTILITIES OF ARKANSAS	6,131.44
82476	8/19/2025	THE PROPANE CO.	615.00
82477	8/19/2025	TRICO LUMBER CO.	301.78
82478	8/19/2025	TXU-ASSISTANCE GROUP	10,203.49
82479	8/19/2025	UNDERWOOD ATTORNEYS AT LAW	1,590.00
82480	8/19/2025	UPSHUR RURAL ELEC. CORP.	4,378.67
82481	8/25/2025	4 CHANGE ENERGY	2,000.86
82482	8/25/2025	ANDREA MCCOY	39.31
82483	8/25/2025	AT&T	108.60
82484	8/25/2025	ATMOS ENERGY	4,751.56
82485	8/25/2025	BLUE MARLIN INVESTMENT PROPERTIES, LLC	1,279.00
82486	8/25/2025	CENTERPOINT ENERGY	3,613.02
82487	8/25/2025	CHAMPION ENERGY SERVICES	1,406.30
82488	8/25/2025	CITY OF LONE STAR	305.30
82489	8/25/2025	CITY OF DAINGERFIELD	186.00
82490	8/25/2025	CITY OF LINDEN	343.32
82491	8/25/2025	CREEKSIDE HOLDINGS LLC	588.00
82492	8/25/2025	DIRECT ENERGY	1,581.66
82493	8/25/2025	FP MAILING SOLUTIONS	158.85
82494	8/25/2025	FRONTIER	1,200.00
82495	8/25/2025	GREEN MOUNTAIN ENERGY	1,036.02
82496	8/25/2025	GREG'S MIRACLE MART	282.77
82497	8/25/2025	H&M PROPERTIES	2,880.00
82498	8/25/2025	Heartland Village - MAIN OFFICE	556.00
82499	8/25/2025	HUGHES SPRINGS ISD	800.00
82500	8/25/2025	RAY STRUBE PROPERTIES LLC	591.00
82501	8/25/2025	JAN KITLINGER	623.00
82502	8/25/2025	JIMMY MITCHELL	686.00
82503	8/25/2025	KALASHINE HOPKINS LLC	610.00
82504	8/25/2025	MARGARETT JOHNSON	430.00
82505	8/25/2025	MARIA B GUERRERO	500.00
82506	8/25/2025	PEST-PRO SERVICES INC	110.00
82507	8/25/2025	PTL VILLAGE LLC	754.00
82508	8/25/2025	R. MORGAN, LLC	1,150.00
82509	8/25/2025	RACHEL JEWELL	39.31
82510	8/25/2025	RELIABLE MANAGEMENT	704.00
82511	8/25/2025	RELIANT ENERGY	4,651.17
82512	8/25/2025	RENEWED HOPE HOMES	627.00
82513	8/25/2025	RENTONE LLC	453.00
82514	8/25/2025	SAM'S CLUB	924.72
82515	8/25/2025	STREAM	1,002.52
82516	8/25/2025	SUMMIT UTILITIES OF ARKANSAS	3,709.60
82517	8/25/2025	TNT Properties of Texarkana	1,100.00
82518	8/25/2025	TRI SPECIAL UTILITY DISTRICT	50.23
82519	8/25/2025	TEXARKANA WATER UTILITIES	150.00
82520	8/25/2025	TXU-ASSISTANCE GROUP	2,623.03
82521	8/25/2025	UPSHUR RURAL ELEC. CORP.	5,751.03
82522	8/25/2025	VERIZON WIRELESS	2,419.40
82523	8/25/2025	WILLIAMS FENCING	7,564.02
82524	8/30/2025	ALERT 360	42.79
82525	8/30/2025	ALFORD AIR CONDITIONING AND HEATING LLC	469.00

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From 8/1/2025 Through 8/31/2025

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82526	8/30/2025	ASHLEY ALEXANDER	39.31
82527	8/30/2025	B & S TRUE VALUE HARDWARE	51.58
82528	8/30/2025	CANDIE HARRIS PETTY CASH CUSTODIAN	99.47
82529	8/30/2025	CITY OF HUGHES SPRINGS	350.69
82530	8/30/2025	COMMUNITY HEALTHCORE	206.55
82531	8/30/2025	FAUNEIL KNOX-CLAYTON	39.31
82532	8/30/2025	MARK R MATHIS	948.07
82533	8/30/2025	KAYE NELMS PETTY CASH CUSTODIAN	74.84
82534	8/30/2025	MORRIS COUNTY CLERKS OFFICE	2.00
82535	8/30/2025	LARRY NEELEY	325.00
82536	8/30/2025	PARENTPOWERED PBC	1,997.50
82537	8/30/2025	SAMANTHA HUGHES	600.00
82538	8/30/2025	SCHOOL SPECIALTY	6,523.02
82539	8/30/2025	UNIVERSITY OF CONNECTICUT	975.00
Report Total			<u>487,446.97</u>

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities - Head Start Report

01 - HEADSTART

From 8/1/2025 Through 8/31/2025

12 month program ending 11/30/2025 (75% of grant year elapsed)

	Current Period Actual	Current Year Actual	
REVENUES			
GRANTS			
	172,191.70	2,936,155.13	
IN KIND			
	185,114.81	1,191,594.55	
Total REVENUES	357,306.51	4,127,749.68	
EXPENSES			
EXPENSES			
PERSONNEL	136,846.95	1,572,509.15	
FRINGE BENEFITS	15,878.55	352,816.20	
TRAINING AND TECHNICAL	4,042.26	25,009.34	
ASSISTANCE			
EQUIPMENT	0.00	6,299.00	
SUPPLIES	9,667.80	107,955.98	
FOOD	9,038.98	69,268.46	
OTHER	58,668.51	714,205.13	
INDIRECT COST	22,290.47	234,864.51	
Total EXPENSES	256,433.52	3,082,927.77	\$4,533,387 Total Award 68% Spen
IN KIND			
	185,114.81	1,191,594.55	\$1,133,347 Total Needed 100% Met
Total EXPENSES	441,548.33	4,274,522.32	
NET GAIN/LOSS	(84,241.82)	(146,772.64)	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities - Head Start Report

32 - EARLY HEAD START GRANT

From 8/1/2025 Through 8/31/2025

12 month program ending 11/30/2025 (75% of grant year elapsed)

	Current Period Actual	Current Year Actual	
REVENUES			
GRANTS			
	4,763.97	129,003.54	
IN KIND			
	1,963.25	16,407.03	
Total REVENUES	6,727.22	145,410.57	
EXPENSES			
EXPENSES			
PERSONNEL	6,718.42	89,830.10	
FRINGE BENEFITS	850.48	9,830.39	
TRAINING AND TECHNICAL ASSISTANCE	0.00	1,550.67	
SUPPLIES	822.70	5,320.80	
FOOD	932.99	5,451.27	
OTHER	1,833.94	15,048.22	
INDIRECT COST	1,090.48	10,723.23	
Total EXPENSES	12,249.01	137,754.68	\$269,268 Total Award 51% Spent
IN KIND			
	1,963.25	16,407.03	\$67,317 Total Needed 24% Met
Total EXPENSES	14,212.26	154,161.71	
NET GAIN/LOSS	(7,485.04)	(8,751.14)	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

Head Start and Early Head Start Nutrition Program**CACFP****01 - HEADSTART****From 8/1/2025 Through 8/31/2025**

	<u>Current Period Actual</u>	<u>Current Year Actual</u>
REVENUES		
GRANTS		
TDHS REVENUE	0.00	105,069.39
Total GRANTS	<u>0.00</u>	<u>105,069.39</u>
Total REVENUES	<u>0.00</u>	<u>105,069.39</u>
EXPENSES		
EXPENSES		
PERSONNEL		
SALARIES - CACFP COOKS	2,977.92	60,640.80
SALARIES - CACFP NUTRITION MANAGER	501.96	13,537.15
Total PERSONNEL	<u>3,479.88</u>	<u>74,177.95</u>
FRINGE BENEFITS		
PAYROLL TAXES - CACFP COOKS	226.76	5,091.21
PAYROLL TAXES - CACFP NUTRITION MANAGER	33.85	1,035.28
Total FRINGE BENEFITS	<u>260.61</u>	<u>6,126.49</u>
TRAINING AND TECHNICAL ASSISTANCE		
CONTRACTING ORG COSTS - CACFP	0.00	3,344.05
Total TRAINING AND TECHNICAL ASSISTANCE	<u>0.00</u>	<u>3,344.05</u>
SUPPLIES		
SUPPLIES & EQUIPMENT - CACFP	0.00	22,522.72
Total SUPPLIES	<u>0.00</u>	<u>22,522.72</u>
FOOD		
RAW FOOD - CACFP	4,555.21	91,932.43
Total FOOD	<u>4,555.21</u>	<u>91,932.43</u>
OTHER		
PURCHASED SERVICES - CACFP	0.00	597.60
MEDIA COSTS - CACFP	0.00	371.25
Total OTHER	<u>0.00</u>	<u>968.85</u>
Total EXPENSES	<u>8,295.70</u>	<u>199,072.49</u>
Total EXPENSES	<u>8,295.70</u>	<u>199,072.49</u>
NET GAIN/LOSS	<u>(8,295.70)</u>	<u>(94,003.10)</u>

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

32 - EARLY HEAD START GRANT
From 8/1/2025 Through 8/31/2025

	<u>Current Period Actual</u>	<u>Current Year Actual</u>
Total EXPENSES		
REVENUES		
GRANTS		
TDHS REVENUE	0.00	15,389.14
Total GRANTS	<u>0.00</u>	<u>15,389.14</u>
Total REVENUES	<u>0.00</u>	<u>15,389.14</u>
EXPENSES		
EXPENSES		
TRAINING AND TECHNICAL ASSISTANCE		
CONTRACTING ORG COSTS - CACFP	0.00	318.22
Total TRAINING AND TECHNICAL ASSISTANCE	<u>0.00</u>	<u>318.22</u>
SUPPLIES		
SUPPLIES & EQUIPMENT - CACFP	0.00	952.39
Total SUPPLIES	<u>0.00</u>	<u>952.39</u>
FOOD		
RAW FOOD - CACFP	<u>932.99</u>	<u>7,301.72</u>
Total FOOD	<u>932.99</u>	<u>7,301.72</u>
OTHER		
PURCHASED SERVICES - CACFP	0.00	122.40
Total OTHER	<u>0.00</u>	<u>122.40</u>
Total EXPENSES	<u>932.99</u>	<u>8,694.73</u>
Total EXPENSES	<u>932.99</u>	<u>8,694.73</u>
NET GAIN/LOSS	<u>(932.99)</u>	<u>6,694.41</u>

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Activities
22 - CSBG UB
From 8/1/2025 Through 8/31/2025
12 month program ending 12/31/2025 (67% of grant year elapsed)

	Current Period Actual	Current Year Actual	
Revenues and other support			
Contractual revenue - grants	97,120.19	197,939.55	
Donations from participants	0.00	0.00	
Total Revenues and other support	<u>97,120.19</u>	<u>197,939.55</u>	
Expenses			
Personnel	7,125.77	33,214.15	
Fringe Benefits	1,399.00	8,435.66	
Travel	99.91	661.01	
Equipment	412.00	520.72	
Supplies	1,906.07	3,243.46	
Contractual	0.00	390.52	
Other	9,698.92	45,035.08	
Indirect Costs	0.00	0.00	
Total Expenses	<u>20,641.67</u>	<u>91,500.60</u>	\$432,707 Total Award 21% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	<u>0.00</u>	<u>0.00</u>	
Net Gain/(Loss)	<u>76,478.52</u>	<u>106,438.95</u>	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

25 - CSBG DISCRETIONARY

From 8/1/2025 Through 8/31/2025

12 month program ending 8/31/2025 (100% of grant year elapsed)

	Current Period Actual	Current Year Actual	
Revenues and other support			
Contractual revenue - grants	0.00	71,053.91	
Donations from participants	0.00	0.00	
Total Revenues and other support	0.00	71,053.91	
Expenses			
Personnel	0.00	2,979.54	
Fringe Benefits	0.00	266.67	
Travel	0.00	0.00	
Supplies	0.00	6,426.58	
Contractual	0.00	0.00	
Other	0.00	38,375.31	
Indirect Costs	0.00	0.00	
Total Expenses	0.00	48,048.10	\$100,000 Total Award 48% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	0.00	0.00	
Net Gain/(Loss)	0.00	23,005.81	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

21 - CEAP UB

From 8/1/2025 Through 8/31/2025

12 month program ending 12/31/2025 (67% of grant year elapsed)

	Current Period Actual	Current Year Actual	
Revenues and other support			
Contractual revenue - grants	210,759.98	2,793,352.59	
Other	0.00	0.00	
Total Revenues and other support	210,759.98	2,793,352.59	
Expenses			
Admin	5,920.30	107,709.80	
Household Crisis	0.00	144.50	
Utility Assistance	253,822.53	2,269,434.14	
Program Services	10,935.99	84,241.34	
Travel	0.00	0.00	
Total Expenses	270,678.82	2,461,529.78	\$2,795,819 Total Award 88% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	0.00	0.00	
Net Gain/(Loss)	(59,918.84)	331,822.81	

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Activities
41 - ATMOS ENERGY 'SHARE THE WARMTH PROGRAM'
From 8/1/2025 Through 8/31/2025
12 month program ending 12/31/2025 (67% of grant year elapsed)

	<u>Current Period Actual</u>	<u>Current Year Actual</u>	
Revenues and other support			
Contractual revenue - grants	0.00	107,484.00	
Donations from participants	0.00	0.00	
Total Revenues and other support	<u>0.00</u>	<u>107,484.00</u>	
Expenses			
Supplies	0.00	0.00	
Other	0.00	99,724.00	
Indirect Costs	0.00	7,760.00	
Total Expenses	<u>0.00</u>	<u>107,484.00</u>	\$107,484 Total Award 100% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	<u>0.00</u>	<u>0.00</u>	
Net Gain/(Loss)	<u><u>0.00</u></u>	<u><u>0.00</u></u>	

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Financial Position
As of 9/30/2025

	Current Year Balance	Beginning Period Balance	Current Period Change
Assets			
Cash	305,243.67	452,433.08	(147,189.41)
Grant receivables	154,445.04	365,205.02	(210,759.98)
Prepaid Expense	188,208.44	188,448.44	(240.00)
Other receivables	(100.00)	0.00	(100.00)
Property and equipment	3,158,094.33	3,158,094.33	0.00
Accumulated depreciation	(1,835,944.61)	(1,825,504.98)	(10,439.63)
Total Assets	<u>1,969,946.87</u>	<u>2,338,675.89</u>	<u>(368,729.02)</u>
Liabilities			
Accounts payable	22,038.97	4,371.00	17,667.97
Accrued expenses	469,887.23	384,592.36	85,294.87
Total Liabilities	<u>491,926.20</u>	<u>388,963.36</u>	<u>102,962.84</u>
Net Assets			
Net Assets	<u>1,478,020.67</u>	<u>1,949,712.53</u>	<u>(471,691.86)</u>
Total Net Assets	<u>1,478,020.67</u>	<u>1,949,712.53</u>	<u>(471,691.86)</u>
Total Liabilities and Net Assets	<u>1,969,946.87</u>	<u>2,338,675.89</u>	<u>(368,729.02)</u>

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

21 - CEAP UB

From 9/1/2025 Through 9/30/2025**12 month program ending 12/31/2025 (75% of grant year elapsed)**

	Current Period Actual	Current Year Actual	
Revenues and other support			
Contractual revenue - grants	0.00	2,793,352.59	
Other	0.00	0.00	
Total Revenues and other support	0.00	2,793,352.59	
Expenses			
Admin	8,365.23	116,075.03	
Household Crisis	1,038.21	1,182.71	
Utility Assistance	234,100.87	2,492,547.17	
Program Services	20,737.20	104,978.54	
Travel	0.00	0.00	
Total Expenses	264,241.51	2,714,783.45	\$2,795,819 Total Award 97% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	0.00	0.00	
Net Gain/(Loss)	(264,241.51)	78,569.14	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

41 - ATMOS ENERGY MIP Sheetpos;SHARE THE WARMTH PROGRAMMIP Sheetpos;

From 9/1/2025 Through 9/30/2025

12 month program ending 12/31/2025 (75% of grant year elapsed)

	Current Period Actual	Current Year Actual
Revenues and other support		
Contractual revenue - grants	0.00	107,484.00
Other	0.00	0.00
Total Revenues and other support	0.00	107,484.00
Expenses		
Admin	0.00	7,760.00
Utility Assistance	0.00	124,458.80
Total Expenses	0.00	132,218.80
Transfers		
Transfers	0.00	0.00
Total Transfers	0.00	0.00
Net Gain/(Loss)	0.00	(24,734.80)

\$107,484 Total Award 100% Spent

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Activities
22 - CSBG UB
From 9/1/2025 Through 9/30/2025
12 month program ending 12/31/2025 (75% of grant year elapsed)

	Current Period Actual	Current Year Actual	
Revenues and other support			
Contractual revenue - grants	0.00	197,939.55	
Donations from participants	0.00	0.00	
Total Revenues and other support	0.00	197,939.55	
Expenses			
Personnel	14,129.48	47,343.63	
Fringe Benefits	1,597.06	10,032.72	
Travel	1,330.14	1,991.15	
Equipment	176.07	696.79	
Supplies	2,810.27	6,053.73	
Contractual	0.00	390.52	
Other	22,425.50	67,460.58	
Indirect Costs	0.00	0.00	
Total Expenses	42,468.52	133,969.12	\$432,707 Total Award 30% Spent
Transfers			
Transfers	0.00	0.00	
Total Transfers	0.00	0.00	
Net Gain/(Loss)	(42,468.52)	63,970.43	

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Activities - Head Start Report
32 - EARLY HEAD START GRANT
From 9/1/2025 Through 9/30/2025
12 month program ending 11/30/2025 (83% of grant year elapsed)

	<u>Current Period Actual</u>	<u>Current Year Actual</u>	
REVENUES			
GRANTS			
	11,169.29	140,172.83	
IN KIND			
	2,141.90	18,548.93	
Total REVENUES	<u>13,311.19</u>	<u>158,721.76</u>	
EXPENSES			
EXPENSES			
PERSONNEL	14,522.67	104,352.77	
FRINGE BENEFITS	1,088.36	10,918.75	
TRAINING AND TECHNICAL ASSISTANCE	650.00	2,200.67	
SUPPLIES	253.93	5,574.73	
FOOD	632.95	6,084.22	
OTHER	651.91	15,700.13	
INDIRECT COST	1,701.38	12,424.61	
Total EXPENSES	<u>19,501.20</u>	<u>157,255.88</u>	\$269,268 Total Award 58% Spent
IN KIND			
	2,141.90	18,548.93	\$67,317 Total Needed 28% Met
Total EXPENSES	<u>21,643.10</u>	<u>175,804.81</u>	
NET GAIN/LOSS	<u>(8,331.91)</u>	<u>(17,083.05)</u>	

COMMUNITY SERVICES OF NORTHEAST TEXAS
Statement of Activities - Head Start Report
01 - HEADSTART
From 9/1/2025 Through 9/30/2025
12 month program ending 11/30/2025 (83% of grant year elapsed)

	<u>Current Period Actual</u>	<u>Current Year Actual</u>	
REVENUES			
GRANTS			
	281,138.57	3,217,293.70	
IN KIND			
	191,082.76	1,382,677.31	
Total REVENUES	<u>472,221.33</u>	<u>4,599,971.01</u>	
EXPENSES			
EXPENSES			
PERSONNEL	211,087.81	1,783,596.96	
FRINGE BENEFITS	40,004.34	392,820.54	
TRAINING AND TECHNICAL ASSISTANCE	12,514.97	37,524.31	
EQUIPMENT	0.00	6,299.00	
SUPPLIES	7,764.82	115,590.08	
FOOD	7,384.82	76,653.28	
OTHER	81,312.53	795,517.66	
INDIRECT COST	34,203.58	269,068.09	
Total EXPENSES	<u>394,272.87</u>	<u>3,477,069.92</u>	\$4,533,387 Total Award 77% Spent
IN KIND			
	191,082.76	1,382,677.31	\$1,133,347 Total Needed 100% Met
Total EXPENSES	<u>585,355.63</u>	<u>4,859,747.23</u>	
NET GAIN/LOSS	<u>(113,134.30)</u>	<u>(259,776.22)</u>	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

**Head Start and Early Head Start Nutrition Program
CACFP****01 - HEADSTART****From 9/1/2025 Through 9/30/2025**

	Current Period Actual	Current Year Actual
REVENUES		
GRANTS		
TDHS REVENUE	7,802.76	112,872.15 4020
Total GRANTS	7,802.76	112,872.15
Total REVENUES	7,802.76	112,872.15
EXPENSES		
EXPENSES		
PERSONNEL		
SALARIES	5,184.00	5,184.00 5001
SALARIES - CACFP COOKS	0.00	60,640.80 5008
SALARIES - CACFP NUTRITION MANAGER	0.00	13,537.15 5009
Total PERSONNEL	5,184.00	79,361.95
FRINGE BENEFITS		
PAYROLL TAXES	391.83	391.83 5010
PAYROLL TAXES - CACFP COOKS	0.00	5,091.21 5018
PAYROLL TAXES - CACFP NUTRITION MANAGER	0.00	1,035.28 5019
Total FRINGE BENEFITS	391.83	6,518.32
TRAINING AND TECHNICAL ASSISTANCE		
CONTRACTING ORG COSTS - CACFP	0.00	3,344.05 6201
Total TRAINING AND TECHNICAL ASSISTANCE	0.00	3,344.05
SUPPLIES		
SUPPLIES & EQUIPMENT - CACFP	0.00	22,522.72 8036
Total SUPPLIES	0.00	22,522.72
FOOD		
RAW FOOD - CACFP	3,087.81	95,020.24 8052
Total FOOD	3,087.81	95,020.24
OTHER		
PURCHASED SERVICES - CACFP	0.00	597.60 6041
MEDIA COSTS - CACFP	0.00	371.25 6141
Total OTHER	0.00	968.85
Total EXPENSES	8,663.64	207,736.13
Total EXPENSES	8,663.64	207,736.13
NET GAIN/LOSS	(860.88)	(94,863.98)

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

32 - EARLY HEAD START GRANT
From 9/1/2025 Through 9/30/2025

	Current Period Actual	Current Year Actual
Total EXPENSES		
REVENUES		
GRANTS		
TDHS REVENUE	1,329.33	16,718.47 4020
Total GRANTS	1,329.33	16,718.47
Total REVENUES	1,329.33	16,718.47
EXPENSES		
EXPENSES		
TRAINING AND TECHNICAL ASSISTANCE		
CONTRACTING ORG COSTS - CACFP	0.00	318.22 6201
Total TRAINING AND TECHNICAL ASSISTANCE	0.00	318.22
SUPPLIES		
SUPPLIES & EQUIPMENT - CACFP	0.00	952.39 8036
Total SUPPLIES	0.00	952.39
FOOD		
RAW FOOD - CACFP	632.44	7,934.16 8052
Total FOOD	632.44	7,934.16
OTHER		
PURCHASED SERVICES - CACFP	0.00	122.40 6041
Total OTHER	0.00	122.40
Total EXPENSES	632.44	9,327.17
Total EXPENSES	632.44	9,327.17
NET GAIN/LOSS	696.89	7,391.30

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2618	9/10/2025	ABERNATHY COMPANY	607.80
2619	9/10/2025	AEP-SWEPCO-EA	1,200.00
2620	9/10/2025	AEP-SWEPCO-EA	1,200.00
2621	9/10/2025	AEP-SWEPCO-EA	1,409.55
2622	9/10/2025	AEP-SWEPCO-EA	100.45
2623	9/10/2025	AEP-SWEPCO-EA	1,500.00
2624	9/10/2025	AEP-SWEPCO-EA	66.05
2625	9/10/2025	AEP-SWEPCO-EA	1,800.00
2626	9/10/2025	AEP-SWEPCO-EA	1,473.41
2627	9/10/2025	AEP-SWEPCO-EA	892.62
2628	9/10/2025	AEP-SWEPCO-EA	133.79
2629	9/10/2025	AEP-SWEPCO-EA	1,200.00
2630	9/10/2025	AEP-SWEPCO-EA	1,500.00
2631	9/10/2025	AEP-SWEPCO-EA	857.01
2632	9/10/2025	AEP-SWEPCO-EA	1,409.55
2633	9/10/2025	AEP-SWEPCO-EA	1,800.00
2634	9/10/2025	AEP-SWEPCO-EA	1,800.00
2635	9/10/2025	AEP-SWEPCO-EA	990.11
2636	9/10/2025	AEP-SWEPCO-EA	83.88
2637	9/10/2025	AEP-SWEPCO-EA	1,500.00
2638	9/10/2025	AEP-SWEPCO-EA	1,500.00
2639	9/10/2025	AEP-SWEPCO-EA	1,500.00
2640	9/10/2025	AEP-SWEPCO-EA	226.15
2641	9/10/2025	AEP-SWEPCO-EA	56.41
2642	9/10/2025	AEP-SWEPCO-EA	1,200.00
2643	9/10/2025	AEP-SWEPCO-EA	1,000.00
2644	9/10/2025	AEP-SWEPCO-EA	234.02
2645	9/10/2025	AEP-SWEPCO-EA	1,156.74
2646	9/10/2025	AEP-SWEPCO-EA	334.57
2647	9/10/2025	AEP-SWEPCO-EA	1,237.96
2648	9/10/2025	AEP-SWEPCO-EA	202.76
2649	9/10/2025	AEP-SWEPCO-EA	1,534.81
2650	9/10/2025	AEP-SWEPCO-EA	243.13
2651	9/10/2025	AEP-SWEPCO-EA	1,032.20
2652	9/10/2025	AEP-SWEPCO-EA	1,500.00
2653	9/10/2025	AEP-SWEPCO-EA	105.58
2654	9/10/2025	AEP-SWEPCO-EA	600.00
2655	9/10/2025	AEP-SWEPCO-EA	771.73
2656	9/10/2025	AEP-SWEPCO-EA	1,761.20
2657	9/10/2025	AEP-SWEPCO-EA	1,474.84
2658	9/10/2025	AEP-SWEPCO-EA	1,165.82
2659	9/10/2025	AEP-SWEPCO-EA	240.83
2660	9/10/2025	AEP-SWEPCO-EA	1,089.20
2661	9/10/2025	AEP-SWEPCO-EA	1,200.00
2662	9/10/2025	AEP-SWEPCO-EA	1,200.00
2663	9/10/2025	AEP-SWEPCO-EA	418.55
2664	9/10/2025	AEP-SWEPCO-EA	1,400.00
2665	9/10/2025	AEP-SWEPCO-EA	900.00
2666	9/10/2025	AEP-SWEPCO-EA	59.41
2667	9/10/2025	AEP-SWEPCO-EA	833.71
2668	9/10/2025	AEP-SWEPCO-EA	302.57
2669	9/10/2025	AEP-SWEPCO-EA	1,000.37
2670	9/10/2025	AEP-SWEPCO-EA	1,000.37
2671	9/10/2025	AEP-SWEPCO-EA	159.42
2672	9/10/2025	AEP-SWEPCO-EA	1,307.20

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2673	9/10/2025	AEP-SWEPCO-EA	196.38
2674	9/10/2025	AEP-SWEPCO-EA	600.00
2675	9/10/2025	AEP-SWEPCO-EA	148.08
2676	9/10/2025	AEP-SWEPCO-EA	256.38
2677	9/10/2025	AEP-SWEPCO-EA	313.82
2678	9/10/2025	AEP-SWEPCO-EA	254.93
2679	9/10/2025	AEP-SWEPCO-EA	1,747.47
2680	9/10/2025	AEP-SWEPCO-EA	1,165.82
2681	9/10/2025	AEP-SWEPCO-EA	172.38
2682	9/10/2025	AEP-SWEPCO-EA	1,200.00
2683	9/10/2025	AEP-SWEPCO-EA	1,045.27
2684	9/10/2025	AEP-SWEPCO-EA	1,200.00
2685	9/10/2025	AEP-SWEPCO-EA	405.63
2686	9/10/2025	AEP-SWEPCO-EA	1,500.00
2687	9/10/2025	AEP-SWEPCO-EA	1,800.00
2688	9/10/2025	AEP-SWEPCO-EA	432.18
2689	9/10/2025	AEP-SWEPCO-EA	989.24
2690	9/10/2025	AEP-SWEPCO-EA	159.40
2691	9/10/2025	AEP-SWEPCO-EA	683.56
2692	9/10/2025	AEP-SWEPCO-EA	126.29
2693	9/10/2025	AEP-SWEPCO-EA	1,200.00
2694	9/10/2025	AEP-SWEPCO-EA	361.94
2695	9/10/2025	AEP-SWEPCO-EA	1,800.00
2696	9/10/2025	AEP-SWEPCO-EA	1,200.00
2697	9/10/2025	AEP-SWEPCO-EA	455.27
2698	9/10/2025	AEP-SWEPCO-EA	1,000.00
2699	9/10/2025	AEP-SWEPCO-EA	1,200.00
2700	9/10/2025	AEP-SWEPCO-EA	499.41
2701	9/10/2025	AEP-SWEPCO-EA	1,215.52
2702	9/10/2025	AEP-SWEPCO-EA	183.55
2703	9/10/2025	AEP-SWEPCO-EA	1,300.00
2704	9/10/2025	AEP-SWEPCO-EA	1,200.00
2705	9/10/2025	AEP-SWEPCO-EA	1,200.00
2706	9/10/2025	AEP-SWEPCO-EA	180.81
2707	9/10/2025	AEP-SWEPCO-EA	1,200.00
2708	9/10/2025	AEP-SWEPCO-EA	335.22
2709	9/10/2025	AEP-SWEPCO-EA	1,200.00
2710	9/10/2025	AEP-SWEPCO-EA	6.52
2711	9/10/2025	AEP-SWEPCO-EA	845.39
2712	9/10/2025	AEP-SWEPCO-EA	1,500.00
2713	9/10/2025	AEP-SWEPCO-EA	1,500.00
2714	9/10/2025	AEP-SWEPCO-EA	210.63
2715	9/10/2025	AEP-SWEPCO-EA	1,500.00
2716	9/10/2025	AEP-SWEPCO-EA	1,200.00
2717	9/10/2025	AEP-SWEPCO-EA	1,800.00
2718	9/10/2025	AEP-SWEPCO-EA	263.44
2719	9/10/2025	AEP-SWEPCO-EA	1,800.00
2720	9/10/2025	AEP-SWEPCO-EA	384.37
2721	9/10/2025	AEP-SWEPCO-EA	1,273.52
2722	9/10/2025	AEP-SWEPCO-EA	1,300.00
2723	9/10/2025	AEP-SWEPCO-EA	881.70
2724	9/10/2025	AEP-SWEPCO-EA	140.92
2725	9/10/2025	AEP-SWEPCO-EA	893.15
2726	9/10/2025	AEP-SWEPCO-EA	1,120.98
2727	9/10/2025	AEP-SWEPCO-EA	1,200.00

COMMUNITY SERVICES OF NORTHEAST TEXAS
Check/Voucher Register - Check Register
1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2728	9/10/2025	AEP-SWEPCO-EA	1,500.00
2729	9/10/2025	AEP-SWEPCO-EA	1,200.00
2730	9/10/2025	AEP-SWEPCO-EA	321.50
2731	9/10/2025	AEP-SWEPCO-EA	1,200.00
2732	9/10/2025	AEP-SWEPCO-EA	1,000.00
2733	9/10/2025	AEP-SWEPCO-EA	486.93
2734	9/10/2025	AEP-SWEPCO-EA	1,200.00
2735	9/10/2025	AEP-SWEPCO-EA	1,107.11
2736	9/10/2025	AEP-SWEPCO-EA	1,800.00
2737	9/10/2025	AEP-SWEPCO-EA	189.60
2738	9/10/2025	AEP-SWEPCO-EA	1,165.82
2739	9/10/2025	AEP-SWEPCO-EA	1,200.00
2740	9/10/2025	AEP-SWEPCO-EA	480.74
2741	9/10/2025	AEP-SWEPCO-EA	1,800.00
2742	9/10/2025	AEP-SWEPCO-EA	1,200.00
2743	9/10/2025	AEP-SWEPCO-EA	169.45
2744	9/10/2025	AEP-SWEPCO-EA	1,050.06
2745	9/10/2025	AEP-SWEPCO-EA	19.89
2746	9/10/2025	AEP-SWEPCO-EA	1,300.00
2747	9/10/2025	AEP-SWEPCO-EA	216.89
2748	9/10/2025	AEP-SWEPCO-EA	1,500.00
2749	9/10/2025	AEP-SWEPCO-EA	890.02
2750	9/10/2025	AEP-SWEPCO-EA	1,097.75
2751	9/10/2025	AEP-SWEPCO-EA	255.29
2752	9/10/2025	AEP-SWEPCO-EA	1,200.00
2753	9/10/2025	AEP-SWEPCO-EA	238.92
2754	9/10/2025	AEP-SWEPCO-EA	911.47
2755	9/10/2025	AEP-SWEPCO-EA	800.00
2756	9/10/2025	AEP-SWEPCO-EA	800.41
2757	9/10/2025	AEP-SWEPCO-EA	1,500.00
2758	9/10/2025	AEP-SWEPCO-EA	1,500.00
2759	9/10/2025	AEP-SWEPCO-EA	312.14
2760	9/10/2025	AEP-SWEPCO-EA	165.60
2761	9/10/2025	AEP-SWEPCO-EA	1,200.00
2762	9/10/2025	AEP-SWEPCO-EA	1,174.90
2763	9/10/2025	AEP-SWEPCO-EA	316.05
2764	9/10/2025	AEP-SWEPCO-EA	1,200.00
2765	9/10/2025	AEP-SWEPCO-EA	1,200.00
2766	9/10/2025	AEP-SWEPCO-EA	1,200.00
2767	9/10/2025	AEP-SWEPCO-EA	27.46
2768	9/10/2025	AEP-SWEPCO-EA	1,000.00
2769	9/10/2025	AEP-SWEPCO-EA	230.89
2770	9/10/2025	AEP-SWEPCO-EA	1,200.00
2771	9/10/2025	AEP-SWEPCO-EA	228.18
2772	9/10/2025	AEP-SWEPCO-EA	1,038.21
2773	9/10/2025	AMERICAN EXPRESS	6,311.45
2774	9/10/2025	AMERICAN EXPRESS	14,165.94
2775	9/10/2025	BOWIE CASS	722.52
2776	9/10/2025	BOWIE CASS	948.95
2777	9/10/2025	BOWIE CASS	1,293.90
2778	9/10/2025	BOWIE CASS	876.26
2779	9/10/2025	BOWIE CASS	1,500.00
2780	9/10/2025	BOWIE CASS	94.21
2781	9/10/2025	BOWIE CASS	700.00
2782	9/10/2025	BOWIE CASS	1,800.00

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2783	9/10/2025	BOWIE CASS	1,200.00
2784	9/10/2025	BOWIE CASS	955.92
2785	9/10/2025	BOWIE CASS	1,200.00
2786	9/10/2025	BOWIE CASS	1,500.00
2787	9/10/2025	BOWIE CASS	225.41
2788	9/10/2025	BOWIE CASS	1,200.00
2789	9/10/2025	BOWIE CASS	1,200.00
2790	9/10/2025	BOWIE CASS	317.80
2791	9/10/2025	BOWIE CASS	1,345.77
2792	9/10/2025	BOWIE CASS	1,200.00
2793	9/10/2025	BOWIE CASS	928.93
2794	9/10/2025	BOWIE CASS	1,800.00
2795	9/10/2025	BOWIE CASS	731.63
2796	9/10/2025	BOWIE CASS	1,800.00
2797	9/10/2025	BOWIE CASS	452.38
2798	9/10/2025	BOWIE CASS	1,200.00
2799	9/10/2025	BOWIE CASS	1,500.00
2800	9/10/2025	BOWIE CASS	1,500.00
2801	9/10/2025	BOWIE CASS	1,800.00
2802	9/10/2025	BOWIE CASS	276.89
2803	9/10/2025	BOWIE CASS	1,000.00
2804	9/10/2025	BOWIE CASS	499.15
2805	9/10/2025	CECELIA HUFF	52.22
2806	9/10/2025	CENTERPOINT ENERGY ENTEX	71.50
2807	9/10/2025	IRIS GROUP HOLDINGS LLC	130.77
2808	9/10/2025	FARMER ELECTRIC	1,200.00
2809	9/10/2025	BENEFITS TECHNOLOGY RESOURCES LLC	200.00
2810	9/10/2025	KATHY JO RODGERS	55.00
2811	9/10/2025	KIM'S CONVENIENCE STORES	15.03
2812	9/10/2025	MCQUEEN PROPANE INC	580.00
2813	9/10/2025	MOUNTAIN VALLEY OF TEXARKANA	148.00
2814	9/10/2025	MUTUAL OF OMAHA PAYMENT PROCESSING CENTER	4,371.00
2815	9/10/2025	MUTUAL OF OMAHA PAYMENT PROCESSING CENTER	3,373.83
2816	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	792.40
2817	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	706.94
2818	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	1,038.79
2819	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	557.70
2820	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	53.60
2821	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	409.38
2822	9/10/2025	ODP BUSINESS SOLUTIONS, LLC	311.70
2823	9/10/2025	REPUBLIC SERVICES #070	116.63
2824	9/10/2025	RPM STAFFING PROFESSIONALS, INC.	1,175.76
2825	9/10/2025	VESTIS GROUP , INC	189.58
2826	9/10/2025	VESTIS GROUP , INC	92.07
2827	9/10/2025	WIPFLI LLP	5,300.00
2828	9/10/2025	WIPFLI LLP	25,440.00
2830	9/16/2025	SOUTHWESTERN ELECTRIC POWER	344.15
2831	9/16/2025	BEN E KEITH CO	1,770.98
2832	9/16/2025	CENTERPOINT ENERGY ENTEX	94.55
2833	9/16/2025	ETEX TELEPHONE CORP, INC.	4,765.79
2834	9/16/2025	HEALTHCARE EXPRESS LLP	50.00
2835	9/16/2025	OMKAR INVESTMENT LLC	58.27
2836	9/16/2025	RPM STAFFING PROFESSIONALS, INC.	1,324.80
2837	9/16/2025	VESTIS GROUP , INC	62.44
2838	9/16/2025	VESTIS GROUP , INC	133.38

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
2839	9/16/2025	VESTIS GROUP , INC	62.30
2840	9/26/2025	ABILA	1,296.06
2841	9/26/2025	ABILA	1,296.06
2842	9/26/2025	SOUTHWESTERN ELECTRIC POWER	1,003.35
2843	9/26/2025	SOUTHWESTERN ELECTRIC POWER	246.75
2844	9/26/2025	SOUTHWESTERN ELECTRIC POWER	325.50
2845	9/26/2025	SOUTHWESTERN ELECTRIC POWER	202.42
2846	9/26/2025	SOUTHWESTERN ELECTRIC POWER	97.06
2847	9/26/2025	SOUTHWESTERN ELECTRIC POWER	409.68
2848	9/26/2025	SOUTHWESTERN ELECTRIC POWER	143.40
2849	9/26/2025	ATLANTA INDEPENDENT SCHOOL DIST	611.00
2850	9/26/2025	ATLANTA INDEPENDENT SCHOOL DIST	700.00
2851	9/26/2025	BEN E KEITH CO	3,720.25
2852	9/26/2025	BEN E KEITH CO	1,180.15
2853	9/26/2025	BLUE CROSS BLUE SHIELD	28,007.32
2854	9/26/2025	CENTERPOINT ENERGY ENTEX	71.48
2855	9/26/2025	CENTERPOINT ENERGY ENTEX	59.48
2856	9/26/2025	AREA WIDE PROPERTIES	1,400.00
2857	9/26/2025	ERICK BALLESTEROS	1,620.00
2858	9/26/2025	MOUNTAIN VALLEY OF TEXARKANA	185.00
2859	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	655.58
2860	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	135.56
2861	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	2,304.46
2862	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	218.81
2863	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	53.49
2864	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	68.48
2865	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	587.50
2866	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	505.81
2867	9/26/2025	ODP BUSINESS SOLUTIONS, LLC	103.89
2868	9/26/2025	RPM STAFFING PROFESSIONALS, INC.	1,059.84
2869	9/26/2025	RPM STAFFING PROFESSIONALS, INC.	1,043.28
2870	9/26/2025	TEXARKANA ISD CATERING DEPT	105.00
2871	9/26/2025	TEXARKANA INDEPENDENT SCHOOL DISTRICT	4,882.00
2872	9/26/2025	VANCO SYSTEMS, INC.	2,072.18
2873	9/26/2025	VESTIS GROUP , INC	195.75
82540	9/10/2025	A & R SERVICE CENTER LLC	93.13
82541	9/10/2025	ALFORD AIR CONDITIONING AND HEATING LLC	8,192.50
82542	9/10/2025	AT&T	1,463.74
82543	9/10/2025	ATMOS ENERGY	2,960.19
82544	9/10/2025	BLOOMBURG WATER SUPPLY	58.20
82545	9/10/2025	CARLIN JOHNSON PETTY CASH CUSTODIAN	118.34
82548	9/10/2025	CENTERPOINT ENERGY	10,737.53
82549	9/10/2025	CIRRO ENERGY	2,696.67
82550	9/10/2025	CITY OF JEFFERSON WATER .	75.84
82551	9/10/2025	CITY OF PITTSBURG	304.21
82552	9/10/2025	CONN AUTO SUPPLY	29.55
82553	9/10/2025	DIRECT ENERGY	3,427.25
82554	9/10/2025	EL CHAPARRAL MOBILE HOME PARK	983.98
82555	9/10/2025	FERRELL GAS	271.07
82556	9/10/2025	FROG STREET PRESS LLC	4,250.00
82557	9/10/2025	GREEN MOUNTAIN ENERGY	2,953.94
82558	9/10/2025	HUMPHREY AIR CONDITIONING LLC	319.00
82559	9/10/2025	JOHN BAXTER	7.00
82560	9/10/2025	JUST ENERGY	3,000.00
82561	9/10/2025	MCI	68.49

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

Check Num...	Effective Date	Vendor Name	Check Amount
82562	9/10/2025	MRD HETH APARTMENTS	875.00
82563	9/10/2025	NATHAN BELL, LLC	462.00
82564	9/10/2025	LARRY NEELEY	1,225.00
82565	9/10/2025	NELSON PROPANE	500.00
82566	9/10/2025	PEST-PRO SERVICES INC	75.00
82567	9/10/2025	RELIANT ENERGY	1,612.91
82568	9/10/2025	SUMMIT UTILITIES OF ARKANSAS	2,730.66
82569	9/10/2025	S.W. ARKANSAS TELE. CO-OP	251.86
82570	9/10/2025	TARA ENERGY	1,409.55
82571	9/10/2025	TEXAS DEPARTMENT OF LICENSING & REGULATION	40.00
82572	9/10/2025	TERESA THOMPSON	40.60
82573	9/10/2025	TIMBER CREEK APARTMENTS	1,479.79
82574	9/10/2025	TRICO LUMBER CO.	178.46
82575	9/10/2025	TRIEAGLE ENERGY	1,250.02
82577	9/10/2025	TXU-ASSISTANCE GROUP	15,592.09
82578	9/10/2025	UPSHUR RURAL ELEC. CORP.	13,747.53
82579	9/16/2025	A & R SERVICE CENTER LLC	97.23
82580	9/16/2025	ALISHA OLIVER	319.00
82581	9/16/2025	BERNADETTE HARRIS	289.35
82582	9/16/2025	BERNIE YANCEY	632.05
82583	9/16/2025	B & S TRUE VALUE HARDWARE	33.98
82584	9/16/2025	CLAY HUNTER	264.90
82585	9/16/2025	DAVID JOHNSTON	200.00
82586	9/16/2025	DELL USA L.P.	40,624.52
82587	9/16/2025	GREG'S MIRACLE MART	200.06
82588	9/16/2025	HUGHES SPRINGS ISD	244.40
82589	9/16/2025	JOACHIMA SCOTT	39.31
82590	9/16/2025	KARI FURNISH	200.00
82591	9/16/2025	LINDEN FUEL CENTER	752.48
82592	9/16/2025	MICHELLE MOREHEAD	360.00
82593	9/16/2025	MISTY VAN HOOSER	449.98
82594	9/16/2025	NORTH TEXAS TOLLWAY AUTHORITY	10.00
82595	9/16/2025	PATRICIA RICHARDSON	319.00
82596	9/16/2025	PEST-PRO SERVICES INC	445.00
82597	9/16/2025	PITTSBURG ISD FOOD SERVICE	32.00
82598	9/16/2025	ROBERT NORTON PETTY CASH CUSTODIAN	67.56
82599	9/16/2025	SHARON ANDERSON	280.00
82600	9/16/2025	TRICO LUMBER CO.	239.78
82601	9/26/2025	ALERT 360	42.79
82602	9/26/2025	AT&T	108.60
82603	9/26/2025	BOBBY'S B&G AUTOMOTIVE INC.	373.65
82604	9/26/2025	B & S TRUE VALUE HARDWARE	8.98
82605	9/26/2025	CITY OF LINDEN	441.12
82606	9/26/2025	DAINGERFIELD - LONE STAR ISD	95.00
82607	9/26/2025	HUGHES SPRINGS ISD	800.00
82608	9/26/2025	KAYE NELMS PETTY CASH CUSTODIAN	53.45
82609	9/26/2025	NATIONWIDE	13,911.08
82610	9/26/2025	R. MORGAN, LLC	1,150.00
82611	9/26/2025	ROBERT NORTON PETTY CASH CUSTODIAN	97.41
82612	9/26/2025	SAM'S CLUB	55.70
82613	9/26/2025	TEXAS DEPARTMENT OF HOUSING & COMMUNITY A...	1,482.90
82614	9/26/2025	TEXAS MUTUAL INSURANCE COMPANY	3,359.72
82615	9/26/2025	TRICO LUMBER CO.	1,089.41
82616	9/26/2025	VERIZON WIRELESS	2,509.78

COMMUNITY SERVICES OF NORTHEAST TEXAS
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1045 - TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2
From 9/1/2025 Through 9/30/2025

<u>Check Num...</u>	<u>Effective Date</u>	<u>Vendor Name</u>	<u>Check Amount</u>
Report Total			<u>458,241.77</u>

Early Head Start Quality Assurance Report PY01/FY25

October Report/September Data

How Are We Doing?



EARLY HEAD START Attendance - September 2025

- ✓ **16** Actual Enrollment (Under/Over - **0** Student(s)) – Funded **16**
- ✓ **12.5%** Disability Students – **10%** Target
- ✓ **89%** Average Daily Attendance (Actual Enrollment)



EARLY HEAD START NFS/ICP/Admin Expenses Rate

- ✓ **\$18,849** NFS Collected - **\$67,317** NFS Needed
- ✓ **\$10,723** Indirect Costs Collected
- ✓ **9%** Admin Expense Rate



Early Head Start CACFP Meals/Reimbursements

- ✓ **\$2,547** Reimbursed This Month - **\$13,523** Reimbursed This Year
- ✓ **21** days of Service – **882** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



EARLY HEAD START Quality Assurance

- ✓ **2** Files Reviewed/**6** Classrooms Observed
- ✓ **0** Incomes Verified/**51** Surveys/**0** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**3** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **45** Findings/**45** Corrections/**0** Remaining

ANNOUNCEMENTS:

Preparing for the FA 1 Federal Review. Completing the 2026 Head Start Community Assessment Update.

Head Start Quality Assurance Report PY01/FY25

October Report/September Data

How Are We Doing?



HEAD START Preschool Attendance - September 2025

- ✓ **465** Actual Enrollment (Under/Over **0** Student(s)) – Funded **465**
- ✓ **4%** Disability Students – **10%** Target
- ✓ **90%** Average Daily Attendance (Funded Enrollment)



HEAD START Preschool NFS/ICP/Admin Expenses Rate

- ✓ **\$1,382,677** NFS Collected – **\$1,133,347** NFS Needed
- ✓ **\$234,865** Indirect Costs Collected
- ✓ **14%** Admin Expense Rate



HEAD START Preschool CACFP Meals/Reimbursements

- ✓ **\$15,014** Reimbursed This Month - **\$89,301** Reimbursed This Year
- ✓ **21** days of Service – **5,346** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Preschool Quality Assurance

- ✓ **81** Files Reviewed/**27** Classrooms Observed
- ✓ **145** Incomes Verified/**0** Surveys/**27** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**3** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **45** Findings/**45** Corrections/**0** Remaining

ANNOUNCEMENTS:

Preparing for the FA 1 Federal Review. Completing the Head Start 2026 Community Assessment Update.



CERTIFICATION OF DE MINIMIS INDIRECT COST RATE

An award recipient that proposes to use federal grant funds to pay for indirect costs may elect to charge a de minimis rate of up to 10% of its modified total direct costs (MTDC) which may be used indefinitely.
(2 CFR § 200.414)

In order to charge a de minimis rate of up to 15% of its MTDC, the award recipient must submit this certification form to each funding source which will be contributing to the rate.

Community Services of Northeast Texas, Inc. certifies that it meets the following eligibility criteria to use the fifteen (15) percent de minimis indirect cost rate:

1. Community Services of Northeast Texas, Inc. does not have a current Federally-approved indirect cost rate agreement.
2. Community Services of Northeast Texas, Inc. has received less than \$35 million in direct federal funding for the fiscal year requested.
3. The de minimis rate approved will be applied to the MTDC. This base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward.
4. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency.
5. The project costs will be consistently charged as either indirect or direct and will not be double charged or inconsistently charged as both.
6. The proper use and application of the de minimis rate is the responsibility of Community Services of Northeast Texas, Inc. The funding sources may perform a financial monitoring review to ensure compliance with 2 CFR Part 200.

SUBMITTED BY:

Board President Signature: _____

Name: _____ Date: _____

Executive Director Signature: _____

Name: _____ Date: _____

(DE MINIMIS INDIRECT COST RATE implementation date 10/1/2021)



2025 CA Update

Summary of Key Priority Area 1



Demographics

Key Priority Area One

- 1-1 Geographic Locations
- 1-2 Racial/Ethnic Composition
- 1-3 Estimated Numbers
- 1-4 Estimated Languages Spoken

SUMMARY



POPULATION HAS DECREASED FOR 2nd YEAR



145,920 PEOPLE LIVE IN THE SERVICE AREA



79.63% OF SERVICE AREA IS RURAL AND 20.37% IS URBAN



12.15% POPULATION IS HISPANIC (OVER .31% DECREASE)



5.61% OF THE POPULATION IS UNDER 4 YRS OF AGE (.31 Decrease)



41.1 IS THE MEDIAN AGE IN THE SERVICE AREA (5 year decrease)

3.31%
5+ Population with
Limited English Proficiency

50.83%
Service Area
Female Population

5.40%
of Population
Foreign Born

26.5
Median Age of
Hispanic Population

30.06%
Service Area
Households w/Children

69.73%
Households w/
Access to High Speed
Internet

Fast Fact
**CSNT Service Area
Population Density
Estimated at 62 persons per
square mile (less than Texas
at 112 and the United States
at 94 persons)**



2026 CA Update

Summary of Key Priority Area 2



HOMELESSNESS

Key Priority Area Two

2-1 Homelessness

SUMMARY

	In 2024, AT ANY POINT-IN-TIME, TEXAS HAD 21,648 HOMELESS INDIVIDUALS
	AN ESTIMATED 6,339 FAMILIES WITH CHILDREN WERE HOMELESS IN TEXAS IN 2024
	9 IN EVERY 10,000 PEOPLE WERE HOMELESS ⁹⁹ IN TEXAS DURING 2024
	1,355 ESTIMATED HOMELESS UNACCOMPANIED YOUTH
	4,886 ESTIMATED CHRONICALLY HOMELESS INDIVIDUALS IN TEXAS
	1,837 ESTIMATED HOMELESS VETERANS IN TEXAS

2.2%
Increase in Homeless
Individuals

1.14%
Region 8 ESC Students
Experienced Homelessness

5.6%
Head Start Children
Experienced Homelessness

1.6%
Homeless Children
in Service Area 2024

Over 20% of the Texas
homeless population suffered
from Mental Health Issues

76,060
Students in Texas
were considered
Homeless

Fast Fact
On a Single Night in 2024, an
estimated 771,480 people in
the United States were
experiencing homelessness



2025 CA Update

Summary of Key Priority Area 3



Foster Care Information

Key Priority Area Three

3-1 Children In Service Area

SUMMARY

	36 PUBLIC SCHOOL CHILDREN IN SERVICE AREA WERE IN FOSTER CARE
	722 CHILDREN IN THE SERVICE AREA HAD PARENTS CONNECTED TO THE MILITARY
	72% OF THE CHILDREN IN SERVICE AREA WERE CONSIDERED ECONOMICALLY DISADVANTAGED
	2,298 PUBLIC SCHOOL CHILDREN WERE DYSLEXIC IN THE SERVICE AREA
	3,856 PUBLIC SCHOOL CHILDREN IN THE SERVICE AREA HAD A DIAGNOSED DISABILITY
	92.77% OF PUBLIC SCHOOL CHILDREN WERE ELIGIBLE UNDER TITLE 1

36
Children in Foster Care
Bowie & Cass Counties

570
Bowie County Military
Families

5,411
Children in Cass County
Eligible Under Title 1

360
Morris County English
Language Learners

1,743
Children in Service Area
Gifted & Talented

Region 8 Had 101
Children in Foster Care
In the Service Area

Fast Fact

According to the Texas
Education Agency the State of
Texas had 11,497 Children In
the Foster Care System in the
2023-2024 School Year.



2025 CA Update

Summary of Key Priority

Area 4



Children With Disabilities

Key Priority Area Four

4-1 Children with Disabilities

SUMMARY



10.6% OF CHILDREN ENROLLED IN CSNT
HAD A DISABILITY 2023-2024



15.9% SCHOOL ENROLLMENT
WITH A DISABILITY 2023-2024



17.9% OF THE POPULATION
IN THE SERVICE AREA HAD A DISABILITY



5.6% OF THE POPULATION IN THE
SERVICE AREA UNDER 18 HAD A DISABILITY



4.6% OF CHILDREN UNDER 18
IN TEXAS HAD A DISABILITY



15.2% OF STUDENTS IN
REGION VIII ESC HAD A DISABILITY

3,856 Students In
Service Area Diagnosed
with a Disability

3,000 Students
Diagnosed With a
Learning Disability

1,741 Students
Diagnosed With a
Speech Impairment

1,097 Students
Diagnosed With
Autism

389 Students
Diagnosed With
Emotional Disturbance

937 Students
Diagnosed With
Intellectual Disability

Fast Fact

**CSNT Head Start works with
Local Education Agencies in
the Service Area to provide
Disability Services to Head
Start Children.**



2025 CA Update

Summary of Key Priority Area 5



Socio-Economic Factors

Key Priority Area Five

- 5-1 Education Levels
- 5-2 Health Statistics
- 5-3 Nutrition Information
- 5-4 Social Service Needs

SUMMARY

- ➡ 11.9% OF PERSONS LIVING IN THE SERVICE AREA HAD NO HIGH SCHOOL DIPLOMA
- ➡ 68 DIRECT CARE PHYSICIANS WITHIN THE SERVICE AREA
- ➡ 21% OF ADULTS REPORTED FAIR OR POOR HEALTH
- ➡ 19% OF ADULTS IN SERVICE AREA HAD FREQUENT MENTAL DISTRESS
- ➡ 20% OF ADULTS WITHIN THE SERVICE AREA SMOKED
- ➡ 18% OF ADULTS WITHIN THE SERVICE AREA DRANK EXCESSIVELY

12.2%
SNAP Recipients in
the Service Area

56.8%
Students Eligible
For Free Lunches

72.8%
of Children Under 18
Receiving Medicaid

19.0%
of Adults in the Service
Area were Obese

9.1%
Low-Birth Weights
In Service Area

10.5%
Population Under 18
With No Health Insurance

Fast Fact
**27.3% of population under
age 4 in the service area
are living at or below the
Federal Poverty Level.**



2025 CA Update

Summary of Key Priority Area 6



Other Child Care Providers

Key Priority Area Six

6-1 Private Child Care Providers

6-2 Publicly Funded Pre-K

SUMMARY

➡ 37 LICENSED CHILD CARE CENTERS
IN THE SERVICE AREA

➡ 903 CHILDREN ENROLLED IN
SUBSIDIZED CHILD CARE

➡ 2,275 CHILDREN NOT ENROLLED
IN CHILD CARE

➡ 2,118 CHILDREN ENROLLED
IN SCHOOL PROGRAM

➡ 1,973 CHILDREN NOT ENROLLED
IN A SCHOOL PROGRAM

➡ 2,810 CHILDREN IN THE SERVICE AREA
BIRTH TO 2 YEARS Not Enrolled in Child Care

7
ISD Partnerships

1
Early Head
Start Program

448
Students Enrolled in
ISD Partnerships

2%
Single-parent Male
Households

4,414
pre-kindergarten aged
children in Service Area

47.9%
Students Considered
At-Risk by ISDs

Fast Fact
**CSNT Service Area has 23
Independent School
Districts (6 are in
partnership with CSNT Head
Start).**



2025 CA Update

Summary of Key Priority Area 7



Housing Needs

Key Priority Area Seven

1-1 Housing Resources

SUMMARY

	65,053 HOUSING UNITS IN THE SERVICE AREA
	14.3% OF THE HOUSING UNITS IN THE SERVICE AREA ARE VACANT
	\$821 MEDIAN RENT IN THE SERVICE AREA
	27% OF THE HOUSING UNITS IN SERVICE AREA WERE SUBSTANDARD
	42.6% OF RENTAL PAYMENTS AT OR ABOVE 30% TOTAL INCOME
	14 SUBSIDIZED HOUSING LOCATIONS IN THE SERVICE AREA

17,599
Households Renting
in Service Area

\$1,251
Average Median
Rent In Texas

306
Housing Units with
no plumbing facilities

14,872
Housing Units Are
Substandard

4,389
Housing Units Lacking
Complete Kitchens

9,308
Vacant Rental Housing
Units in Service Area

Fast Fact
**16.75% of Housing Units in
the Service Area were built
before 1960**



2025 CA Update

Summary of Key Priority Area 8



General Information

Key Priority Area Eight

- 8-1 Transportation
- 8-2 Preferred Services
- 8-3 Program Schedule
- 8-4 Barriers to Participation
- 8-5 School Readiness

SUMMARY

	LITTLE OR NOT PUBLIC TRANSPORTATION IN THE SERVICE AREA
	3,599 HOUSEHOLDS IN THE SERVICE AREA HAD NO MOTOR VEHICLE
	HEAD START SCHEDULES MIRROR THE PARTNERSHIP ISDs
	66% PARENTS SURVEYED REQUESTED EARLY HEAD START SERVICES
	RURAL LOCATIONS AND LANGUAGE CAN BE BARRIERS TO PARTICIPATION
	14 OUT OF 23 SCHOOL DISTRICTS HAD A DECREASE IN ENROLLMENT

23
School Districts
in the Service Area

CSNT Head Start
Partners With
Region 8 ESC

Texas Public Schools
Implement the
STAAR Assessment

26 More Students Enrolled
in Service Area 2023/2024

CSNT Follows CDC
Guidelines When
Encountering Viruses

All CSNT Partner School
Districts Ranked at or
Above "B" Rating

Fast Fact

**CSNT IS Researching Ways to
Bring More Early Head Start
Slots To The Service Area in
the Future .**



2025 CA Update

Summary of Key Priority Area 9



Program Survey Information

Key Priority Area Nine

9-1 Impacts To Service Area

9-2 Impacts To Children & Families

SUMMARY

IMPACTS TO SERVICE AREA



34.43% LACK OF JOBS/UNEMPLOYMENT



10.66% COST OF LIVING/RISING PRICES



9.84% LACK OF AFFORDABLE HOUSING



7.38% NEW BUSINESSES/NEW JOBS/NEW HOUSING



4.10% LACK OF PUBLIC TRANSPORTATION



4.10% FAMILIES MOVING TO FIND JOBS

HIGHLIGHTS

IMPACTS ON CHILDREN AND FAMILIES

52.14%

Poor Parenting Skills/
Young Parents

9.40%

Substance Abuse/
Addictive Behaviors

6.84%

Child Behaviors /
Children Acting Out

5.98%

Children Raised by Other
Family Members

5.13%

Lack of Jobs/Job
Training/Lack of Skills

Fast Fact

COVID did not place on this year's survey. This was the first time in four years that it did not make either list. No one listed it as having an impact on the area or the Campuses.



Succession Plan

Purpose of a Succession Plan

The Board of Directors of Community Services of Northeast Texas, Inc. (CSNT) recognizes that this is a plan for contingencies due to the disability, death or departure of the Chief Executive Officer. If the organization is faced with the unlikely event of an untimely vacancy, CSNT has in place the following emergency succession plan to facilitate the transition to both interim and longer-term leadership.

The Board of CSNT has reviewed the job description of the Chief Executive Officer. The job description is attached. The board has a clear understanding of the Chief Executive Officer's role in organizational leadership, program development, program administration, operations, Board of Directors relationships, financial operations, resource development and community presence.

Other portions of the plan deal with the departure of additional high level members of management and operation, such as the Chief Operations Officer, Human Resources Director, Head Start Director, Family Empowerment Director, Finance Director, Service Manager, and Payroll Specialist.

In the event of a temporary, unplanned absence; short-term

A temporary absence is one of less than three (3) months in which it is expected that the Chief Executive Officer will return to his/her position once the events precipitating the absence are resolved. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation or a sabbatical. The Board of Directors of CSNT is authorized to implement the terms of this emergency plan in the event of the unplanned absence of the Chief Executive Officer.

In the event of an unplanned absence of the Chief Executive Officer, the Chief Operating Officer is to immediately inform the Board Chair of the absence. As soon as it is feasible, the Chair should convene a meeting of the Board or Executive Committee to affirm the procedures prescribed in this plan or to make modifications as the Committee deems appropriate.

At the time that this plan was approved, the position of Acting Chief Executive Officer would be [Bernie Yancey, Chief Operating Officer](#).

Should the standing appointee to the position of Acting Chief Executive Officer be unable to serve, the first and second back-up appointee for the position of Acting Chief Executive Officer will be [Bernadette Harris, Quality Assurance Specialist](#).

If this Acting Chief Executive Officer is new to his/her position and fairly inexperienced with this organization (less than one year), the Board of Directors may decide to appoint one of the back-up appointees to the acting executive position. The Board of Directors may also consider the option of splitting executive duties among the designated appointees.

In the event of a planned absence; short-term or long-term

As defined, a temporary, short-term absence is one of less than (3) months in which the Chief Executive Officer will return to his/her position once the events precipitating the absence are resolved.

A short-term planned absence is one that arises expectedly, such as, a vacation or sabbatical. In the event of a planned absence, the Chief Operating Officer is to immediately inform the Board Chair of the absence. At that time, the Chief Operating Officer will continue operations as implemented by the Board and Chief Executive Officer.

A long-term planned absence is one that arises expectedly, such as a leave of absence. In the event of a long-term planned absence of the Chief Executive Officer, the Chief Operating Officer is to immediately inform the Board Chair of the absence. As soon as it is feasible, the Chair should convene a meeting of the Board or Executive Committee to affirm the procedures prescribed in this plan or to make modifications as the Committee deems appropriate.

In the event of retirement of the Chief Executive Officer

Retirement of the Chief Executive Officer should be planned and a Chief Operating Officer should be named well in advance of the retirement date. In the event of retirement of the Chief Executive Officer, the Board Chair should be informed by the Chief Executive Officer of the retirement date well in advance. As soon as it is feasible, the Chair should convene a meeting of the Board or Executive Committee to affirm the procedures prescribed in this plan or to make modifications as the Committee deems appropriate.

At that time, the Chief Operating Officer should shadow the Chief Executive Officer for training until the Chief Executive Officer's retirement date. The Chief Operating Officer shall transition into the position of Interim Chief Executive Officer on the day after the Chief Executive Officer's retirement date. The Board of Directors will follow the CSNT Board By-Laws in the hiring of a permanent replacement for the Chief Executive Officer position.

Acting/Interim Chief Executive Officer

Should there be a need for an Acting Chief Executive Officer, the Chief Operating Officer shall become such until such time as a properly prepared and constituted meeting of the Board of Directors or the Executive Committee of the Board of Directors can meet and name or confirm the Acting Chief Executive Officer as Interim Chief Executive Officer, if needed.

Under the direction of the Acting Chief Executive Officer, the Tier One Group shall immediately meet and discuss a plan of action moving forward, in accordance with the agency's approved plans.

Tiers of Succession Planning

Tier I: Administrative

- 1.11 Chief Executive Officer
- 1.21 Chief Operating Officer
- 1.22 Chief Financial Officer
- 1.31 Human Resources Director
- 1.32 Payroll Specialist
- 1.33 Head Start Director
- 1.34 Family Empowerment Director

Tier II: Operational

- 2.11 Head Start Program Assistant
- 2.22 Service Department Manager
- 2.23 Family Empowerment Office Manager

Tier III: Facilitation

- 3.11 Campus Directors
- 3.21 Facilities Maintenance
- 3.22 Specialists
- 3.23 Accounting Clerk

Tier IV: Interaction/Non-substitutable

- 4.11 Case Managers
- 4.12 Family Service Workers
- 4.21 Head Start Coordinators
- 4.31 Customer Service Representatives

Tier V: Interaction/Substitutable

5.11 Teachers

5.21 Cooks

5.22 Teaching Assistants

5.31 Custodians

5.32 Drivers

5.33 General Support Staff



Board of Directors

By-Laws

Community Services of Northeast Texas, Inc.

Revisions:

Jan 24, 2012 • Oct 5, 2016 • Jan 22, 2019 • May 26, 2020

June 27, 2023 • August 29, 2023 • April 22, 2025

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ARTICLE I – NAME

- Section 1. The name of this corporation shall be the Community Services of Northeast Texas, Inc., (hereinafter “Community Services”) a non-profit corporation incorporated under the laws of the State of Texas and recognized by the Texas Department of Housing and Community Affairs (hereinafter “TDHCA”) as the proper body to carry out the purposes and functions set out in these by- laws.
- Section 2. The offices of Community Services shall be at such place or places in the City of Linden, Texas, as may from time to time be designated by resolution. Until otherwise provided by resolution, the central office of Community Services shall be at 115 S. Kaufman, Linden, Texas 75563.

ARTICLE II – PURPOSE

The corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as hereafter amended, (the “Internal Revenue Code” or the “Code”) or the corresponding provision of any future United States internal revenue law. Specifically, the corporation’s purposes are to reduce poverty, revitalize low-income communities, and empower low-income individuals and families to become self-sufficient by: creating economic, educational and other opportunities for and providing a range of services to low-income families and individuals; mobilizing resources directed to the elimination of poverty; and educating the public on issues of poverty and community revitalization. The corporation shall conduct its activities primarily in Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River and Titus Counties, however, it may operate in such other geographic areas as it deems useful and expedient.

ARTICLE III – FISCAL YEAR

The fiscal year of the corporation shall be fixed by resolution of the board of directors and may be changed by the board of directors.

ARTICLE IV – MEMBERSHIP BODY

This corporation/agency, Community Services, shall have no stockholding members but shall have organizational members as herein provided.

ARTICLE V – COMPOSITION OF THE BOARD

Section 1: Number of Directors

The board of directors shall consist of twelve (12) directors. The number of directors may be increased (but not to more than fifteen (15)) or decreased (but not to fewer than nine (9)) from time to time by resolution of the board, provided that the number of directors established by the board shall be equally divisible by three and that no decrease shall have the effect of shortening the term of any incumbent director.

Section 2: Tripartite Board Structure

Public Sector

One-third of the directors shall be elected public officials, holding office on the date of selection, or their representatives, except that if the number of such elected officials reasonably available and willing to serve on the board is less than one-third of the membership of the board, appointive public officials or their representatives may be counted in meeting such one-third requirement (Public Sector Directors);

Low-Income Sector

At least one-third of the directors shall be persons chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served (Low-Income Sector Directors); and

Private Sector

The remainder of the directors shall be officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served (Private Sector Directors).

Section 3: Head Start Board Composition Requirements

At least one director shall have a background and expertise in fiscal management or accounting. At least one director shall have a background and expertise in early childhood education and development. At least one director shall be a licensed attorney familiar with issues that come before the governing body. However, if a person described in any one of the three preceding sentences is not available to serve as a director, the board shall use a consultant, or another individual with relevant expertise, with the required qualifications, who shall work directly with the board. Other directors shall: (1) reflect the community to

be served and include parents of children who are currently, or were formerly, enrolled in Head Start programs; and (2) be selected for their expertise in education, business administration, or community affairs.

Section 4: Selection

After each prospective director has been selected to serve on the board through the appropriate selection process described below for the sector in which s/he proposes to serve, and has been determined by the board (or a committee thereof) to meet the qualifications set by the board from time to time for service as a director, the board of directors shall vote whether to elect him or her to the board.

Public Sector

The board of directors shall select elected public officials to serve as Public Sector Directors. If the number of elected officials reasonably available and willing to serve on the board is less than one-third of the board, the corporation may select appointed public officials to serve. If a public official selected by the board of directors cannot serve him- or herself, s/he may designate a representative, subject to approval of the corporation's board, to serve as a Public Sector Director; the representative may, but need not be, a public official. Should a public official fail, within the period specified by the corporation's board, to accept the seat him- or herself or to designate a representative to serve, the corporation's board shall select another public official to fill the seat or to appoint a representative, subject to approval of the corporation's board, to fill the seat.

Low-Income Sector

The board shall adopt and implement written democratic selection procedures for Low-Income Sector Directors, which it may revise from time to time. Such procedures may include, either alone or in combination: (1) election by ballots cast by the corporation's clients and/or by other low income people in the corporation's service area; (2) selection at a community meeting in a low-income neighborhood in the corporation's service area and/or on a topic of interest to low income people and publicized to low-income people in the corporation's service area; and/or (3) designation by organizations in the corporation's service area composed of a majority of low income people (Low-Income Organizations).

Private Sector

The board shall select individuals who are officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served to serve as Private Sector Directors.

To fill Private Sector Director seats, the board of directors may select organizations representing business, industry, labor, religious, law enforcement,

education, or other major groups and interests in the corporation's service area (Private Sector Organizations) to designate, from among their officials or members, individuals to serve on the corporation's board of directors. Each such organization shall be entitled to designate one individual, subject to approval of the corporation's board, to serve as a Private Sector Director. Should such an organization fail, within the period specified by the corporation's board, to designate an individual to serve as a Private Sector Director, the corporation's board shall select another organization to designate such an individual.

ARTICLE VI -- POWERS OF THE BOARD

The Board is responsible for abiding by the terms of contracts and shall determine the policies of the agency to assure accountability for public funding. The Board shall function as the organization's governing body with the same legal powers and responsibilities as the Board of Directors of any nonprofit corporation. In the event of a conflict between the powers and responsibilities required of all nonprofit corporations and those required by the CSBG Act, this issuance, and the contract, the latter shall control.

Execution of Instruments:

Except as the board of directors may generally or in particular cases authorize the execution thereof in some other manner, all deeds, leases, transfers, contracts, bonds, notes, checks, drafts, and other obligations made, accepted and endorsed by the corporation shall be signed by the Chief Executive Officer and checks drawn on any account of the corporation shall be signed by the Chief Executive Officer or Chief Operating Officer and one board member that is an authorized signatory. Authorized by the board of directors by resolution, the Chief Executive Officer shall have power or authority to bind the corporation by any contract or agreement, or to pledge its credit, or to render it liable for any purpose or for any amount.

ARTICLE VII -- RESIDENCE REQUIREMENT

All Board members shall reside within the contractor's CSBG service area designated by the CSBG contract. Board members should be selected so as to provide representation for all geographic areas within the designated service area; however, greater representation may be given on the board to areas with greater poverty population. Low-income representatives must reside in the area that they represent.

ARTICLE VIII -- LIMITATIONS OF BOARD SERVICE

Public officials, or their representatives, serve at the pleasure of the Board as long as the public official remains in office. Low-income representatives and representatives of private organizations also serve at the pleasure of the Board and serve two-year terms, after which, each member must be re-appointed or re-elected to their seat under the terms in Article V.

ARTICLE IX -- QUORUM

Quorum

At all meetings of the board of directors a quorum shall equal a majority of the directors in office.

Voting and Action by the Board

Unless a greater number is required by the corporation's articles of incorporation, these bylaws or by law, the act of a majority of the directors at any meeting at which a quorum is present shall be an act of the board. Each director with voting rights shall have one vote (provided that s/he is not prohibited from voting on a particular matter due to a conflict of interest). Votes by proxy are prohibited.

Participation by Telephone/Video Conference

Participation by Telephone. Members of the board of directors or any committee designated thereby may participate in a meeting of the board or such committee by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at

the same time and participation by such means shall constitute presence in person at the meeting; provided, however, that members of the public attending the meeting must also be able to hear all persons participating in the meeting.

ARTICLE X -- VACANCIES

The board shall take steps to ensure that vacant seats are filled in a timely manner.

Public Sector

When a vacancy occurs in a Public Sector board seat held by a public official, the board of directors shall select another public official to serve as a replacement director or to appoint a representative, subject to board approval, to so serve. When a vacancy occurs in a Public Sector board seat held by the representative of a public official, the board shall request that the public official either take the seat him- or herself or name another representative, subject to approval by the board, to serve as a replacement director. If the public official fails to take the seat him- or herself or to name another representative within the period specified by the board, the board shall select another public official to serve as a replacement director him- or herself or to appoint a representative, subject to board approval, to so serve.

Low-Income Sector

Vacancies in the low-income sector shall be filled using the same democratic process originally used to fill the seat.

Private Sector – Individuals

The board shall fill vacancies in the Private Sector.

Private Sector – Designated by Organization

When a vacancy occurs in a seat held by an individual designated by a Private Sector Organization, the board shall ask the Private Sector Organization that designated that individual to designate another individual, subject to approval by the corporation's board, to fill the vacancy. Should that Private Sector Organization fail, within the period specified by the corporation's board, to designate an individual to fill the vacancy, the corporation's board shall select another Private Sector Organization to designate an individual, subject to approval of the corporation's board, to fill the vacancy. Each successor shall hold office for the unexpired term of his/her predecessor until the successor sooner dies, resigns, is removed or becomes disqualified.

Procedure for Filling Vacancies on the Board of Directors

The agency will prepare a report monthly, based on the board roster, that recognizes any vacancies on the board and when the seat became vacant. A deadline for filling the seat will be determined by statute. The Agency will communicate with the entities holding the vacant seat and provide them with a deadline for filling the seat. This deadline shall be 30 days earlier than the statute deadline. If the entity holding the vacant seat does not provide a properly derived replacement by the entity's deadline, the Agency will award the seat to another entity, giving them only two weeks to fill the vacancy. If, after these efforts have failed, the Agency will continue the previous procedure until the seat is filled, and will notify the Department that the condition exists and what steps have been taken to rectify it.

ARTICLE XI -- COMPENSATION

Directors may not receive compensation for serving on the corporation's board of directors or for providing services to the corporation. However, they may receive reimbursement (or advances, in the case of low-income sector directors) from the corporation for reasonable and documented expenses incurred in the course of performing services as directors or officers. To the extent the corporation makes any such reimbursements or advances, it shall do so only in accordance with financial policies established from time to time by the board.

ARTICLE XII – CODE OF CONDUCT

- Section 1: It is recognized that persons involved in governance activities (Board of Directors) at Community Services of Northeast Texas, Inc. (CSNT, Inc.) are leaders, models, and representatives of the organization. All members will be expected to conduct themselves such that their personal and professional conduct does not have a negative affect on services or reflect badly on Community Services of Northeast Texas, Inc. public image, reputation, or credibility.
- Section 2: Acceptable standards of conduct will be established and periodically revised by the CSNT, Inc. Board of Directors for both Council and Board members. All Council and Board members will be informed of the established standards of conduct.
- The Board of Directors in its entirety will be responsible, with a simple majority vote of members present for a regularly scheduled or appropriately called special meeting, for reprimanding or removing any representative from the Council or Board due to conduct violations.

Section 3: Head Start Policy Council and CSNT, Inc. Board of Directors members:

1. Will respect and promote the unique identity of each child, family, employee, Council and Board member and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
2. Must uphold the agency's confidentiality guidelines stated as follows:
 - a. No information regarding children and families of children enrolled with CSNT Inc. is to be discussed outside of the work setting or Board/Council meetings;
 - b. Information is to be discussed within the work setting and at Board/Council meetings only as is necessary and related to program operations/business or decision-making;
 - c. No information learned at Board/Council meetings or while conducting Board/Council business may be discussed or used in any way outside of Board/Council activities.
3. Will behave and interact respectfully while participating on Board/Council or representing the organization within the community.
4. Must have an interest and concern for children and their families.
5. May not accept gifts and/or gratuities as stated in the CSNT, Inc. Personnel Policy and Procedures Manual.
6. Are prohibited from using their position on Board/Council for purposes which are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with family, business or other ties.
7. Must not make public statements under the auspices of any agency title without the Board of Directors approval.
8. Will follow all CSNT, Inc. general operating procedures.
9. Will respect and uphold the legal authority of the Board of Directors to establish, review, or revise the standards of conduct for individuals participating on the Board/Council.

Section 4: Conflicts of Interest

1. Directors of the corporation may not: have a financial conflict of interest with the corporation or its delegate agencies; be employees of the corporation; or be immediate family members of any employees of the corporation or its delegate agencies. For this purpose, the term “immediate family member” means: a spouse, parents and grandparents, children and grandchildren, brothers and sisters, mother-in-law and father-in-law, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law, and adopted and step family members. Directors who are federal employees are prohibited from serving in any capacity that would require them to act as an agent of or attorney for the corporation in its dealings with any federal government departments or agencies.
2. No Board member may participate in the selection, award, or administration of a subcontract supported by CSBG funds if: (1) the Board member, (2) any member of his/her immediate family (as defined in the CSBG contract), (3)

the Board member's partner, or (4) any organization which employs or is about to employ any of the above, has a financial interest in the firm or person selected to perform a subcontract. No employee of the local CSBG contractor or of the Texas Department of Housing and Community Affairs may serve on the Board. No Board Member may be employed by Community Services of Northeast Texas, Inc., during his/her service on the Board or for twelve months thereafter without a majority vote of a properly constituted quorum of the remaining members. No person may become a member of the Board of Directors within twelve months following any employment by CSNT. Employees who are involuntarily separated from employment with CSNT are not eligible to become members of the Board. Any person removed from the Board for cause as a result of a violation of the Code of Conduct shall not be eligible to become an employee of CSNT.

ARTICLE XIII -- IMPROPERLY CONSTITUTED BOARD

If the State determines that a Board of an eligible entity is improperly constituted, the state shall prescribe the necessary remedial action which may include termination of funding.

ARTICLE XIV -- MEETINGS OF THE BOARD

Section 1: Annual Meeting

The annual meeting of the board shall be held during the month of December each year, subject to postponement by the board. The purposes of the annual meeting are to elect officers and to transact such other business as may become before the meeting. If the annual meeting is postponed, a special meeting may be held in its place, and any business transacted shall have the same force and effect as if transacted at the annual meeting.

Regular Meetings

Regular meetings of the board shall be held at least six times per year on such dates and at such times and places as the board may determine. The regularly scheduled meeting shall be held at the Community Services Executive Offices in Linden on the fourth (4th) Tuesday of the month at 12:00 Noon unless otherwise designated by Board action.

Special Meetings

Special meetings of the board may be called by the Chairperson or by 50% of the directors then in office.

Section 2: As Community Services Block Grant recipients have been added to the list of covered agencies, meetings and proceedings of the same shall be in compliance with the Texas Open Meetings Act (Texas Government Code, Section 551.001 et. seq.) and with the Public Information Act (Texas Government Code, Section 552 et seq.) In general, meetings of governmental bodies must be open to the public, except for expressly authorized executive sessions, and the public must be given notice of the time, place, and subject matter of such meetings. Please note that compliance with the Open Records Act is already required by Section 11 of the 2001 CSBG contract. As of September 1, 2001, it is also required by state law.

Section 3: Notice to Directors

Written notice of the time, date, location and agenda of each meeting of the board shall be given by email to each director at least five days before regular meetings and at least three days before special meetings. Whenever notice of a meeting is required to be given to the directors, such notice need not be given to any director if a written waiver of notice, executed by him or her (or his or her duly authorized attorney) before or after the meeting, is filed with the records of the meeting, or to any director who attends the meeting without protesting the lack of notice to him or her before or at the beginning of the meeting.

Notice to General Public

Notice of all meetings shall also be given to the general public through local public postings, which may include written notification in courthouses or other public places or publication in a newspaper. Notices to the general public shall be posted in readily accessible areas at least seventy-two (72) hours before the scheduled time of the meeting. Because service areas identified in Texas CSBG-supported contracts are limited to small portions of the state, it is not a requirement for local entities to publicize the board meeting notices in the Texas Register.

Section 4: Except as specifically provided below, every regular, special, or called meeting of the Board shall be open to the public. Closed or Executive sessions of the Board may be held for the following purposes:

- Consultation between the Board and its attorney in those instances

in which the Board seeks the attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality.

- Discussion with respect to the purchase, exchange, lease, or value or real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- Discussion with respect to any matter specifically made confidential by law or regulation.
- Any other exception available by state law.

Whenever any deliberation or any portion of a meeting is closed to the public as permitted above, no final action, decision, or vote with regard to that matter shall be made except in a meeting open to the public.

Section 5: The Board shall keep written minutes of each open meeting that include a record of the members present by category, items presented to the Board for action, and the votes on all motions. Minutes of the previous meeting shall be distributed to board members before the next meeting. The minutes shall be made available to the public upon request in accordance with the Open Records Act.

Section 6: Parliamentary Procedure

Where necessary and in matters not covered by these bylaws, Robert's Rules of Order, Newly Revised shall serve as a guide to proper procedure at meetings of the board and its committees.

ARTICLE XV -- COMMITTEES OF THE BOARD

Section 1. The composition of the committees must be the same as those outlined in these By-Laws for the general Board. The Executive Committee will meet on a call basis. The standing, functional and special committees will meet as the Chairperson of a specified committee schedules a meeting to accomplish committee business. Due to the urgency of completing committee business, which is based upon a quorum of members being present, it is imperative that committee members who miss three scheduled or called meetings without just cause within one year shall be removed from the committee. All committees

must at all times reflect a minimum of one-third representatives of the poor.

Section 2. Standing Committees are: Executive, Finance, Personnel, Planning and Evaluation and By-Laws Committees.

A. Executive Committee

1. The Officers of the Board shall constitute the Executive Committee. This committee may only transact routine and ordinary business between meetings of the full board and need only report it at the next meeting of the full Board.
2. The functions of the Executive Committee are to:
 - a. Act on urgent matters requiring action of the total Board at all times between regularly scheduled Board meetings. All such actions shall be subject to ratification by the total board.
 - b. Ensure compliance with By-Laws and recommend changes in the By-Laws.
 - c. Ensure By-Laws conform to funding source requirements.
 - d. Recommend organizational representation of the Board.
 - e. Serve as legal counsel to the Board on matters requiring interpretation of legal or quasi-legal documents.
 - f. Represent the Community Services before State and municipal bodies on legislative matters.
 - g. Adhere to the succession plan for the position of Chief Executive Officer upon the vacancy of said position.
 - h. Act on official matters pertaining to functional and standing committees in the absence of action by these committees after notification of the Executive Committee.

Finance Committee

The finance committee shall be composed of four members.

The finance committee shall:

- (1) oversee the preparation of the annual budget and financial statements;
- (2) oversee the administration, collection, and disbursement of the financial resources of the organization;
- (3) advise the board with respect to significant financial decisions; and
- (4) have such other powers and perform such other duties as the board may specify from time to time.

Audit Committee (Part of the Finance Committee)

The audit committee shall be composed of three members.

The audit committee shall assist the board of directors in fulfilling its oversight responsibilities by monitoring:

- (1) the overall systems of internal control and risk mitigation;
 - (2) the integrity of the financial statements of the corporation;
 - (3) compliance by the corporation with legal and regulatory requirements and ethical standards; and
 - (4) the independence and performance of the corporation's independent auditors.
- In addition, the audit committee shall have such other powers and perform such other duties as the board may specify from time to time.

Governance/Nominating Committee

The governance committee shall be composed of four members.

The governance committee shall:

- (1) oversee board member recruitment (including administering the low-income board member democratic selection process, recommending candidates for Public and Private Sector board seats, and ensuring that the board fills vacancies promptly), orientation, and training;
- (2) coordinate the board's periodic evaluation process of itself and the corporation's governance structure, policies and procedures;
- (3) coordinate periodic review of the corporation's articles of incorporation and bylaws; and
- (4) have such other powers and perform such other duties as the board may specify from time to time.

Program Planning and Evaluation Committee

Subject to the direction and control of the full board, the program planning and evaluation committee shall:

- (1) oversee implementation of the corporation's community needs assessment and strategic planning processes approved by the board and conduct periodic reviews to determine to what degree the corporation is addressing the needs and goals identified through these processes;
- (2) track the progress of the corporation's programs in meeting identified goals and objectives;
- (3) oversee the corporation's processes for outcome reporting for its programs;
- (4) review monitoring reports, evaluations, and other feedback on the corporation's programs provided by funding sources and other interested parties;
- (5) work with the corporation's staff and full board to ensure that monitoring findings are addressed in a timely way;
- (6) oversee the regular evaluation of the corporation's programs by the corporation's board and staff; and
- (7) regularly report to the full board on these matters. In addition, the program planning and evaluation committee shall have such other powers and perform such other duties as the board may specify from time to time.

Personnel Committee

The personnel committee shall:

- (1) periodically review the corporation's personnel policies and procedures and

implementation thereof, and report findings and recommendations for policy and procedures changes to the full board;

- (2) periodically review the corporation's compensation schedule and implementation thereof, recommend any changes to the board;
- (3) review and make recommendations to the board regarding the corporation's employee benefits package;
- (4) serve as an appeal panel for employee grievances, as described in the corporation's employee grievance procedure; and
- (5) receive information from the corporation's staff and attorneys on legal proceedings involving the corporation's employees and make recommendations and reports to the board on those matters. In addition, the personnel committee shall have such other powers and perform such other duties as the board may specify from time to time.

By-Laws Committee

The Bylaws Committee shall:

- (1) Ensure compliance with By-Laws and recommend changes in the By-Laws.
- (2) Ensure By-Laws conform to funding source requirements.

ARTICLE XVI -- SPECIAL COMMITTEES

Section 1: The Chairperson of the Board may appoint special committees from time to time depending upon the needs of the corporation. Such committees will have the responsibility to make policy recommendations from actions by the Board in the specific areas and shall function for as long as they are needed to accomplish the specific tasks.

Section 2: The Nominating Committee, which is a special committee, will report to the Board at the regular meeting preceding the annual meeting at which the election of officers is to take place. The Nominating Committee shall be comprised of four (4) members, one from each sector represented on the Board and one at-large which shall be elected by the Board at the September meeting of each year.

ARTICLE XVII -- OTHER COMMITTEES

Other Committees and Ad-Hoc Committees shall be appointed by the Chairperson as deemed necessary.

ARTICLE XVIII – REMOVAL OR RESIGNATION OF DIRECTORS

Section 1: Grounds for Removal

(a) Incapacity. The board may remove a director, if in the opinion of the board, the director is incapacitated or otherwise unable to carry out the duties of his/her office.

(b) Cause. The board of directors may remove a director for cause for one or more of the following reasons: conduct the board deems contrary to the best interests of the corporation; violations of the corporation's articles of incorporation, bylaws, conflict of interest policy, board resolutions or other policies; absence from three (3) or more consecutive board meetings; repeated disruptions of board and/or committee meetings; or false statements on documents completed in connection with service as a director or officer of the corporation.

Removal Procedures

The board shall provide all directors, including the director proposed to be removed, with notice of the meeting at which the removal is to be considered. The notice must specify that a purpose of the meeting is to consider removal of the director. The director proposed to be removed shall be entitled to an opportunity to be heard at that meeting. A vote of 50% of directors is required to remove the director.

Resignation

A director may resign by delivering his or her written resignation to the chairperson, to a meeting of the directors or to the corporation at its principal office. The resignation shall be effective upon receipt unless specified to be effective at some other time. A director who has ceased to meet the qualifications for service as a director, as specified in these bylaws and by the board from time to time, and/or for the board seat to which s/he was elected, is deemed to have resigned as of the date s/he ceased to meet those qualifications.

Section 3: Any agenda of each special called meeting of the Board shall accompany the notice of that meeting and shall be sent to all Board members. No meeting, be it regularly scheduled or special called, may address the issues of

- (1) removal of a member of the Board for cause,
- (2) the election of officer(s) of the Board,
- (3) the amendment or revision of these By-Laws or
- (4) employment and termination of the Chief Executive Officer of this corporation unless

such items appear on an agenda circulated pursuant to the Open Meeting Act requirements.

ARTICLE XIX – OFFICERS OF THE BOARD

Section 1: The officers of Community Services and the Board of Directors shall be a Chairperson, a Vice-Chair, Secretary and Treasurer. The Chairperson shall appoint the Parliamentarian.

Officers

The officers of the corporation shall consist of the Chairperson, Vice Chairperson, Treasurer, and Secretary (the “Primary Officers”) and such other officers, if any, as the board of directors may determine from time to time. All officers must be directors. No director shall hold more than one office at the same time.

Duties of Officers

The duties and powers of the officers shall be as follows or as shall be set hereafter by resolution or policy of the board of directors:

1. Chairperson

The Chairperson shall: (1) be the chief volunteer officer of the corporation, subject to the direction and control of the board; (2) preside at meetings of the board of directors; and (3) perform such other duties and have such other powers as the board of directors may determine from time to time.

2. Vice Chairperson

In the absence of the Chairperson or in the event of the [president/chair’s] inability or refusal to act, the vice Chairperson shall perform the duties of the Chairperson, and when so acting shall have all the powers of and be subject to all the restrictions upon the Chairperson. The Vice Chairperson shall also perform such other duties and have such other powers as the board of directors may determine from time to time.

3. Secretary

The secretary shall record (or see to the recording of) and maintain records of all proceedings of the board of directors, including the attendance of directors at meetings, in a book or books kept for that purpose, which shall

be kept at the principal office of the corporation and which shall be open at all reasonable times to the inspection of any director. Such book or books shall also contain the corporation's articles of incorporation and bylaws (as well as any amendments thereto) and the names of all directors and the address of each. The secretary shall perform such other duties and have such other powers as the directors shall determine from time to time. If the secretary is absent from any meeting of the board of directors, the assistant secretary, if one be appointed, or, if there is no assistant secretary, a temporary secretary chosen at the meeting, shall exercise the duties of the secretary at the meeting.

4. Treasurer

The treasurer shall: (1) oversee the corporation's financial management practices, subject to the direction and control of the board; (2) ensure that the directors understand the financial situation of the corporation (including ensuring that financial statements for each month are available for each meeting of the board of directors and are kept on file at the corporation's principal office); and (3) perform such other duties and have such other powers as the board of directors may determine from time to time.

5. Other Officers

The duties and powers of other officers shall be established from time to time by resolution of the board of directors.

Delegation of Duties

An officer may delegate the specific duties set forth above to another individual or receive assistance from another individual in performing such duties, so long as the officer retains oversight and review of the work of the other individual and the records and documents prepared and distributed by that individual. Election. The Primary Officers shall be elected each year by the board of directors at the board's annual meeting. In the event that any or all of the Primary Officers are not elected at the annual meeting, they may be elected at a subsequent board meeting. Other officers may be elected from time to time by the board. Term of Office. Each Primary Officer shall hold office until the next annual meeting and until his or her successor is elected and qualified or until s/he sooner dies, resigns, is removed or becomes disqualified. Each other officer shall hold office until the next annual meeting unless a shorter period shall have been specified by the terms of his or her election or appointment, or until s/he sooner dies, resigns, is removed or becomes disqualified. [If your CAA wants to include a term limit for officers, describe it here.]

Removal of Officers

1. Grounds for Removal

(a) Incapacity. The board may remove an officer, if in the opinion of the board, the officer is incapacitated or otherwise unable to carry out the duties of his/her office.

(b) Cause. The board of directors may remove an officer for cause for one or more of the following reasons: conduct the board deems contrary to the best interests of the corporation; violations of the corporation's articles of incorporation, bylaws, conflict of interest policy, board resolutions or other policies; absence from three (3) or more consecutive board meetings; repeated disruptions of board and/or committee meetings; or false statements on documents completed in connection with service as a director or officer of the corporation.

2. Removal Procedures. The board shall provide all directors, including the officer proposed to be removed, with a notice of the meeting at which the removal is to be considered. The notice must specify that a purpose of the meeting is to consider removal of the officer. The officer proposed to be removed shall be entitled to an opportunity to be heard at that meeting. A vote of 50% of directors is required to remove the officer.

Resignation of Officers

An officer may resign by delivering his or her written resignation to the Chairperson, to a meeting of the directors or to the corporation at its principal office. Such resignation shall be effective upon receipt unless specified to be effective at some other time.

Vacancies

The board shall fill promptly vacancies in the Primary Officer positions, and may fill vacancies in other officer positions, either at a regular meeting or at a special meeting called for that purpose. Each successor shall hold office for the unexpired term of his/her predecessor or until the successor sooner dies, resigns, is removed or becomes disqualified. Any vacancy in any office held by a Board member because of death, resignation or otherwise may be filled by the Board for the unexpired portion of the term.

ARTICLE XX -- THE CHIEF EXECUTIVE OFFICER, THE STAFF AND DUTIES

Chief Executive Officer

The board of directors shall appoint and employ a chief executive officer, who, subject to the board's direction and control, shall: manage the day-to-day affairs of the corporation; implement goals and policies established by the board; and report on and advise the board and its committees concerning the affairs and activities of the corporation. The chief executive officer shall be empowered to hire, supervise and terminate the corporation's other employees in accordance with personnel policies established by the board. In addition, the chief executive officer shall perform such other duties and

have such other powers as the board may determine from time to time. The board shall evaluate the chief executive officer and set his/her compensation on an annual basis. The chief executive officer shall attend meetings of the board and its committees.

In the event of an unplanned, planned, or retirement of the Chief Executive Officer, the agency succession plan will be followed. If the absence is permanent, a meeting of the Board or Executive Committee will be held to name the Chief Operating Officer as the Chief Executive Officer.

ARTICLE XXI -- AMENDMENT OF BY-LAWS

These bylaws may be altered, amended or repealed at any meeting of the directors provided that notice of the meeting must be provided to the directors at least five days before the date of the meeting and must include the text of the proposed alteration, amendment or repeal.

The By-Laws shall be effective immediately upon approval of the Board; however, the current membership will continue to serve until the next bi-annual elections are conducted.

All amendments, alterations or revisions of these By-Laws shall be promptly transmitted to the TDHCA or comparable funding source.

ARTICLE XXII -- DISSOLUTION OF THE CORPORATION

Dissolution of this corporation shall be in compliance with the laws of the State of Texas that those pertinent requirements and regulations of Community Action Agencies. The disposition of all property and assets of this corporation shall be in accordance with Grantee Property Administration.

ARTICLE XXIII – INTERNAL DISPUTE / IMPASS RESOLUTION

According to 45 CFR, Part 1304.50 (H), each Head Start grantee and Policy Council jointly must establish written procedures between the governing body (Board) and policy group. The following procedures address this requirement.

A. There must be respect and involvement between the governing Board and the Policy Council.

B. There must be a Board member serving on the Policy Council and a Policy Council member serving on the governing Board.

C. These written procedures must be approved* by the governing Board and the Policy Council annually.

D. If there is conflict between the governing Board and the Policy Council, the following informal procedures must be applied:

INFORMAL PROCEDURES

The Chief Executive Officer and the Head Start Director meet to resolve the conflict.

1. The Chief Executive Officer, the Head Start Director, Policy Council Chairperson, and the Board Chairperson meet to resolve the conflict.

2. The Board and Policy Council Executive Committees meet to resolve the conflict.

E. If the informal procedures do not resolve the conflict, then go to the approved formal procedures that includes disinterested** parties.

FORMAL PROCEDURES

1. The governing Board chooses one disinterested party.

2. The Policy Council chooses one disinterested party.

3. The two chosen disinterested parties choose a third disinterested party.

4. The three disinterested parties will resolve the impasse.

*The approval process includes the governing Board and the Policy Council being involved in the creation and implementation of these policies and procedures.

**Disinterested parties should not include any parents or family members of children currently enrolled in the Head Start Program, and any staff of Board members of the Grantee Agency, or Head Start Program.



Subpart B

The Administration for Children and Families, Head Start Program

Revision Dates:

12/8/2020

8/29/2024

7/28/2025



Program Governance

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1301.1 -1301.6)*

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2025

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INTRODUCTION

Community Services of Northeast Texas, Inc. (CSNT) Head Start program provides comprehensive and developmentally appropriate services for eligible 3 to 5-year-old children in Bowie, Camp, Cass, and Morris Counties. Early Head Start program services are provided to eligible 1 to 3-year-old children living in Cass County.

The primary focus of the program is to assist children in becoming school ready. It is the goal of CSNT Head Start Pre-K/Early Head Start to provide the foundation for the development of self-sufficient, healthy, caring, and productive children and families.

The most important ingredient for each child's success is the positive and active involvement of the family. Furthermore, education for children, families, and staff, both formal and informal, will provide the opportunity for the growth and change needed to meet the goals of the families and of the program.

CSNT Head Start Pre-K/Early Head Start is committed to developing and maintaining an organizational environment that is supportive of the role of parents in the administration of the Head Start Pre-K/Early Head Start program. The Program also encourages and recognizes excellence in staff performance and provides developmentally appropriate early childhood education services which consistently meets or exceeds Performance Requirements.

These Administrative Policies and Procedures will guide the day to day operations of the administrative portion of the Head Start Pre-K/Early Head Start program. Other tools used to guide the Head Start Pre-K/Early Head Start Program include the Content Area Policies and Procedures, the Finance Manual, the Program Plans, and the Personnel Policies and Procedures.

ORGANIZATION

PAST:

CSNT was incorporated as a private non-profit agency in 1965. The main objective was to offer vital services to underprivileged people in Northeast Texas. As the agency grew so did the services that were offered. Head Start became one of the services offered to families in Bowie, Camp, Cass, and Morris Counties in Northeast Texas. As a key component in President Lyndon B. Johnson's war on poverty, Head Start became a way for CSNT to join in the battle against poverty in local communities. The first CSNT Head Start was located in Atlanta, TX, as a summer school program for underprivileged children. A local elementary school teacher was one of the first Head Start Directors. After 30 years of teaching in the public school system, this person joined CSNT Head Start as a member of the Education Team before retiring. Many employees have been past Head Start parents.

PRESENT:

CSNT Head Start Pre-K/Early Head Start is a critical part of the Community Services Action Agency. The Head Start Director reports to the CSNT Chief Executive Officer. One of the responsibilities of the CSNT Governing Board and the Head Start Policy Council are to establish the policies and procedures by which the program will operate. CSNT Governing Board has the additional responsibility for management and overall control of the entire organization. The Board assumes a legal responsibility for any and all programs authorized and operated by CSNT. The Governing Board is ultimately responsible for any adverse action taken against the Agency. Therefore, the CSNT Governing Board shall have final authority over all program operations. Early Head Start services were added November 2020.

See Organizational Chart:

1. Community Services of Northeast Texas, Inc.

FUTURE:

Building solid relationships with parents and the community that will result in children that are school ready is the goal of all that we do. What we do today is only the beginning.

PROGRAM GOVERNANCE – (Standard 1301)

PURPOSE (Standard 1301.1)

An agency as defined in part 1305 of this chapter, must establish and maintain a formal structure for program governance that includes a governing body, a policy council at the agency level and policy committee at the delegate level and a parent committee. Governing bodies have a legal and fiscal responsibility to administer and oversee the agency's Head Start Programs. Policy councils are responsible for the direction of the agency's Head Start Programs.

PROCEDURE

CSNT has a formal structure for program governance that includes an agency governing board, a policy council, parent committees at each location, and management staff.

GOVERNING BODY (Standard 1301.2)

(a) Composition. The composition of a governing body must be in accordance with the requirements specified at section 642 (c)(1)(B) of the Act, except where specific exceptions are authorized in the case of public entities at section 642(c)(1)(D) of the Act. Agencies must ensure members of the governing body do not have conflict of interest, pursuant to section 642(c)(1)(C) of the Act.

PROCEDURE

1. All new members sign conflict of interest statements and confidentiality statements as part of their orientation to the board and/or policy council and all other members sign statements at least annually.
2. The Governing Body has at least one member who has a background in fiscal management or accounting.
3. The Governing Body has at least one member who has a background and expertise in early childhood education and development.
4. The Governing Body has at least one member that is a licensed attorney familiar with issues that come before the governingbody.
5. If no board member is available to serve in the capacity listed above, the board uses a consultant, or other individual with relevant expertise and qualifications.
6. Additional members of the board represent the communities served and include parents of children who are currently, or were formerly,

enrolled in Head Start Pre-K/Early Head Start and are selected for their expertise in education, business administration, or community affairs.

(b) Duties and Responsibilities. (Standard 1301.2(b))

(1) The governing body is responsible for activities specified at section 642(c)(1)(E) of the Act.

(2) The governing body must use ongoing monitoring results, data on school readiness goals, other information described in 1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.

(c) Advisory Committees. (Standard 1301.2(c))

(1) A governing body may establish advisory committees as it deems necessary for effective governance and improvement of the program.

(2) If a governing body establishes an advisory committee to oversee key responsibilities related to program governance, it must:

(i) Establish the structure, communication, and oversight in such a way that the governing body continues to maintain its legal and fiscal responsibility for the Head Start agency; and,

(ii) Notify the responsible HHS official of its intent to establish such an advisory committee.

PROCEDURE

1. Governing body responsibilities include:

- a. Legal and fiscal responsibility for administering and overseeing the Head Start Pre-K/Early Head Start Program.
- b. Adopting practices that assure active, independent, and informed governance of the Head Start Pre-K/Early Head Start Program.
- c. Ensuring compliance with all local, State and Federal laws.
- d. Reviewing and approving the criteria for defining recruitment, selection and enrollment priorities (Selection Criteria).
- e. Reviewing and approving all funding applications and amendments, the implementation of all regulations and the implementation of a high-quality program.
- f. Establishing procedures and guidelines for assessing and collecting information.

- g. Reviewing and approving all major policies and procedures of the agency.
 - h. Overseeing annual audits and self-assessment.
 - i. Reviewing and approving policies and procedures for caring out the programmatic and financial provisions in the grant application including implementing corrective action plans.
 - j. Reviewing and approving all Personnel Policies and Procedures including hiring, evaluation, termination, and compensating agency employees.
 - k. Reviewing and approving the composition of the policy council and the procedures on how they are chosen.
 - l. Reviewing and approving internal controls for the safeguarding of federal funds.
 - m. Reviewing and approving the operating budget for the Agency.
 - n. Selecting the independent auditor for the Agency and reviewing all audits.
 - o. Reviewing all Office of Head Start Pre-K/Early Head Start monitoring results and information, when appropriate.
 - a. Approving personnel policies and procedures including hiring, evaluation, compensation and termination of the Chief Executive Officer, Head Start Director, Human Resources Director, Chief Financial Officer, and all persons in equivalent positions. Reviewing and approving standards of conduct for the Agency including conflicts of interest and complaints against the Program and/or Agency.
 - (i) All community complaints are documented using the CSNT Documentation Complaint Form.
 - (ii) All community complaints are made to the AA to HS Director or the Chief Executive Officer's Assistant.
 - (iii) All complaints are referred immediately to the Supervisor of the location involved in the complaint.
 - (iv) The Program Director is notified of the complaint.
 - (v) All complaints that may affect the Head Start Pre-K/Early Head Start Program are discussed with the Governing Bodies including the Governing Board.
 - q. Reviewing and approving strategic plans that include goals for the five-year Head Start Pre-K/Early Head Start Grant.
 - r. Reviewing and approving the NFS (In-Kind) reimbursement rates.
 - s. Reviewing and approving procedures on shared decision-making with the Policy Council.
2. The governing body determines which advisory committees it will establish per the Governing Body By-laws. Each advisory committee communicates back to the governing body any decisions that it recommends. At that time, the governing body places the item on the

agenda for discussion and/or approval. (See Governing Body By-Laws).

POLICY COUNCIL AND POLICY COMMITTEES (Standard 1301.3)

(a) Establishing policy councils and policy committees. Each agency must establish and maintain a policy council responsible for the direction of the Head Start Program at the agency level, and a policy committee at the delegate level. If an agency delegates operational responsibility for the entire Head Start Program to one delegate agency, the policy council and policy committee may be the same body.

PROCEDURE

1. The Governing Board of the agency establishes the Head Start Policy Council and approves the Policy Council by-laws annually.

(b) Composition. (Standard 1301.3(b))

(1) A program must establish a policy council in accordance with section 642(c)(2)(B) of the Act, or a policy committee at the delegate level in accordance with section 642(c)(3) of the Act, as early in the program year as possible. Parents of children currently enrolled in each program option must be proportionately represented on the policy council and on the policy committee at the delegate level.

(2) The program must ensure members of the Policy Council and the Policy Committee at the delegate level, do not have a conflict of interest pursuant to sections 642(c)(2)(C) and 642(c)(3)(B) of the Act. Staff may not serve on the policy council or policy committee at the delegate level except parents who occasionally substitute as staff.

PROCEDURE

1. The Policy Council is established at the beginning of each school year (normally September). Parents at each Campus nominate and elect the parent of a currently enrolled child from their Campus to serve as their policy council member. CNST Policy Council is made up of (9) policy council seats and up to (4) community members. The community members are from one of the four counties within the Head Start Pre-K/Early Head Start service area.
2. All Policy Council members sign a confidentiality state and a conflict of interest statement during the orientation process. All new members will sign these statements as they are seated members and go

through new policy council member orientation.

(c) Duties and responsibilities. (Standard 1301.3(c))

(1) A policy council is responsible for activities specified at section 642 (c)(2)(D) of the Act. A policy committee must approve and submit to the delegate its decisions in each of the following referenced section 642(c)(2)(D)(i) through (vii) of the Act.

(2) A policy council and a policy committee at the delegate level, must use ongoing monitoring results, data on school readiness goals, other information described in 1302.102 and information described in section 642(d)(2) of the Act to conduct its responsibilities.

PROCEDURE

2. Policy Council responsibilities include:
 - a. Reviewing and approving policies and procedures that ensure active involvement of parents in the program.
 - b. Reviewing and approving the criteria for defining recruitment, selection and enrollment priorities (Selection Criteria).
 - c. Reviewing and approving applications and amendments, the implementation of all regulations and the implementation of a high-quality program.
 - d. Reviewing and approving Head Start Pre-K/Early Head Start budgets including policies and procedures for reimbursements for Policy Council activities.
 - e. Reviewing and approving Policy Council By-Laws.
 - f. Reviewing and approving personnel policies and procedures including standards of conduct for program staff, contractors, and volunteers and criteria for employment and dismissal of program staff.
 - g. Reviewing and approving how Policy Council Members are elected.
 - h. Reviewing and approving procedures for shared-decision making with the Governing Body.
 - i. Reviewing and approving procedures for program planning.
 - j. Reviewing and approving strategic plans that include long and short-range plans.
 - k. Reviewing and approving the policies and procedures for hiring and terminating the Head Start Director and other employees that work for the Program.
 - (i) The AA Support Specialist submits to the Policy Council on a monthly basis during Executive Session employees

slated for new hire, transfer, or termination. (See Personnel Policies and Procedures for more information.)

- l. Reviewing and approving policies and procedures for hiring and terminating all personnel who work primarily for Head Start Pre-K/Early Head Start Program.
- m. Serving as the link between the council and the Parent Committee.
- n. Assisting with recruiting volunteers to work in the program.
- o. Use on-going monitoring results, data on school readiness goals, and other information to conduct responsibilities.
- p. Reviewing and approving procedures for resolving community complaints.
 - (j) All community complaints are documented using the CSNT Documentation Complaint Form.
 - (ii) All community complaints are made to the AA to the HS Director or the Chief Operating Officer.
 - (iii) All complaints are referred immediately to the Supervisor of the location involved in the complaint.
 - (iv) The Program Director is notified of the complaint.
 - (v) All complaints that may affect the Program are discussed with the Governing Bodies

(d) Term. (Standard 1301.3(d))

- (1) A member will serve for one year.**
- (2) If the member intends to serve for another year, s/he must stand for re-election.**
- (3) The policy council and policy committee at the delegate level must include in its by-laws how many one-year terms, not to exceed five terms, a person may serve.**
- (4) A program must seat a successor policy council, or policy committee at the delegate level, may be dissolved.**

PROCEDURE

- 1. Policy council members can serve **five** (1) year terms.
- 2. Are elected for each (1) year term.
- 3. The Policy Council By-laws state the term limits for members (See Policy Council By-Laws).
- 4. Each successor to Policy Council is seated prior to the existing membership being dissolved.

(e) Reimbursement. (Standard 1301.3(e)) A program must enable low-income members to participate fully in their policy council or policy committee responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the low-come members.

PROCEDURE

1. Policy Council Members are eligible for reimbursement travel expenses incurred to complete their duties serving on the Policy Council.
2. Child Care is provided during Policy Council Meetings for parents in need of care in order to participate in the Meetings.
3. See the Parent Handbook for more detailed instructions on parent reimbursement and child care.

PARENT COMMITTEES (Standard 1301.4)

(a) Establishing a parent committee. A program must establish a parent committee comprised exclusively of parents of currently enrolled children as early in the program year as possible. This committee must be established at the center level for center-based programs and at the local program level for other program options. When a program operates more than one option, parents may choose to have a separate committee for each option or combine membership. A program must ensure that parents of currently enrolled children understand the process for elections to the policy council or policy committee and other leadership opportunities.

PROCEDURE

1. Campus level parent committees are established from parents of currently enrolled children at the beginning of each school year.
2. Parents nominate and elect officers and Policy Council Representatives and Alternates during the first parent committee meeting (normally September).
3. Management staff assist parents with the election process and make sure that they understand their roles and responsibilities, if they choose to be nominated for a position on the Policy Council or the Parent Committee.
4. Parent Committee meetings are held once monthly on the date selected and voted on by the Parent Committee.

(b) Requirements of parent committees. Within the parent committee structure, a program may determine the best method to engage families using strategies that are most effective in their community, as

long as the program ensures the parent committee carries out the following minimum responsibilities:

- (1) Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families;**
- (2) Have a process for communication with the policy council and policy committee; and**
- (3) Within the guidelines established by the governing body, policy council or policy committee, participate in the recruitment and screening of Early Head Start Pre-K/Early Head Start and Head Start employees.**

PROCEDURE

1. Parent Committees advise staff in developing and implementing activities and services at the Campus level.
2. Parent Committees have their Policy Council Representative communicate with them concerning issues discussed during the Policy Council Meeting as an item listed on the Agenda.
3. Parent Committees assist in recruitment of staff by notifying people within the community of staff openings at the Campus level as determined by the Governing Body. Notices of open positions are posted at the Campus level.
4. Funds are available in the budget for parents to participate in activities that help them reach their goals and assist the program with management type activities. (i.e., serve on policy council, participate in self-assessment, serve on program committees, etc.) All Federal funds will be expended per the CSNT Financial Policies and Procedures and all applicable State and Federal Regulations.

TRAINING (Standard 1301.5)

An agency must provide appropriate training and technical assistance to the governing body, any advisory committee members, and the policy council, including training on the program performance standards and training indicated in 1302.12(m) to ensure members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.

PROCEDURE

1. The Governing Body receives appropriate training and technical assistance and/or orientation to the Governing Body, Policy Council, and/or other advisory committees.

2. Training focuses on the Performance Standards, the Governing Body roles, and responsibilities, and the Head Start Pre-K/Early Head Start program eligibility process.
3. Governing Body members receive on-going training that assists them in effectively understanding the information that they receive when making decisions about the Program.

IMPASSE PROCEDURES (Standard 1301.6)

(a) To facilitate meaningful consultation and collaboration about decisions of the governing body and policy council, each agency's governing body and policy council jointly must establish written procedures for resolving internal dispute between the governing board and policy council in a timely manner that include impasse procedures. These procedures must:

(4) Demonstrate that the governing body considers proposed decisions from the policy council and that the policy council considers proposed decisions from the governing body;

(5) If there is a disagreement, require the governing body and the policy council to notify the other in writing why it does not accept a decision; and,

(6) Describe a decision-making process and a timeline to resolve disputes and reach decisions that are not arbitrary, capricious, or illegal.

(b) If the agency's decision-making process does not result in a resolution and an impasse continues, the governing body and policy council must select a mutually agreeable third party mediator and participate in a formal process of mediation that leads to a resolution of the dispute.

(c) For all programs except American Indian and Alaska Native programs, if no resolution is reached with a mediator, the governing body and policy council must select a mutually agreeable arbitrator whose decision is final.

PROCEDURE

1. The Governing Body and Policy Council have agreed upon written dispute/Impasse procedures that meet all of the procedures listed in Performance Standard 1301.6. (See dispute/impasse procedures found in the Governing Board By-laws and the Policy Council By-laws.)



Subpart A

Eligibility, Recruitment, Selection, Enrollment, and Attendance Standard Operating Procedures

*Aligned with the 2024 Head Start Program
Performance Standards
(Standards 1302.10 -1302.18)*

Revised 3/28/2019

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OVERVIEW (Standard 1302.1)

This part implements the statutory requirements in Sections 641A, 645, 645A of the Act by describing all of the program performance standards that are required to operate Head Start Pre-K/Early Head Start, American Indian and Alaska Native and Migrant and Seasonal Head Start programs. These parts cover the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure that staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, these provisions in this part do not narrow the scope or quality of the services covered in previous regulations. Instead, the regulations in this part raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.

Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance

PURPOSE

This subpart describes requirements of grant recipients for determining community strengths, needs, and resources as well as recruitment areas. It contains requirements and procedures for this eligibility determination, recruitment, selection, enrollment and attendance of children and explains the policy concerning the charging of fees.

PROCEDURE

CSNT ERSEA Policies and Procedures describe the requirements for determining community strengths, needs, and resources as well as recruitment area.

1. CSNT ERSEA policies and procedures describe determinations for recruitment, selection, enrollment, and attendance.
2. CSNT does not charge fees. (Standard 1302.11)

DETERMINING COMMUNITY STRENGTHS, NEEDS, AND RESOURCES. (Standard 1302.11)

(a) Service area.

(1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.

(i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near

reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated statistical Areas where federally recognized Indian tribes do not have established reservations.

(ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.

(2) If a program decided to change service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.

PROCEDURE

1. The CSNT Head Start Preschool/Early Head Start service area is determined in the grant application.
2. If there are any changes to the service area determination after the grant application has been approved by ACF, CSNT will submit an amended grant application with a proposed new service area for ACF approval.

(b) Community wide strategic planning and needs assessment (Community Assessment). (Standard 1302.11(b))

(1) A program must conduct a comprehensive community assessment at least once over the five-year grant period and annually review and update if any significant changes are needed as described in paragraph (b)(5) of this section to:

- (i) Identify populations most in need of services including prevalent social or economic factors, challenges, and barriers experienced by families and children;
- (ii) Inform the program's design and to ensure equitable, inclusive, and accessible service delivery that reflect needs and diversity of the community;
- (iii) Inform the enrollment, recruitment, and selection process to prioritize the enrollment of those populations with relevant circumstances identified under paragraph (b)(1)(i) of this section;
- (iv) Identify strengths and resources in the community that can be leveraged for service delivery, coordination, and partnership efforts for education, health, nutrition, and referrals to social services to eligible children and families; and,
- (v) Identify the communication methods and modalities available to the program that best engage with prospective and enrolled families in accessible ways.
- (vi) The number of eligible infants, toddlers, preschool age children, and expected mothers, including their geographic location, race, ethnicity,

and languages they speak, including:

(2) In conducting the community assessment, a program must collect and utilize data that describes community strengths, needs, and resources and include at a minimum:

(i) Relevant demographic data about eligible children; and expectant mothers, including:

- (A) Race and ethnicity
- (B) Children living in poverty
- (C) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432(6)(A)¹¹;
- (D) Children in foster care;
- (E) Children with disabilities, including social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being; and
- (F) Geographic locations and languages they speak;

(ii) The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors, challenges, and barriers to program participation such as transportation needs;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local pre-schools, and the approximate number of eligible children served and their ages;

(v) Resources that are available in the community to address the needs of eligible children and their families; especially transportation resources and culturally appropriate and responsive supports;

(vi) Strengths of the community; and,

(vii) Gaps in community resources in areas relevant to addressing the needs of eligible children and their families such as gaps in health and human services, housing assistance, food assistance, employee assistance, early childhood development and social services.

(3) Program should have a strategic approach:

- (i) To determine what data to acquire to reach goals in paragraph (b)(1) of this section prior to conducting the community assessment; and,
- (ii) For how to use the data acquired to reach goals in paragraph (b)(1) of this section after conducting the community assessment.

(4) When determining what data to acquire under paragraph (b)(2) of this section programs should consider what information is most relevant to inform services for families most in need. Data gathering should be informed by the program's understanding of the community and be intentionally designed to help the program identify community strengths, needs, and resources, and plan the program accordingly. Programs are not required to collect all information themselves; rather programs should utilize community partners and utilize existing available data sources relevant to the local community.

(5) A program must annually review and, where needed, update the community assessment to identify any significant shifts in community demographics, needs, and resources that may impact that program design and service delivery. As described in paragraph (b)(4) of this section, programs should consider results from their self-assessment as required in subpart J of this part (1302.101 through 1302.103) and their annual funding application to inform this process. The annual update review must consider at a minimum: changes related to children and families experiencing homelessness; how the program addresses equity, accessibility, and inclusiveness in its provision of services; and changes including the availability to publicly-funded pre-kindergarten and whether it meets the needs of families. Programs must consider how the annual review and update can inform and support management approaches continuous quality improvement, program goals, and ongoing oversight.

(6) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

PROCEDURE

1. CSNT conducts a Community Assessment at least once during the five-year grant period.
2. Data from the Community Assessment describes the strengths and needs of the communities that are served by the Program as well as resources available within these communities.
3. Data within the Community Assessment includes:
 - a. The number of eligible children along with their location within the CSNT service area and their race, ethnicity, and language spoken within the home;
 - b. Children and families living in poverty;
 - c. Children and families experiencing homelessness per the McKinney-Vento Act;
 - d. The number of children in the Foster Care System;
 - e. Children with disabilities living within the CSNT Program service area and relevant services and resources provided;
 - f. Demographic data covering education, health, nutrition, and social service needs of children and families living within the service area

- including prevalent challenges and barriers to participation including transportation;
- g. Typical work, school, and training schedules of parents with eligible children;
 - h. Other child development programs that serve CSNT eligible children within the service area;
 - i. Community resources available including culturally appropriate and responsive supports;
 - j. Strengths of the communities within the Program service area; and,
 - k. Gaps in community resources that support children and families such as housing assistance, health and human services, food assistance, employment assistance, early childhood development, and social services.
- 4. CSNT reviews and updates the Community Assessment at least annually indicating any significant changes. Data included in the Community Assessment is provided through community data collected from each community including the local school district, state offices and local resources.
 - 5. CSNT considers the characteristics of the community when developing support services for children and families. The program looks at equity, homelessness, and accessibility when planning what program services would best assist the children and families for the new grant year.
 - 6. CSNT gathers data on other funding sources within the communities served. This allows CSNT to serve children from diverse economic backgrounds and partner with other funding sources. This data enables CSNT Head Start to stay at or above funded enrollment in the communities served.

DETERMINING, VERIFYING, AND DOCUMENTING ELIGIBILITY. (Standard 1302.12)

(a) Process overview.

(1) Program staff must:

(i) Conduct and in-person interview with each family unless paragraph (a)(2) of this section applies.

(ii) Verify information as required in paragraphs (h) and (i) of this section; and,

(iii) Create an eligibility determination record for enrolled participants according to paragraph (k) of this section.

(2) Program staff may interview the family over the telephone if an in person interview is not possible or convenient for the family.

(3) If the program has an alternate method to reasonably determine

eligibility based on its community assessment, geographic and administrative data, or from other reliable data sources, it may petition the responsible HHS official to waive requirements in paragraphs (a)(1)(i) and (ii) of this section.

PROCEDURE

1. Family Empowerment Staff (FS) will complete an in-person interview with parent/guardian when application is returned to the campus.
2. This interview will verify the child's age as well as income verification.
3. During this interview, Family Empowerment Staff can ask further questions regarding a family that may be categorically eligible for the program.
4. If the FES Staff cannot do an in-person interview, a phone interview is allowed. FES Staff must document why an in-person interview was not completed.
5. During a pandemic, interviews will be conducted via virtual platform or phone calls.
6. FES Staff will print Child Plus report 2135, which include the eligibility determination record, and will file this in the student's file.

(b) Age Requirements. (Standard 1302.12(b))

(1) For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.

(2) For Head Start Preschool, a child must:

- (i) Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located; and,**
- (ii) Be no older than the age required to attend school.**

(3) For Migrant or Seasonal Head Start, a child must be younger than compulsory school age by the date used to determine public school eligibility for the community in which the program is located. Not Applicable to CSNT Head Start.

PROCEDURE

1. Children must turn one year old before their start date to be eligible for enrollment in Early Head Start.
2. Children are eligible for Early Head Start services until they are able to transition into the Head Start Program upon their third birthday.
3. Children must turn three years old on or before September 1 to be eligible

for enrollment at the beginning of any Head Start operational school year. (Children with professionally diagnosed disabilities are eligible for enrollment upon their third birthday).

4. Children who turn three after September 1 will not be eligible for enrollment until the following Head Start school year.
5. Children that are eligible to receive kindergarten services are not eligible for Head Start services.

(c) Eligibility requirements. (Standard 1302.12(c))

(1) A pregnant woman or a child is eligible if:

- (i) The family's income is equal to or below the poverty line; or,**
- (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments; or,**
- (iii) The child is homeless, as defined in part 1305; or**
- (iv) The child is in foster care.**

(2) If the family does not meet a criterion under paragraph (c)(1) of this section, a program may enroll a child who would benefit from services, provided that these participants only make up to 10 percent of the program's enrollment in accordance with paragraph (d) of this section.

(d) Additional allowances for programs.

(1) A program may enroll an additional 35 percent of participants whose families do not meet a criterion described in paragraph (c) of this section and whose incomes are below 130 percent of the poverty line.

- (i) Establishes and implements outreach, and enrollment policies and procedures to ensure it is meeting the needs of eligible pregnant women, children, and children with disabilities before serving pregnant women or children who do not meet criteria in paragraph (c) of this section; and,**
- (ii) Establishes criteria that ensure pregnant women and children eligible under the criteria listed in paragraph (c) of this section are served first.**

(2) If a program chooses to enroll participants who do not meet a criterion in paragraph (c) of this section, and whose family incomes are between 100 and 130 percent of the poverty line, it must be able to report to the Head Start regional office.

(e) Additional allowances for Indian Tribes.

(Does not pertain to CSNT Head Start)

(f) Migrant or Seasonal eligibility requirements.

(Does not pertain to CSNT Head Start)

(g) Eligibility requirements for communities with 1,000 or fewer individuals.

(Does not pertain to CSNT Head Start)

PROCEDURE

1. Ninety percent (90%) of children selected must be from low-income families. Income eligibility guidelines shall be determined by the Income Guidelines published by the Federal Government in accordance with HSPPS. Age eligible children from families who are receiving TANF or SSI will be considered income eligible even if their family income exceeds the Federal income guidelines and are categorically eligible for the Program.
2. Households considered Homeless based on the definition of "Homelessness" in the McKinney-Vento Act will be considered categorically eligible for the program.
3. A child in foster care is considered income eligible even if the family income exceeds the income guidelines.
4. Once all the available slots have been filled with income eligible children up to 35% of enrollment can be filled with families with 100-130% of poverty guidelines.
5. Up to ten (10%) of the children selected may be from families whose income exceeds the Federal poverty guidelines. Children from over-income families will be enrolled only if all income-eligible children who want services have been enrolled.

(h) Verifying age. (Standard 1302.12(h))

Program staff must verify a child's age according to program policies and procedures. A program's policies and procedures cannot require families to provide documents that confirm a child's age, if doing so creates a barrier for the family to enroll.

PROCEDURE

1. Program staff verify age by reviewing the birth certificate or verification of birth facts from a hospital.
2. A family is not required to provide an official birth certificate if it creates a barrier for the family to enroll.

(i) Verifying eligibility. (Standard 1302.12(i))

(1) To verify eligibility based on income, program staff must use tax forms,

pay stubs, or other proof of income to determine the family income for the relevant time period.

(i) The program must calculate total gross income using applicable sources of income.

(ii) A program may make an adjustment to a family's gross income calculation for the purposes of determining eligibility to account for excessive housing costs. A program may use available bills, bank statements, and other relevant documentation provided by the family to calculate total annual housing costs with appropriate multipliers to'

(A) Determine if a family spends more than 30 percent of their total gross income on housing costs, as defined in part 1305 of this chapter; and,

(B) If applicable, reduce the total gross income by the amount spent on housing costs that exceed more than 30 percent.

(iii) If the family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, program staff may accept written statements from employers, including individuals who are self-employed, for the relevant time period and use information provided to calculate total annual income with appropriate multipliers.

(iv) If the family reports no income for the relevant time period, a program may accept the family's signed declaration to that effect, if program staff describes efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility, if the family gives written consent. If a family gives consent to contact third parties, program staff must adhere to program safety and privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k)(2) of this section.

(v) If the family can demonstrate a significant change in income for the relevant time period, program staff may consider current income circumstances.

(2) To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local or tribal public assistance agency that shows the family either receiver public

assistance or that shows the family is potentially eligible to receive public assistance.

(3) To verify whether a family is homeless, a program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness.

(i) If a family can provide one of the documents described in the paragraph (i)(3), program staff must describe efforts made to verify the accuracy of the information provided and state whether the family is eligible because they are homeless.

(ii) If a family cannot provide one of the documents described in this paragraph (i)(3) to prove the child is homeless, a program may accept the family's signed declaration to that effect, if, in a written statement, program staff describe the child's living situation that meets the definition of homeless in part 1305 of this chapter.

(iii) Program staff may seek information from third parties who have firsthand knowledge about a family's living situation, if the family gives written consent. If the family gives consent to contact third parties, program staff must adhere to program privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k) of this section.

(4) To verify whether a child is in foster care, program staff must accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment.

PROCEDURE

1. Income provided to Family Empowerment Advocates must be within the past three months.
2. Bank statements will not be accepted as proof of income but will be used in figuring the 30% benchmark for housing costs per the total income, when applicable. Other relevant documents can be accepted for figuring housing costs such as utilities bills, house and rent payments, etc.
3. If prior year's tax form is not available, parents must provide: one check stub if paid monthly, two check stubs if paid bi-weekly or semi-monthly, and four check stubs if paid weekly. This will provide for accuracy in

- income calculations.
4. Staff that has children enrolling in the program will have their income checked by the Family Service Administrator and income will be locked in the Family Service Administrator office.
 5. If proof of income is not available, Family Empowerment Advocate will give parents one of three forms to be completed: Third-Party Verification, Self-Declaration, or Zero Income Statement. Staff will fill out these forms stating how the Family Empowerment Advocate verified that the information provided is correct.
 6. Income will be calculated on the Income Calculation Worksheet.
 7. Families that may be homeless will complete the residency form that is included in the application. Family Empowerment Staff will do an interview with families to verify that the family is homeless, and this will be documented on the Eligibility Determination record.
 8. Families that are within the foster care system will provide a legal document that states the child is in the foster care system.
 9. Families that are receiving public assistance will provide a statement from either the Health and Human Services office or Social Security office showing that the family receives either TANF, Food Stamps
 10. or SSI.

(j) Eligibility duration. (Standard 1302.12(j))

(1) If a child is determined eligible under this section and is participating in a Head Start program, he or she will remain eligible through the end of the succeeding program year except that the Head Start program may choose not to enroll, a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start Services.

(2) Children who are enrolled in a program receiving funders under the authority of section 645A of the Act remain eligible while they participate in the program.

(3) If a child moves from an Early Head Start program to a head Start Preschool program, the program staff must verify the family's eligibility again.

(4) If a program operates both an Early Head Start and a Head Start Preschool program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program must ensure, whenever possible, the child receives Head Start Preschool services until enrolled in the school, provided the child is eligible.

(5) *(Not applicable – for Migrant and Seasonal Programs)*

PROCEDURE

1. Children enrolled in the Head Start Preschool program remain eligible until the end of the second school year with the program.
2. Staff will not recalculate income unless a child withdraws from the program and the families wishes to re-enroll the child.
3. Children transitioning from Early Head Start to Head Start Preschool must reverify their family's eligibility for the program.

(k) Records. (Standard 1302.12 (k))

- (1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically.**
- (2) Each eligibility determination record must include:**
 - (i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraph (h) and (i) of this section;**
 - (ii) A statement that program staff has made reasonable efforts to verify information by:**
 - (A) Conducting either an in-person, or telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and,**
 - (B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' name, titles, and affiliations, and information from third parties regarding the family's eligibility.**
 - (iii) A statement that identifies whether:**
 - (A) The family's income is below income guidelines for its size, and lists the family's size;**
 - (B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance;**
 - (C) The child is a homeless child or the child is in foster care;**

(D) The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or,
(E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section.

- (3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.**

PROCEDURE

1. Eligibility determination records are kept in the child's file under the income section of the file.
2. The eligibility determination record is printed off Child Plus and includes the required information.
3. The Income Calculation Worksheet is located in the income section of the file and contains the child's income eligibility.
4. All documentation used to verify income will be located in the Child's file behind the income calculation worksheet.
5. Parent and Staff must sign the income verification worksheet. After the parent and staff verify this information the Family Service Administrator will verify correctness and will sign the form as well.
6. All records will be kept on campus for one year after the child's last day in the program.

(l) Program policies and procedures on violating eligibility determination regulations. (Standard 1302.12(l))

A program must establish written policies and procedures that describe all actions taken against staff who intentionally violate federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Head Start Services.

PROCEDURE

1. Staff that violates the Performance Standards for verifying eligibility will be considered to be committing fraud.
2. Staff receive training every year on fraud and sign a statement that they have been trained.
3. Personal Policy 701, Conduct and Work Rules, address fraudulent activities and failure to follow State and Federal regulations. Infractions of these rules of conduct may result in disciplinary action, up to and including termination of employment.

(m) Training on eligibility. (Standard 1302.12(m))

(1) A program must train all governing body, policy council, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must, at a minimum:

(i) Include methods on how to collect complete and accurate eligibility information from families and third party sources;

(ii) Incorporate strategies for treating families with dignity and respect and for dealing with possible issue of domestic violence, stigma, and privacy; and,

(iii) Explain program policies and procedures that describe actions taken against staff, families or participants who attempt to provide or intentionally provide false information.

(2) A program must train management and staff members who make eligibility determinations within 90 days of hiring new staff.

(3) A program must train all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.

(4) A program must develop policies on how often training will be provided after the initial training.

PROCEDURE

1. Training is conducted with all new staff within ninety days of hire date regarding the requirements and procedures for the Enrollment, Recruitment, Selection, and Eligibility of children in the program or placed on the waiting list.
2. All Family Empowerment Staff receive training on an annual basis regarding changes to the ERSEA requirements and plans.
3. Governing Board and Policy Council Members receive training regarding changes to the ERSEA requirements and plans within 180 days of each new school term.

RECRUITMENT of CHILDREN (Standard 1302.13)

In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services. A program must include modern technologies to encourage and assist families in applying for admission to the program, and to reduce the family's administrative and paperwork burden in the application and enrollment process. A program must include specific efforts to actively locate and recruit children with disabilities and other children in need, including

children experiencing homelessness and children in foster care.

PROCEDURE

1. Family Empowerment Staff locate age and income eligible children in the service area.
2. Family Empowerment Staff distribute posters/flyers at local agencies and businesses.
3. When available, Family Empowerment Staff will advertise in the local newspaper.
4. When available, Family Empowerment Staff will contact ISD to post flyer and round up information on the ISD website/Facebook.
5. Family Empowerment Staff distribute applications to families of currently enrolled children for re-enrollment for the following year.
6. Start conducting Spring Round-up in March.
7. Always accept application on a continuous basis.
8. All recruitment flyers will encourage the enrollment of children with disabilities.
9. Staff will work closely with ECI/other agencies to ensure enrollment of children with disabilities.

SELECTION PROCESS (Standard 1302.14)

(a) Selection Criteria.

- (1) A program must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in 132.11(b), and including family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) and, other relevant family or child risk factors.**
- (2) *(Not applicable – for Indian Tribes)***
- (3) If a program serves migrant or seasonal families, it must annually establish selection criteria that weighed the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in 1302.11(b), and give priority to children whose families can demonstrate they have**

relocated frequently within the past two-years to pursue agricultural work.

(4) If a program operates in a service area where Head Start eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day, the program must prioritize younger children as part of the selection criteria in paragraph (a)(1) of this section. If this priority would disrupt partnerships with local education agencies, then it is not required.

(5) A program must deny enrollment based on a disability or chronic health condition or its severity.

(6) A program must consider the enrollment of children of staff members as part of the selection criteria in paragraph (a)(1) of this section.

PROCEDURE

1. All applicants will be ranked and awarded points according to the Selection Criteria.
2. Applicants receiving the highest points will be selected to participate in the program.
3. Based on the needs identified in the latest Community Assessment, the following criteria will be given consideration for enrollment:
 - a. Families that are considered homeless (McKinney-Vento Act)
 - b. Households receiving TANF, SSI, or Foster Children.
 - c. Families considered low income.
 - d. Families of children that have attended and/or attending Early Head Start.
 - e. Households that receive assistance (SNAP, Medicaid, WIC, and CCMS)
 - f. Children with a diagnosed disability.
 - g. Children that have siblings currently enrolled in the program.
 - h. Consideration will also be given to families based on Parental Status (guardian, one parent, two parents)
 - i. Returning age appropriate children enrolled in the current year will be automatically eligible to attend the following year.
- (4) Children's applications will be reviewed annually to assure appropriate questions are in place that will indicate the families who have the greatest need for service. Disability Children (Standard 1302.14)
- (5) Children of staff members will be given priority as part of the selection criteria. Every effort will be made to keep children and parents out of the same classroom, if applicable.

(b) Children eligible for services under IDEA. (Standard 1302.14(b))

- (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.**
- (2) If the requirement in paragraph (b)(1) of this section has been met, children eligible for serves under IDEA should be prioritized for the available slots in accordance with the program's selection criteria described in paragraph (a) of this section.**

PROCEDURE

1. Ten percent of the funded enrollment slots may be used for children with professionally diagnosed disabilities. (Actual enrollment for CSNT Head Start is defined as the total funded enrollment of 465 students and defined as a total of 16 children for Early Head Start. Monthly enrollment can vary from 465 to 479. Occasional over enrollment, due to ISD partnerships, can occur. (Monitoring of enrollment is conducted monthly.)
2. Children with professionally diagnosed or suspected disabilities are granted point on the selection criteria.
3. Disabilities meet the criteria as set forth by IDEA.
4. Recruitment efforts include targeting children with disabilities.
5. If ten percent of funded enrollment slots are not children with disabilities, an application for waiver will be made.

(c) Waiting lists. (Standard 1302.14(c))

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

(d) Understanding barriers to enrollment. (Standard 1302.14 (d))

A program is required to use data from the community assessment to identify the population of eligible children and families and potential barriers to enrollment and attendance, including using data to understand access to transportation for the highest need families. A program must use data to inform ongoing program improvement efforts as described in 1302.102 to promote enrolling the children most in need of program services.

PROCEDURE

1. After full enrollment is reached, recruitment efforts will occur on an ongoing basis in accordance with the ERSEA Plan.
2. The Family Empowerment Advocate will receive applications and

screen them for completeness. Applications will be considered complete when the basic application is received, family income has been documented and verified, age verification, and a copy of the child's enrollment verification is received. Assistance will be provided to any family that needs help in completing the application forms.

3. Applications will be available both online and in hard copy and are available in both Spanish and English.
4. Families who have submitted incomplete applications will receive notification. Children will not be placed on waiting list until the application is complete.
5. Waiting list is calculated and kept in Child Plus.

ENROLLMENT (Standard 1302.15)

- (a) **Funded enrollment.** A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.
- (b) **Continuity of enrollment.**
 - (1) A program must make efforts to maintain enrollment of eligible children for the following year.
 - (2) Under exceptional circumstances, a program may maintain a child's enrollment in Head Start Preschool for a third year, provided that family income is verified again.
 - (3) If a program serves homeless children or children in foster care, it must make efforts to maintain the child's enrollment regardless of whether the family or child moves to a different service area, or transition child to a program in a different service area, as required in 130.72 (a), according to the family needs.
- (c) **Reserved slots.** If a program determines from the community assessment there are families experiencing homelessness in the area, or children in foster care that could benefit from services, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness and children in foster care, when a vacancy occurs. No more than three percent of the program's funded enrollment slots may be reserved. If the reserved enrollment slot is not filled within 30 days, the enrollment slot becomes vacant and then must be filled in accordance with paragraph (a) of this section.
- (d) **Other enrollment.** Children from diverse economic backgrounds who are funded with other sources, including private pay, are not considered part of a program's eligible funded enrollment.

- (e) **State immunization enrollment requirements.** A program must comply with state immunization enrollment and attendance requirements, with the exception of the homeless children as described in 1302.16(c)(1).
- (f) **Voluntary parent participation.** Parent participation in any program activity is voluntary, including consent for data sharing, and is not required as a condition of the child's enrollment.
- (g) **User friendly enrollment process.** A program must regularly examine their enrollment processes and implement any identified improvements to streamline the enrollment expenses for families.

PROCEDURE

- (1) CSNT ensures that full enrollment is kept through the school year.
- (2) If a vacancy occurs, the program will replace the slot within 30 calendar days.
- (3) Family Empowerment Staff makes every effort to ensure that eligible enrolled children return the following school year.
- (4) To ensure stability, homeless and foster children can continue to receive services at the Campus where they are enrolled if they move out of the service area and are still able to attend the program.
- (5) If the Community Assessment shows a need to reserve slots for homeless and foster children, the agency will reserve no more than 3% of the enrollment slots. If these slots are not filled within 30 days, this slot will be considered a vacancy and Family Empowerment Staff will fill the slot within 30 days.
- (6) CSNT will follow the state immunization enrollment and attendance requirements policy.
- (7) No parent is required to participate in any program activity as a condition of their child's enrollment.

ATTENDANCE (Standard 1302.16)

- (a) **Promoting regular attendance.** A program must track attendance for each child.
 - (1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child's wellbeing.
 - (2) A program must implement strategies to promote attendance. At a minimum, a program must:
 - (i) Provide information about the benefits of regular attendance;
 - (ii) Support families to promote the child's regular attendance;

- (iii) Conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences); and,**
 - (iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve attendance among identified children, such as direct contact with parents or intensive case management, as necessary.**
 - (v) Examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed.**
- (3) If a child ceases to attend, the program must take appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child's attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in 1302.17.**

PROCEDURE

1. If parent has not contacted the program within one hour of start time, a phone call will be made by Family Empowerment Advocate to ensure the safety of the child.
2. If absenteeism continues a home visit will be made.
3. A note from the parent or doctor/dentist should be provided on the child's return to school and will excuse a child's absence.
4. The following are acceptable reasons for excused absences:
 - a. A child is hospitalized.
 - b. A child is incapacitated due to serious injury.
 - c. A child contracts a communicable disease (virus or flu, etc.)
 - d. A child has other health related ailments which temporarily prevent attendance such as asthma.
 - e. There is a death in the family.
 - f. A child cannot attend class because he/she has received a medical treatment or therapy at the time school was being held.
 - g. The child's attendance is affected by a family situation.
 - h. Weather conditions.
 - i. Transportation, water and heater problems may necessitate closing the campus.
5. Family Empowerment Staff look at individual attendance data within the first 60 days of school to identify children that are at risk of missing

more than ten percent of the year.

6. Family Service Administrator attends the first parent meeting of the year at each campus and stress the importance of attendance to the parents.
7. Family Empowerment Staff work with the family and encourage regular attendance. If a situation prevents child from attending the program, Family Empowerment Staff should use available resources to help the family reengage in the program.
8. If child does not reengage in the program, this slot is considered an enrollment vacancy.
9. If a home visit is made with the family, the discussion centers on the reasons for the absence and any assistance program can provide the family to encourage regular attendance and the importance to the child and the program for the child to attend regularly.

(b) Managing systematic program attendance issues. (Standard 1302.16(b))

If a program's monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program's absentee rate. The program must use the data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in 1302.102(b) and inform its continuous improvement efforts as described in 130.1025(c).

PROCEDURE

1. If attendance falls below 85%, Administrative staff will use data to analyze issues that have contributed to the absentee rate.
2. Necessary changes will be made if issue is identified.

(c) Supporting attendance of homeless children. (Standard 1302.16(c))

1. **If a program determines a child is eligible under 1032.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents. A program must work with families to get children immunized as soon as possible in order to comply with state licensing requirements.**
2. **If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.**

PROCEDURE

1. Homeless children will be allowed to enroll and attend the program without an immunization record for up to 30 days (Texas State law). Family Empowerment Advocates will work with the family to obtain a copy of the shot record as quickly as possible.
2. If homeless children cannot regularly attend due to transportation, Family Empowerment Staff will work with community resources, when available, to provide transportation for the child.

SUSPENSION AND EXPULSION (Standard 1302.17)

(a) Limitations on suspension.

(1) A program must prohibit or severely limit the use of suspension due to a child's behavior. Such suspensions may only be temporary in nature.

(2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that has not been reduced or eliminated by the provision of interventions and supports recommended by the mental health consultant and the program needs time to put additional appropriate services in place.

(3) Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialist, or other resources – as needed, to determine no other reasonable option is appropriate.

(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensure child safety. A program must explore all possible steps and document all steps taken to address the behavior(s) and supports needed to facilitate the child's safe reentry and continued participation in the program. Such steps must include, at a minimum:

(i) Continuing to engage with the parents, mental health consultant, and other appropriate staff , and continuing to utilize appropriate community resources;

(ii) Providing additional program supports and services including home visits; and

- (iii) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate or if the child has an individualized family services plan (IFSP) or Individualized Education Plan (IEP), consulting with the responsible agency to ensure the child receives the needed support services.**

PROCEDURE

1. CSNT does not use suspension due to a child's behavior. If a child has demonstrated extreme behavior issues in the classroom the program will implement the following:
 - a. Teacher will document the behavior in writing dates, times, and a brief description of the behavior(s)
 - b. Management staff/Education Coordinator/Consultants will observe the classroom and document in writing dates, times, and a brief narrative of the behavior(s).
 - c. If data indicates, the parent/guardian will be notified to attend a meeting to discuss the behavior with appropriate staff/specialist/consultants in attendance (child may be referred to Local Education Agency where the child may receive services under IDEA, if appropriate)
 - d. If data indicates, a Behavior Modification Plan will be implemented with guidance from parents/staff/specialist/consultants
 - e. If data indicates, a Behavior Modification Plan may modify the amount of time a child remains in the classroom during the school day (the plan will be analyzed on a regular basis so the child can return to a regular classroom schedule as quickly as possible)

(b) Prohibition on expulsion. (Standard 1302.17(b))

- (1) A program cannot expel or unenroll a child from Head Start because of a child's behavior.**
- (2) When a child exhibits persistent and behavioral concerns, a program must explore all possible steps and document all steps taken to address such problems and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:**

(i) If the child has an individualized family service plan (IFSP) or individualized education plan (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,

(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.

(3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA 9if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

PROCEDURE

1. CSNT does not use expel or unenroll a child from the Program based solely on a child's behavior. If a child exhibits persistent or serious challenging behavior issues in the classroom the program will implement the following:
 - a. Engage the support of the parent/guardian
 - b. Engage the support of the classroom staff
 - c. Engage the participation/support of mental health consultants
 - d. Engage the participation/support of IDEA/504 Rehabilitation Services through the Local Education Agency (CSNT Head Start will implement and follow all IEPs and IFSPs as written)
 - e. If data indicates, the Program is not the most appropriate placement for the child, in consultation with the parent/guardian, the Program will assist in transitioning the child to a more appropriate placement.

FEES (Standard 1302.18)

(a) Policy on fees.

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

(b) Allowable fees.

(1) A program must only accept a fee from families of enrolled children for services that are in addition to the services funded by Head Start, such as child care before or after funded Head Start hours. A program may not condition a Head Start child's enrollment on the ability to pay a fee for additional hours.

(2) In order to support programs serving children from diverse economic backgrounds or using multiple funding sources, a program may charge fees to private pay families and other non-Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.

PROCEDURE

1. CSNT does not charge fees for service.



Subpart B Program Structure

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.20 - 1302.24)*

*Revision 12/8/2020
Revision 8/29/2024
Revision 7/28/2025*

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Subpart B PROGRAM OPERATIONS – (Standard 1302)

OVERVIEW (Standard 1302.1)

This part implements these statutory requirements in Sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start, Early Head Start, American Indian and Alaska Native and Migrant and Seasonal Head Start programs. The part covers the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure that staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, these provisions do not narrow the scope or quality of the services covered in previous regulations. Instead, these regulations raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.

DETERMINING PROGRAM STRUCTURE (Standard 1302.20)

(a) Choose a program option.

(1) A program must choose to operate one or more of the following program options: center-based, home-based, family child care, or an approved locally-designed variation as described in 1302.24. The program option(s) chosen must meet the needs of the children and families based on the community assessment described in 1302.11(b). A Head Start Preschool program may not provide only the option described in 1302.22 (a) and (c)(2).

(2) To choose a program option and develop a program calendar, a program must consider in conjunction with the annual review of the community assessment described in 1302.11(b)(2), where it would better meet child and family needs through conversion of existing slots to full school day or full working day slots, extending the program year, conversion of existing Head Start Preschool slots to Early Head Start slots as described in paragraph (c) of this section, and ways to promote continuity of care and services. A program must work to identify alternate sources to support full working day services. If no additional funding is available, program sources may be used.

PROCEDURES

1. Head Start Preschool/Early Head Start services are provided through a center-based model in partnership with local school districts, when possible.
2. The service model is based on data received from the program Community Assessment.

(b) Comprehensive services. (Standard 1302.20(b)) All program options must deliver the full range of services, as described in subparts C, D, E, F, and G of this part, except that 1302.30 through 1303.32 and 1302.34 do not apply to home-based options.

PROCEDURES

3. Head Start Preschool children receive at least 1,020 hours of comprehensive services per day for at least (8) months during the school year in partnership with local school districts.
4. Early Head Start children will receive at least 1,380 hours of comprehensive services per day for at least (10) months during the year.
5. Head Start Preschool staff, Head Start Preschool Contracted staff, or Head Start Preschool and ISD staff provide services throughout the school day to children enrolled in both programs. Some Campuses implement a team-teaching model where both ISD and Head Start Preschool staff plan and work together.
6. Where Campuses implement a Team-Teaching Model, the Head Start Preschool Classroom and their partner ISD Classroom follow one schedule. Each child enrolled in both programs receive instruction from both the Head Start Preschool Teacher and the ISD Teacher during the school day. Teaching Teams decide who will teach what part of the schedule.
7. In order to meet state regulations for highly qualified pre-kindergarten programs (Texas Education Code Sec. 29.167), a state certified teacher must provide at least (3) hours of instruction for each child enrolled in the State funded Pre-kindergarten. To meet this requirement for School District partners, Head Start Preschool children rotate through the ISD classroom for at least (3) hours of instruction per day.
8. Early Head Start Classrooms will follow a schedule that is age-appropriate and that allows the child to receive a comprehensive educational service.

(c) Conversion. (Standard 1302.20(c)) Reference the Performance Standards

PROCEDURES

1. The Head Start Program will follow the procedures outlined in the Performance Standards that detail how to convert slots 1302.20 (c).

(d) Source of funding. (Standard 1302.20(d)) A program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purposes of meeting the Head Start Preschool and Early Head Start service duration requirements in this subpart.

PROCEDURES

1. CSNT Head Start Preschool children spend part of the day with the State funded pre-kindergarten teacher as part of the 1,020 hours of instruction. The Head Start teacher and the State funded, State certified pre-kindergarten teacher implement a team-teaching instructional model where children receive classroom instruction distributed between the (2) teachers based on their classroom schedules. (See Classroom Schedules)

CENTER-BASED OPTION (Standard 1302.21)

- a) Setting. The center-based option delivers the full range of services, consistent with 1302.20(b) Education and child development services are delivered primarily in classroom settings.**

PROCEDURES

1. The Head Start Preschool/Early Head Start Programs deliver comprehensive center-based services consistent with subparts C, D, E, F, and G of the Performance Standards. (See Operating Manuals Policies and Procedures)

- b) Ratios and group size. (Standard 1302.21(b))**

(1) Staff-child ratios and group size maximums must be determined by the age of the majority of the children and the needs of the children present. A program must determine the age of the majority of the children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state and local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of the program operation, except:

- (i) For brief absences of a teaching staff member for no more than five minutes; and,**

(ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for age.

(2) An Early Head Start or Migrant or Seasonal Head Start class that serves children under 36 months old must have two teachers with no more than eight children, or three teachers with no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care.

(3) A class that serves a majority of children who are three years old must have no more than 17 children with a teacher and teaching assistant or two teachers. A double session class that serves a majority of children who are three years old must have no more than 15 children with a teacher or teaching assistant or two teachers.

(4) A class that serves a majority who are four and five years old must have no more than 20 children with a teacher and a teaching assistant or two teachers. A double session class that serves a majority of children who are four and five years old must have no more than 17 children with a teacher and a teaching assistant or two teachers.

TABLE (Standard 1302.21(b)) – Center-based group size

4 and 5 year olds	No more than 20 children enrolled in any class. No more than 17 children enrolled in any double session class.
3 year olds	No more than 17 children enrolled in any class. No more than 15 children enrolled in double session class.
Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.

PROCEDURES

1. Head Start Preschool classrooms have no more than 17 three-year-olds and 20 four-year-olds.
2. Early Head Start classrooms have no more than 4 children per caregiver.

3. The majority age of each classroom is determined at the beginning of each school year, unless the majority age of the classroom changes during the school year,
4. The appropriate measures will be taken to bring each classroom into compliance with the age and ratio per the Head Start Program Performance Standards.

(c.) Service Duration. (Standard 1302.21(c))

(1) Early Head Start.

- (i) A program must provide 1,380 hours of planned class operations for all enrolled children.**
- (ii) A program that is designed to meet the needs of young parents enrolled in school setting may meet the service duration requirements in paragraph (c)(1)(i) of this section if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer.**

(2) Head Start.

- (i) Service duration for at least 45 percent. A program must provide 1,020 hours of operations over the course of at least eight months per year for at least 45 percent of its Head Start Preschool center-based students.**
- (ii) Service duration for remaining slots. A program must provide, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week. Classes must operate for a minimum of 3.5 hours per day.**
- (iii) Double Session. Double session variation must provide classes for four days per week for a minimum of 128 days per year and 3.5 hours per day. Each double session class staff member must be provided adequate break time during the course of the day. In addition, teachers, assistants, and volunteers must have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center. (See time table for implementation in the Performance Standards 1302.21(c)(2)(iii-v).**

(iv) Special provision for alignment with local education agency. A Head Start Preschool program providing fewer than 1,020 hours of planned class operations or fewer than eight months of service is considered to meet the requirements describe in paragraphs (c)(2)(iii) of this section if its program schedule aligns with the annual hours required by its local education agency for grade one and such alignment is necessary to support partnerships for service delivery.

PROCEUDRES

1. Early Head Start operates center-based classrooms according to the performance standards (1,380 hours within at least 11 months) in partnership with the local school district per-kindergarten.
2. Head Start Preschool operates center-based classrooms according to the performance standards (1,020 hours within at least 8 months) in partnership with the local school district per-kindergarten and the local Head Start Program.

POLICY

- (1) Exemption for Migrant or Seasonal Head Start programs.** Not applicable to CSNT Head Start
- (2) Calendar Planning.** A program must:
 - (ii) Plan its year using a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather; and,**
 - (iii) Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.**

PROCEDURES

1. Head Start Preschool follows the local school district partnership calendars including holidays, staff workdays, and the start and end of school.
2. Early Head Start follows the local school district calendars including holidays, staff workdays, when possible, and the start date of the new school year.

(c) Licensing and square footage requirements. (Standard 1302.21(d))

(1) The facilities used by a program must meet state, tribal, or local licensing requirements, even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.

(2) A center-based program must have at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchens, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.

(3) A program that operates two or more groups within an area must ensure clearly defined safe divisions to separate groups. A program must ensure such spaces are learning environments that facilitate the implementation of the requirements in subpart C of this part. The divisions must limit noise transfer from one group to another to prevent disruption of an effective learning environment.

PROCEDURES

1. Program facilities meet state licensing requirements even if the Campus is a School District and exempt from licensing requirements.
2. All Program classrooms have at least 35 square foot of usable space per child and at least 80 square foot of usable outdoor play space per child.
3. All classrooms have clearly defined space where classroom will operate. Where there are more than one group operating in a space such as gymnasiums, libraries and playgrounds, the division of the groups will be clearly defined.

HOME-BASED OPTION (Standard 1302.22)

Reference the Performance Standard Requirements for Home-based Option. Not applicable to CSNT Head Start

FAMILY CHILD CARE OPTION (Standard 1302.23)

Reference the Performance Standard Requirements for Family Child Care Option. Not applicable to CSNT Head Start

LOCALLY-DESIGNED PROGRAM OPTION VARIATIONS

(Standard 1302.24) Reference the Performance Standard Requirements for Locally-designed Program Option Variations.



Subpart C

Education and Child Development Program Services

Standard Operating Procedures

*Aligned with the 2024 Head Start Program
Performance Standards
(Standards 1302.30 - 1302.36)*

Revision 12/8/2020

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Introduction (Standard 1302.30)

All programs must provide high-quality early education and child development services, including for children with disabilities that promote children's cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and support family engagement in children's learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based program must implement, at a minimum, the elements in 1302.31 through 1302.34.

TEACHING AND LEARNING ENVIRONMENT (Standard 1302.31)

(a) Teaching and the learning environment.

A center-based program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.

(b) Effective teaching practices.

(1) Teaching staff must:

(i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;

(ii) Focus on promoting growth in the developmental progressions described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five by aligning with and using the Framework and the curricula as described in 1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;

(iii) Integrate child assessment data in individual and group planning; and,

(iv) Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five.

PROCEDURE

1. Activities implemented in the classroom are age appropriate and adhere to research-based best practices
2. Teachers recognize that each child is a unique person and that learning incorporates experiences which are individually appropriate, not only matching a child's abilities, but challenging them as well
3. The learning environment is colorful and engages young children's interests (See Education Operating Manual)
4. Bulletin boards, pictures, and artwork are placed at children's eye level
5. Activities and experiences are planned in a way that encourages children to participate
6. Children are given hands-on direct experiences with a variety of materials and manipulatives
7. Activities are appropriate and relevant to the children's interests
 - a. Children have time to experiment with what they are learning in the classroom
 - b. Children are allowed to learn from their own self-directed problem-solving
 - c. Children are given choices in joining an activity

(2) For Dual Language Learners

A program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must:

- (i) For an infant and toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;**
- (ii) For the preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or**
- (iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.**

PROCEDURE

1. CSNT Head Start Preschool (HSP)/Early Head Start (EHS) recognizes bilingualism and biliteracy as strengths in a child's educational process (See Education Operating Manual)
2. CSNT HSP/EHS implements curriculum that provides guidance for teachers on dual language instruction of the curriculum
3. Teachers implement strategies that will not only enhance the child's ability to strengthen their home language skills, but also enhance the child's English language acquisition (See Education Operating Manual)

(c) Learning environment. (Standard 1302.31(c))

A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:

(1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,

(2) For preschool age children, include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.

PROCEDURE

1. Teachers will implement teacher-directed and child-initiated activities documented on the daily lesson plans
2. Teachers will implement learning activities through all models of instruction including large and small groups and individualized instruction
3. Teachers will implement learning activities that align with the Head Start Early Learning Outcomes Framework and the Texas Pre-K Guidelines
4. Classrooms will include Learning Centers (See Education Operating Manual)
5. Classrooms will follow their assigned schedules and include daily routines (See Education Operating Manual)

(d) Materials and space for learning. (Standard 1302.31(d))

To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials, and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. Programs must change materials intentionally and periodically to support children's interests, development, and learning.

PROCEDURE

1. Classrooms will have age-appropriate equipment, materials and supplies to implement a developmentally appropriate, research-based curriculum
2. Classrooms will accommodate all children including children with disabilities, where applicable.
3. Teachers will rotate/change materials in the classroom on a regular basis (See Education Operating Manual)

(e) Promote learning through approaches to rest, meals, routines, and physical activity. (Standard 1302.31(e))

(1) A program must implement an intentional, age appropriate approach to accommodate children's need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap.

(2) A program must implement snack and meal times in ways that support development and learning. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate.

(3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.

(4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as a reward or punishment.

PROCEDURE

1. Teachers follow an appointed schedule throughout the day that integrates rest, mealtime, transitions, routines and physical activity into the school day.
2. Classroom schedules provide times for nutritional activities including meals where teachers and students are able to interact in a way that promotes learning, when appropriate. (See Education Operating Manual)
3. Teachers follow classroom schedules that provide quiet times for student to rest and/or nap. (See Education Operating Manual)
4. Children follow daily classroom routines that develop and strengthen learning.
5. Teachers provide transitional activities throughout the day that focus on building children's skills.
6. Outdoor and indoor physical activity is integrated throughout the school day through implementation of I Am Moving, I Am Learning and other research-

based, developmentally appropriate physical activities (See Education Operating Manual)

CURRICULA (Standard 1302.32)

(a) Curricula.

(1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including, additional curricula enhancements, as appropriate, that:

(i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;

(ii) Are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,

(iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

(iv) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

(b) Adaptation. A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in paragraph (a) (1) of this section to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in 1302.102 (b) and (c). Programs are encouraged to partner with outside evaluators in assessing adaptations.

PROCEDURE

1. CSNT HSP/EHS implements research-based early childhood curricula, aligned with Head Start Early Learning Outcomes Framework: ages Birth to Five and the Texas PreK Guidelines with an organized developmental scope and sequence including plans and materials for learning experiences (See Education Operating Manual)

2. Education Team reviews all curriculum on the state adoption Pre-kindergarten list and obtains sample curriculum kits for curriculum that meet the standards and regulations set forth by Head Start.

3. Education Team narrows search to top 3 to 5 curriculums and presents list and descriptions to the Program School Readiness Committee (Committee members include parents appointed by Policy Council) for selection of the program curriculum (See Education Operating Manual for Information on School Readiness Teams)
4. Upon approval of by the Program School Readiness Committee, the selected curriculum will be presented to Policy Council and Governing Board for approval
5. Staff is trained on effective implementation of the curriculum on an on-going basis and new staff are trained through the New Hire Orientation process.
6. On-going monitoring is completed on a monthly basis for curriculum implementation
7. Professional development is provided to teaching staff based on data collected through site visits as part of the on-going monitoring process
8. Professional development is provided through mentoring, coaching, or one-on-one instruction by Education Management staff.
9. CSNT does not make adaptations to the selected curriculum(s).

CHILD SCREENINGS AND ASSESSMENTS (Standard 1302.33)

(a) Screening.

(1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

(2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.

PROCEDURE

1. Children are screened within the first 45 days of entry into the program using a research-based, valid and reliable, developmental screener.
2. The results of the screening are used for individualized planning for each child.
3. Additional developmental information is gathered from family through implementation of the parent questionnaire
4. Results of the developmental screening are provided to the parents during the Parent/Teacher Conference and/or Home Visit.

5. Children are screened within the first 45 days of entry into the program using a research-based, valid and reliable, social/emotional screener

6. Results are discussed during the first Parent/Teacher Conference

(3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

(i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,

(ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.

(4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services under subpart F of this part.

(5) If, after the formal evaluation described in paragraph (a) (3) (i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:

(i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,

(iii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.

(A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.

(B) A program may use program funds for such services and supports when no other sources of funding are available.

PROCEDURE

1. CSNT Head Start provides mental health services for children, with the consent of the parent, through local contracted services including the Local Education Agency and the Early Childhood Intervention Program.
2. Mental health services are provided through a team approach that includes parents as well as local IDEA and/or mental health professionals (See Head Start Campus Intervention Plan)

(b) Assessment for Individualization. (Standard 1302.33(b))

(1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

(2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based settings.

PROCEDURE

1. Teachers conduct formal assessments on each child enrolled in the program three (3) times each school year. (See Education Operating Manual)
2. Assessments provide information on the child's development level and progress in achieving outcomes that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and the State Pre-Kindergarten Guidelines.
3. Information from the assessment as well as other relevant information are used to determine a child's strengths and needs that lead to an individualization plan for each child (See Education Operating Manual)

(3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.

PROCEDURE

1. CSNT HSP/EHS provides mental health services for children, with the consent of the parent, through local contracted services including the Local Education Agency and the Early Childhood Intervention Program.

2. Disability services are provided through a team approach that includes parents as well as local IDEA and/or mental health professionals (See HeadStart Campus Intervention Plan)

(c) Characteristics of screenings and assessments. (Standard 1302.33(c))

(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and training personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.

(2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:

(i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;

(ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,

(iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.

(3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of this section.

(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments maybe conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

PROCEDURE

1. All screenings and assessments used in the CSNT HSP/EHS are valid and reliable, developmentally appropriate for its purpose as well as research-based (See Education Operating Manual)

2. Classroom staff and applicable management staff receive on-going training on the implementation of child screening and assessment tools used within the program
3. New classroom staff receive child screening and assessment training as part of the New Hire Orientation process
4. CSNT Head Start/Early Head Start assesses children in their home language as well as English through staff who speak the same language as the child or community resources and/or partnership Campuses
5. Screening and assessment tools can be used with children who do not speak English as their native language (See Education Operating Manual)

(d) Prohibitions on use of screening and assessment data. (Standard 1302.33(d))

The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

PROCEDURE

1. CSNT HSP/EHS does not use children's assessment or screening data for ranking, comparing, or providing rewards or sanctions for individual children or staff
2. CSNT HSP/EHS does not use children's assessment or screening data to exclude them from enrollment with the Program

PARENT AND FAMILY ENGAGEMENT IN EDUCATION AND CHILD DEVELOPMENT SERVICES. (Standard 1302.34)

(a) Purpose: Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.

(b) Engaging parents and family members. A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure:

- (1) The program's settings are open to parents during all program hours;
- (2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;
- (3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;

- (4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;**
- (5) Parents and family members have opportunities to volunteer in the class and during group activities;**
- (6) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child's progress;**
- (7) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if visit to the home presents significant safety hazards for staff; and,**
- (8) Teachers that serve migrant or seasonal families make every effort to conduct home visits to engage the family in the child's learning and development.**
- (9) The program utilizes accessible communication and modalities that meet the needs of the community when engaging with prospective and enrolled families.**

PROCEDURE

1. CSNT HSP/EHS engages parents in their child's education through collaborating roles within the classroom (See Education Operating Manual)
2. Teachers and Teacher Assistants collaborate/communicate with parents throughout the school year concerning classroom activities and their child's progress in obtaining the skills they need to become school ready (See Education Operating Manual)
3. Teachers hold parent/teacher conferences, as needed, but at least twice per school year to collaborate/communicate with parents concerning their child's progress (See Education Operating Manual)
4. Teaching staff encourage parents to volunteer in the classroom and become acquainted with activities that are being administered in the classroom
5. Teachers collaborate/communicate with parents throughout the school year concerning their child's educational progress (See Education Operating Manual)
6. Teachers conduct at least (2) home visits per school year with each family that have a child enrolled in the Head Start Program (See Education Operating Manual)

EDUCATION IN HOME-BASED PROGRAMS (Standard 1302.35)

Reference the Performance Standard Requirements for Home-based Option. Not applicable to CSNT Head Start

TRIBAL LANGUAGE PRESERVATION AND REVITALIZATION (Standard 1302.36)

Reference the Performance Standard Requirements for Home-based Option. Not applicable to CSNT Head Start



Subpart D

Health and Mental Health Program Services

Standard Operating Procedures

*Aligned with the 2024 Head Start Program
Performance Standards*

(Standards 1302.40 -1302.47)

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Introduction (Standard 1302.40)

The major aspects HEAD START Preschool (HSP)/EARLY HEAD START (EHS) Health Services Program are health screenings, dental, mental health, nutrition, parent involvement in every aspect, and health education. The five HSP/EHS components; Health, Literacy, Education, Social Services/Parent Involvement, Special Services and their professional disciplines, work together toward accomplishments of this basic program mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

The Head Start Program Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the program philosophy.

The Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

Subpart D- Health and Mental Health Program Services (Standard 1302.40)

Purpose (Standard 1302.40)

- (a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.**
- (b) A program must establish and maintain a Health and Mental Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.**

PROCEDURE

1. CSNT HSP/EHS staff (Family Service staff, Education staff and Health and Mental Health team) promote and assist families with obtaining high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.
2. Family Service staff inform parents during orientation of the major components of the Health/Mental Health Services Program.
Components are as follows:
 - (a)** Health screenings (physicals)
 - (b)** Bi-annual dental exam
 - (c) Mental Health questionnaire
 - (d) Nutrition questionnaire
 - (e) Health Education
 - (f) Special Services and their Professional disciplines work together toward accomplishments of this basic program mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.
3. The Head Start Program Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the program philosophy.
4. The Health and Mental Health Component's main purpose is to identify and arrange treatment of health/Mental Health problems and concerns. The Health and mental Health Component also incorporates preventive measures such as, early detection of problems and assisting children, families, and staff to function at their optimal level of wellness, while encouraging families and staff to assume more responsibility for their own wellness.
5. CSNT establishes and maintain a Health and Mental Health Services Advisory Committee that includes HSP/EHS parents, professionals, and other volunteers from the community. Health and Mental Health Services Advisory Committee meetings will be

held bi-annually.

6. In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Service Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health and Mental Health Team concept.

COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)

(a) For all activities described in this part, programs will collaborate with parents as partners in the health, mental Health, and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health and mental health needs and development concerns in a timely and effective manner.

(b) At a minimum, a program must:

(1) Obtain advanced authorization from the parent or other person with legal authority for all health, mental health, and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health and mental health services; and,

(2) Share with parents the policies for health or mental health emergencies that require rapid response on the part of staff or immediate medical attention.

PROCEDURE

1. CSNT Family Service staff complete consent forms with all parents at orientation. This form gives permission for testing, & medical, mental, and dental emergencies.
2. CSNT Family Service staff informs parents during orientation of the policies for health emergencies which require rapid response on the part of staff or immediate medical attention and that they are located in the parent handbook.

CHILD HEALTH STATUS AND CARE (Standard 1302.42)

(Refer to Family Services Standards and Procedures Head Start Program Performance Standards 1302.15)

(1) Source of Health Care.

(2) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care- provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent

care-and health insurance coverage.

(3) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

PROCEDURE

1. During the enrollment process Family Service Workers determine children's health care status.
2. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker refers the family to the Medicaid or CHIPS program.
3. Family Service Worker documents the follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
4. If the family is not eligible or chooses not to apply for Medicaid, the family is given the Resource Directory to inform them of the providers in their community.
5. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker documents on the Medical and Dental Health Form and places it in Child's File.
6. The total process is completed within ninety (90) days of the child enters the program.
7. See Procedures for Physical Exams, Dental Exams, and Immunizations in the **CSNT Health Operating Manual**.

(b) Ensuring up-to-date child health status. (Standard 1302.42 (b))

(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:

- (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations issued from the local Health and Mental Health Advisory Committee that are based on prevalent community health problems; and**
- (ii) Assist parents with making arrangements to bring the student up to date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in 1302.41 (b)(1).**

PROCEDURE

1. Staff provide information to parents at the time of enrollment regarding the health and mental health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a "medical/dental home". If it is determined that the child:
 - DOES NOT have a "medical/dental home," the staff assists the parent/

- guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
- DOES have medical/dental home services are provided from their chosen primary care provider (PCP)
3. Family Services Worker/s discuss with the parent and/or guardians the Requirements **and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.**
 4. A copy of the Texas Health Step physical form or the physician's individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start.
 5. A copy of the Dentist's individual dental form is acceptable. If the dentist requires a form, a copy of the Dental form must be provided.
 6. During orientation, the Family Service Worker introduces themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health/mental health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
 7. After the detailed explanation of services, the parent(s) and/or guardian must sign the "Consent for Services". – SEE FAMILY SERVICE
 8. **Family Service staff assists parent/s with making arrangements for students to become up to date with health requirements as quickly as possible.**

(b) Ensuring up-to-date child health status. (Standard 1302.42 (b))

(2) 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 screening.

(3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraph (b)(1) and (2) of this section.

PROCEDURE

1. All children are screened within (45) calendar days after their first day of attendance for Hearing and Vision. (See **CSNT Health Operating Manual** for specific information on the screening process.)
2. All hearing and vision screens are evidence-based.
3. All hearing and vision screening data is analyzed and results are documented.

(b) Ensuring up-to-date child health status. (Standard 1302.42 (b))

(4) A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, relevant developmental or mental health concerns, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health and Mental Health Services Advisory Committee.

PROCEDURE

1. Family Service Workers confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker completes a "Consent to Release Records" form and sends it to the medical provider for further medical information.
2. Documentation is made in the child's file and in the Child Plus Database System.
3. All medical records obtained are filed in the Health and Licensing section of the child's file and documentation is placed in the Child Plus Database System.
4. The Health Specialist is notified using the Health Request and Results Form.

(c) Ongoing care. (Standard 1302.42 (c))

(1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral or mental health concerns.

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

PROCEDURE

1. FSW informs parent of all Health components required during Parent Orientation and document parent notification in Child Plus.
(Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).
2. FSWs and Health staff continue to contact parents concerning missing health information. (See **Health Operating Manual** for specific details concerning parent contacts and missing health information)
3. The Health Team conducts on-going monitoring of the health area at least monthly including oral health. Results are input into Child Plus and monitored through Corrective Action Plans.
4. The Health Team conducts annual reviews of the water supply documentation for each Campus. If waters supplies do not contain the proper amounts of fluoride, the Program alerts the Campus and parents. Fluoride supplements are made available through dental treatments.

(d) Extended follow-up care. (Standard 1302.42 (d))

(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental program.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

PROCEDURE

1. Family Service staff monitor health histories, physicals and dentals for student for the following (See **CSNT Health Operating Manual** for specific steps on follow-up care) :
 - i. Health concerns and/or Care Plans needed
 - ii. Treatments needed
 - iii. Diagnostic testing needed
2. Family Service staff contact parents/guardians and follow-up to monitor if student's health concerns are being addressed by their Primary Care Physician or have been referred to a specialist for further testing.
3. Family Service staff document all efforts performed in Child Plus, indicating the status of the student's health concerns or if concern has been completed. (i.e.-care plans in place, allergy actions plans in place, etc.)
4. Family Service staff refer to Health Team for assistance when they have difficulty obtaining required health care plans, or parent response occurs.
5. Health Team assists staff with parent contacts, health and dental provider contacts to obtain required information.

(e) Use of funds. (Standard 1302.42 (e))

(1) A program must use program funds for the provision of diapers and formula for enrolled children during the program year.

(2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grant recipient and delegate agencies must have written documentation of their efforts to access other available sources of funding.

PROCEDURE

- (1) Program funds are used for students who have no other payer source to accommodate a student's school health needs.
- (2) Program funds are used for children who require pull-ups/diapers and/or any other nutritional supplement including formula, when applicable. (See **CSNT Health Operating Manual** for more details on payer source and diaper/nutritional supplements)

ORAL HEALTH PRACTICES. (Standard 1302.43)

A program must promote effect oral health hygiene by ensuring all children with

teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily

PROCEDURE

1. Teaching staff promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Implementation Team. (See **CSNT Health Operating Manual** for more details on oral hygiene.)

CHILD NUTRITION (Standard 1302.44)

(a) Nutrition service requirements.

(1) A program will promote and provide nutrition services that are culturally and developmentally appropriate, meeting the needs of and accommodating the requirements of each child, including children with special dietary needs and children with disabilities.

(2) Specifically, a program must:

(i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs; (N/A for CSNT Head Start Program)

(ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program;

(iii) Serve one - to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skill as recommended in USDA requirements outlined in 7 CFR parts, 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; (N/A for CSNT Head Start Program)

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle; (N/A for CSNT Head Start Program)

(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;

(vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home based option; (N/A for CSNT Head Start Program)

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who

breast-feed during program hours, and if necessary, provide referral lactation consultants or counselors; and, (N/A for CSNT Head Start Program)

(ix) Make safe drinking water available to children during the program day.

PROCEDURE

1. CSNT implements a nutrition program that is culturally and developmentally appropriate
2. Nutritional needs are identified through the child's Nutritional Needs Assessment that is completed at the child's entry into the program and is part of the child's Acceptance Packet
3. Family style meals are served, where appropriate
4. Each child in the Program receives one-half to two-thirds of their daily nutritional allowance either through a CACFP or NSLP (STATE of Texas) meal pattern
5. Meals are served that conform to the USDA requirements in 7 CFR parts 210, 220, and 226 and are high in nutrients and low in fat, sugar, and salt (CSNT Head Start follows CACFP Requirements at Child Care Licensed Campuses and the National School Lunch Program on ISD Campuses)
6. Meals that are served to CSNT Head Start/Early Head Start Programs are reimbursed through CACFP or NSLP, when applicable. (See **CSNT Nutritional Operating Manual** for more details on meal service).

SUPPORTS FOR MENTAL HEALTH AND WELL-BEING. (Standard 1302.45)

(a) Program-wide Wellness supports. To support a program-wide culture that promotes mental health, social and emotional well-being, and over health and safety, a program must use a multidisciplinary approach that:

(1) Coordinates supports for adult mental health and well-being, including engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff health and wellness as described in 1302.93.

(2) Coordinates supports for positive learning environments for all children; supportive teacher practices; and, strategies for supporting children with social, emotional, behavioral, and mental health concerns;

(3) Secure ongoing mental health consultation services and examines the approach to mental health consultation on an annual basis to determine if it meets the needs of the program.

(4) Ensures mental health consultation services are available at a frequency of at least once a month.

(i) If a mental health consultant is not available to provide services at least once a month, programs must use other licensed mental health professionals or behavior health support specialists certified and trained in their profession or recognized by their Tribal governments, such as peer specialists, community health workers, promoters, traditional practitioners, or

behavioral health aides, to ensure mental health supports are available on at least a monthly basis.

(i) If the program uses licensed mental health professionals or behavioral health support specialists, the program must ensure their regular coordination and consultation with mental health consultants.

- (5) Ensures that all children receive adequate screening and appropriate follow up and the parent receives referrals about how to access services for potential social, emotional, behavioral, or other mental health concerns, as described in 1302.53.**
- (6) Facilitates multidisciplinary coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement, and health services.**
- (7) Build community partnerships to facilitate access to additional mental health resources and services, as needed**

PROCEDURE

1. Mental Health/Disability Specialist (MH/D Specialist) obtains the services of Mental Health Consultants through the implementation of a contract between the provider and CSNT Program.
 2. All CSNT Mental Health Consultants adhere to the Head Start Policies and Procedures, Standards of Conduct, and understand what is expected at the Head Start campuses through the contract process
 3. Mental Health Consultants are available for in-service training, parent meetings, classroom staff, and to be a resource for information on mental health/disability services
 4. Mental Health Consultants complete a Classroom Observation within the first 45 days of school to assist teachers with implementation of positive mental health procedures and routines in the classroom
 5. Mental Health Consultants work in partnership with Head Start Program Mental Health Advocates, D/MH Specialist, Education Team Members, and Classroom Teaching Staff to provide required services for children and families that need additional mental health services when appropriate consent is received.
 6. CSNT Head Start receives consent for mental health services at the time of enrollment and will obtain further consent after a Campus Intervention Team (CIT) Meeting has met and indicates that additional required services are needed.
 7. CSNT Head Start builds community partnerships with mental health resources within the community, as appropriate. (See ***Mental Health Operating Manual*** for more details on the implementation of mental health services into the CSNT Head Start Program).
- (b) Mental Health Consultants. A program must ensure that mental health consultants provide consultation services that build the capacity of adults in an infant or young child's life to strengthen and support the mental health and social and emotional development of children, including consultation with any of the following:**
- (1) The program to implement strategies that promote a program-wide culture of mental health, prevent mental health challenges from developing and identify and support children with mental health and social and emotional concerns;**
 - (2) Child and family services staff to implement strategies that build nurturing and**

responsive relationships and create positive learning environments that promote the mental health and social and emotional development of all children;

(3) Staff who have contact with children to understand and appropriately respond to prevalent child mental health concerns, including internalizing problems such as appearing withdrawn; externalizing problems such as behavioral concerns; and how exposure to trauma and substance use can influence risk;

(4) Families and staff to understand mental health and access mental health interventions or supports, if needed, including in the event of a natural disaster or crisis;

(5) The program to implement policies to limit suspension and prohibit expulsions as described in 1302.17.

(6) The program to support the well-being of children and families involved in any significant child health, mental health, or safety incident described in 1302.102(d)(1)(ii)

PROCEDURE

1. Mental Health Consultants assist children, families, and staff in identifying strategies that will assist children with mental health issues. (See **CSNT Mental Health Operating Manual** for more information on consultants).
2. Mental Health Consultants assist classroom teachers with classroom management strategies and mental health interventions, when applicable, to address classroom behavioral concerns for children going through trauma or insecurity at home.
3. Mental Health Consultants assist staff with children's mental health concerns through a Campus Intervention Plan created during a Campus Intervention Team Meeting. Members of the CIT include Health partners, classroom staff, education team members, mental health partners, local school district partners, family members and other members as needed.
4. Mental Health Consultants will assist parents and staff in understanding mental health interventions.
5. Mental Health Consultants provide assistance to children/families/and staff that need additional mental health services.
6. Mental Health Consultants work in conjunction with Campus Staff, D/MH Specialist, Public School Staff, and Parents to implement a Behavior Modification Plan in place of suspensions and it prohibits expulsions. (See **Federal Administrative Policies and Procedures 1304.3 and 1304.4** for more information concerning Suspension and Expulsion policies and procedures for CSNT Head Start/Early Head Start)

FAMILY SUPPORT SERVICES FOR HEALTH, NUTRITION, & METNAL HEALTH. (Standard 1302.46)

(a) **Parent collaboration.** Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

(b) **Opportunities.**

(1) Such collaboration must include opportunities for parents to:

(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep.

(ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;

(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health including depression, anxiety, and substance use concerns;

(iv) Discuss information related to their child's mental health with staff including typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,

(v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.

PROCEDURE

1. Health Implementation team attends the second parent meeting of each school year and presents Health, Nutrition, and Mental Wellness information to the parents.
2. Health and Nutrition staff send monthly information newsletters which cover beneficial topics for parents/children/staff.
3. FSWs discuss all child health issues with parents as they arise. If child health issues need further assistance, the FSW completes the referral process. (See **CSNT Health Operating Manual** for more information on the referral process).
4. When Parent/Teacher/Campus Director has a serious concern regarding student behavior, a referral for services is made to the HSCIT (Campus Intervention Team) for a meeting to discuss the issue.
5. Within the first 30 days of a child's enrollment, families complete the pedestrian/bus safety curriculum. Parents participate in the curriculum implementation through home activities. (See Transportation Standards and Procedures Subpart F 1302.70 for more details on pedestrian/bus safety training).

(b) Opportunities. (Standard 1302.46 (b)(2))

(2) A program must provide ongoing support to assist parents' navigation through health and mental health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and

designated enrollment periods;

(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care;

(iii) On familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

(iv) In providing information about how to access mental health services for young children and their families, including referrals if appropriate.

PROCEDURE

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker refers the family to the Medicaid or CHIPS program.
2. Family Service Worker documents follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family is given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process is completed within ninety (90) days of the child entering the program.

SAFETY PRACTICES - Systems (Standard 1302.47)

(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sties/default/files/ecd/caring_for_our_children_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part.

(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety.

This system must ensure:

- (1) Facilities.** All facilities where children are served, including area for learning, playing, sleeping, toileting, and eating are, at a minimum:
 - (i) Meet licensing requirements in accordance with 1302.21 (d)(1) and 1302.23(d);**
 - (ii) Clean and free from pests;**

- (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;
- (iv) 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;
- (v) Well lit, including emergency lighting;
- (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up-to-date first aid kits and appropriate fire safety supplies;
- (vii) Free from firearms or other weapons that are accessible to children;
- (viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking eating or children's activities; and,
- (ix) Kept safe through an ongoing system of preventative maintenance.
(See *CSNT Health Operating Manual* for more information on safety practices within facilities)

PROCEDURE

1. CSNT Data Coordinator performs the 1st Safe Environment Monitoring at the beginning of each school term.
2. Selected Health Team members and the Data Coordinator perform the 2nd Safe Environment Monitoring in January and periodic monitoring is completed throughout the year by all staff members
3. All areas of the Campus are monitored during the Safe Environment Monitoring. (See On-going Monitoring Safe Environments Form for areas monitored)

SAFETY PRACTICES – Equipment and Materials (Standard 1302.47(b)(2))

(2) Equipment and materials: Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:

- (i) Be clean and safe for children's use and are appropriately disinfected;
- (ii) Be accessible only to children for whom they are age appropriate;
- (iii) Be designed to ensure appropriate supervision of children at all times;
- (iv) Allow for separation of infants and toddlers from preschoolers during play in center-based programs; Not applicable to Head Start and,

(v) Be kept safe through an ongoing system of preventative maintenance.

PROCEDURE

1. Assigned staff perform daily, weekly, and monthly preventive maintenance on indoor and outdoor play equipment and materials, cribs/cots, tables/chairs, and other equipment/materials used in the care of enrolled children.
2. Assigned staff document inspections on required checklist form and follow cleaning schedule. (See **CSNT Health Operating Manual** for details of cleaning processes).
3. Children are supervised at all times they are in the care of CSNT Head Start Preschool/Early Head Start Program.
4. Campus Directors monitor the Consumer Product Safety Commission on a regular basis to search for products that have been recalled.
5. On-going monitoring of safe environments is completed by management staff at least monthly and more frequent, when necessary.

SAFETY PRACTICES – Background Checks (Standard 1302.47(b)(3))

(3) Background checks. All staff have complete background checks in accordance with 1302.90(b)(3).

PROCEDURE

1. See Human Resources Standards and Procedures for background check procedures for CSNT Head Start Preschool/Early Head Start staff.
2. On-going Monitoring of Human Resources Personnel Files are completed monthly by Management staff and quarterly by administrative staff.

SAFETY PRACTICES – Safety Training (Standard 1302.47(b)(4))

(4) Safety training.

(i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

(A) The prevention and control of infectious diseases;

(B) Prevention of sudden infant death syndrome and use of safe sleeping practices;

(C) Administration of medication, consistent with standards for parent consent;

(D) Prevention and response to emergencies due to food and allergic reactions;

- (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- (G) Emergency preparedness and response planning for emergencies;
- (H) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
- (I) Appropriate precautions in transporting children, if applicable;
- (J) First aid and cardiopulmonary resuscitation; and,
- (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section.

(ii) Staff without regular child contact. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

PROCEDURE

1. All employees receive required training during new hire on-boarding and then again on an annual basis during the pre-service period.
2. Topics covered include blood borne pathogens, SIDS, Medication administration, food/allergic reactions, transportation, shaken baby, emergency preparedness, hazardous materials training, bus safety, first aid/CPR, and child abuse. (See **CSNT Health Operating Manual** for more information on safety training).

SAFETY PRACTICES - Consultants (Standard 1302.47(b)(5))

(5) Safety practices. All staff, consultants, contractors, and volunteers follow appropriate practices to keep children safe during all activities, including, at a minimum:

- (i) Reporting of suspected or known child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment (CAPTA) (42 U.S.C. 5101 note), including that staff comply with applicable federal, state, local, and tribal laws;
- (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for child under 12 months, soft bedding materials or toys

may not be used;

(iii) Appropriate indoor and outdoor supervision of children at all times;

(iv) Only releasing children to authorized adult, and

(v) All standards of conduct described in 1302.90(c).

PROCEDURE

1. During the New Hire Orientation process, staff, and volunteers are given copies of the standards of conduct including mandated child abuse reporting statutes and explained their responsibilities in implementing these standards.
2. As part of the consultant/contractor process, all contractors and consultants are provided standards of conduct and their responsibilities in implementing all of the standards of conduct that apply including their responsibilities in reporting of child abuse, if applicable.
3. All Policy Council and Board Members are given a copy of the CSNT Personnel Policies and Procedures that contain the Agency and the Program Standards of Conduct and they are explained to them including their responsibilities
4. Annual training for staff includes training on SIDS and safe sleep practices for infants, toddlers and young children.
5. CSNT staff provide active supervision which requires focused attention and intentional observation of children at all times indoor and outdoor. This is monitored as part of the on-going monitoring process.
6. Head Start Preschool/Early Head Start staff (who care for children) position themselves so that they can observe all of the children: watching, counting, and listening at all times.
7. Head Start Preschool/Early Head Start staff also use their knowledge of each child's development and abilities to anticipate what he/she will do, then get involved and redirect them when necessary.
8. Head Start Preschool/Early Head Start staff use this constant vigilance to help children learn safely.
9. CSNT Head Start Preschool/Early Head Start staff do not release a child to anyone who is not listed as a designated pickup person without prior written parent/guardian authorization.
10. CSNT Head Start Preschool/Early Head Start staff do not release a child to anyone who appears to be under the influence of alcohol or other drugs.
11. CSNT Head Start Preschool/Early Head Start staff require photo identification when staff does not know person picking up student.
12. (Reference Human Resources Standards and Procedures 1302.90 for information on background checks process for CSNT Head Start Preschool/Early Head Start staff.)

SAFETY PRACTICES – Hygiene Practices (Standard 1302.47(b)(6))

(6) Hygiene practices. All staff systematically and routinely implement hygiene practices that at a minimum ensure:

- (i) Appropriate toileting, hand washing, and diapering procedures that are followed;**

(ii) Safe food preparation; and,

(iii) Exposure to blood and body fluids are handled consistent with the standards of Occupational Safety Health Administration.

PROCEDURE

1. All staff and volunteers are trained on handwashing practices used to prevent the transmission of communicable diseases and/or wearing gloves when necessary. (See **CSNT Health Operating Manual** for handwashing procedures implemented in the Program)
2. Personal hygiene guidelines are followed by all staff who handle food. Staff working with food follow specific guidelines for appearance and hygiene. Personal appearance is an essential part of maintaining professional standards, cleanliness and sanitation. (See **CSNT Nutrition Operating Manual** for more information on guidelines that are followed for staff handling food)
3. In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030, an Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.
4. All staff are trained annually on safety practices when handling any substance that could contain Blood borne Pathogens. Training records are monitored as part of the on-going monitoring process. (See **CSNT Health Operating Manual** for more information on controlling Blood borne Pathogens).

SAFETY PRACTICES – Administrative Procedures (Standard 1302.47(b)(7))

(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate procedures for, at a minimum:

(i) Emergencies;

(ii) Fire prevention and response;

(iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;

(iv) The handling, storage, administration, and record of administration of medication;

(v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and,

(vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

PROCEDURE

1. CSNT Head Start Preschool/Early Head Start staff follows adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved. (See **CSNT Health Operating Manual** for more information on emergency procedures adopted by CSNT Head Start).
 2. CSNT Head Start Preschool/Early Head Start have all-hazards emergency management and/or disaster preparedness plans for more and less likely events including natural and man-made disasters and emergencies, and violence in or near programs. (See Campus Specific Emergency Disaster Plans at each location)
 3. CSNT follows the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.
 4. Each campus has a chart posted where every staff person can readily survey for information when needed.
 5. Head Start Preschool/Early Head Start classrooms located on ISD campuses work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.
 6. CSNT Head Start Preschool/Early Head Start provide annual medication administration training for all designated staff and adheres to Medication requirements to ensure safe administration of medications to children and works in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start classrooms are located on their campus. **Medication Note:** Refer to each campus Medication Book for specific information regarding medication or contact the Health Specialist for further assistance.
 7. CSNT Head Start Preschool/Early Head Start does not release a child to anyone who is not listed as a designated pickup person without prior written parent/guardian authorization.
 8. CSNT Head Start Preschool/Early Head Start does not release a child to anyone who appears to be under the influence of alcohol or other drugs.
 9. CSNT Head Start Preschool/Early Head Start requires photo identification when staff does not know person picking up student.
 10. Medical conditions such as food allergies, asthma and seizure require Physician completed Care Action Plan.
 11. Information is shared with all student associated staff and is listed on the classroom and kitchen staff Student Allergy/Medical Concern list.
 12. Student Allergy/Medical Concern list are located in the classrooms by the teacher work area and in the kitchen at the cook's work area and will have a large **bold print** Identifying Cover Page. (See CSNT Health Operating Manual for more information on food allergies.)
- ❖ *Medication information including physician's orders for health concerns and or procedures are shared with teaching staff to ensure student safety.*

SAFETY PRACTICES – Disaster Preparedness Plan (Standard 1302.47(b)(8))

(8) Disaster preparedness plan. The program has all-hazards emergency management/disaster preparedness plans for more and less likely events including natural and man-made disasters and emergencies, and violence in or near programs.

PROCEDURE

1. Each campus has an emergency/disaster preparedness plan in the event of fire, earthquake, severe storm, or other natural disaster. They will practice safety drills for fire, natural disasters, bus evacuation, and pedestrian safety.
2. Site personnel have developed an individual emergency/disaster management plan and procedures which are practiced throughout the program year.
3. The emergency/disaster management plan includes evacuation routes, safe meeting places, head count procedures, safety spots in the classroom or building, and procedures for assisting children with disabilities.
4. Safe evacuation routes are established, illustrated and posted on/near exits.
5. Teachers plan learning activities, discussions and demonstrations that will increase children's knowledge and prepare them to respond safely in an emergency situation. These activities, discussions and demonstrations will be included and documented in daily lesson plans.
6. Fire drills are conducted at least one (1) time per month.
7. Emergency sheltering drills are held at least three (4) times during the program year.
8. Lock-down drills must be practiced at least (4) times a year
9. *ISD Campuses will follow the Disaster Preparedness Plan adopted by their State of Texas Public School Campus.

(9) COVID19 mitigation policy. The program has an evidence-based COVID-19 mitigation policy developed in consultation with their Health Services Advisory Committee (HSAC) that can be scaled up or down based on the impact of COVID-19 in the community to protect staff, children and families from COVID-19 infection.

PROCEDURE

1. Each campus will follow the local, state, and federal requirements for COVID-19 or any communicable disease or disaster declaration.
2. All staff will follow the local, state, and federal requirements for all emergency declarations and mandates including the requirements for communicable diseases within the communities that are being served.

(10) Exposure to lead in water and paint prevention practices. A program must develop a plan to prevent children from being exposed to lead in water and paint in Head Start facilities. In facilities where lead may exist, a program must implement ongoing practices, including testing and inspection at least every two years, with support from trained professionals. As needed, a program must pursue remediation or abatement to prevent lead exposure.

PROCEDURE

1. Each classroom has a portable water fountain in the classroom for children's drinking water. This fountain contains filtered water that is replaced regularly.

2. Water filtration systems are installed on the kitchen water lines to prevent lead from contaminating the food.
3. The Campuses have all been painted and/or updated in the past year. There is no lead paint accessible to children in the Campuses.

SAFETY PRACTICES – Incident Reporting (Standard 1302.47(c))

(c) A program must report any safety incidents in accordance with 1302.102(d)(1)(ii)

(Reference the Program Management & Quality Improvement Policies and Procedures Subpart J 1302.102(d)(ii))

PROCEDURES

1. The Program provides status reports to the governing board and the policy council with oversight data monthly. (See **CSNT Health Operating Manual** for more information on reporting safety incidents).
2. Governing board and policy council reports include Head Start Director's Report, Finance Report, Child Assessment Reports, CLASS Reports, Self-Assessment Reports, Program Information Reports, Human Resources Reports, Support Services Reports, and Progress on attaining Program Goals, School Readiness Goals, Family Partnership Goals with Progress, and CLASS Reports. (Program Goals, School Readiness Goals, and Family Partnership Goals will be tracked for progress at least (3) times per year.)



Subpart E

Family and Community Engagement Program

Standard Operating Procedures

*Aligned with the 2024 Head Start Program
Performance Standards
(Standards 1302.50 -1302.53)*

Revision Date: 6/27/2023

Revision Date: 8/29/2024

Aligned w/HSPPS
8/21/24

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INTRODUCTION (Standard 1302)

The focus of the Parent, Family, and Community Engagement program is on the child, the family, and the community as a group of interacting personalities. The role of the staff is to provide support to the child and family. Social Services/Parent Engagement staff also serves as a resource to the family by serving as a liaison between the Head Start Campus and Early Head Start Center, the family and the community. Out of this interaction; empowerment, enhancement of problem solving skills, and self-reliance is the desired outcome for each family system. (See **Family Engagement Operating Manual** for more information).

Head Start Family Services/Campus Staff also perform the following roles:

1. Provide support and serve as a resource to families.
2. Act as a bridge between, the family and the community.
3. Provide training and education to families in using available resources and services, and in locating those that are unavailable or inaccessible.
4. Serve as a resource within the Head Start program for other *staff* members.
5. Maintain accurate records for the benefit of families and other staff members.
6. Act as an advocate of the children and families enrolled in the program, both within the Campus and in the community.
7. Involve parents in the process of making decisions about the nature and operation of the Head Start program.
8. Involve parents in the classroom as paid employees, volunteers or observers.
9. Assist parents in working with their children in cooperation with the staff.
10. Involve parents in planning activities for themselves in the Campus and in the Community.
11. Work with donors that make in-kind contributions to the Head Start program.
12. Work with Administration, campus teams, parents, and community volunteers in generating the program's 20% non-federal share annually.

During a state of emergency triggered by the Federal, state and/or local governments these administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.

Subpart E – Family and Community Engagement Program

FAMILY ENGAGEMENT. (Standard 1302.50)

(a) Purpose. A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative two-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources. This includes communicating with families in a format that meets the needs of each individual family.

(b) Family engagement approach. A program must:

- (1)** Recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and support parent-child relationships, including specific strategies for father engagement;
- (2)** Develop relationship with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community;
- (3)** Collaborate with families in a family partnership process that identifies needs, interest, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability;
- (4)** Provide parents with opportunities to participate in the program as employees or volunteers.
- (5)** Conduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe; and
- (6)** Implement procedures for teachers, home visitors, and family support staff to share information with each other, as appropriate and consistent with the requirements in part 1303 subpart C, of this chapter, FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.

PROCEDURE

1. Family Service Staff will recognize parents as the child's primary teachers. Parents will be encouraged to be their child's primary teachers throughout the school year. Training will be made available to support the parent/guardian(s) in this area.
2. Communication with the parent/guardian(s) will begin during the application process and will continue to build through the orientation into the program.
3. Applications and orientations will be made available in the families preferred language, when available, and an interpreter from Head Start or the local LEA will be available to parents that need this service.
4. During the orientation process, parent/guardian(s) will complete the Family Partnership Agreement which includes the agencies needs assessment. Completing the Family Partnership Agreement at orientation allows Family Service staff to have adequate time to work with families on their goals and provide resources to the family for any needs that may be available.
5. Interpreters, when available, will be used at Parent Engagement Trainings and Parent Meetings so that all parents will feel welcome and comfortable during attendance.
6. Family Empowerment Advocates will encourage parent/guardian(s) to participate in volunteer opportunities on campus. Parent/Guardian(s) will be welcome in the campus and staff will ensure that parent/guardian(s) are aware of job opening in the program and areas volunteers are needed.
7. Family Service Staff, Campus Staff, Management Team will collaborate as much as possible to ensure that parent family engagement strategies are used in the classroom, home, and the community.

PARENT ACTIVITIES TO PROMOTE CHILD LEARNING AND DEVELOPMENT.
(Standard 1302.51)

(a) A program must promote shared responsibility with parents for children's early learning and development, 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:

- (1) Offering activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development as appropriate.**
- (2) Providing parents with information about the importance of their child's regular attendance, and partner with them, as necessary, to promote consistent attendance; and**
- (3) For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.**

(b) A program must, at minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make

significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.

PROCEDURE

1. Parent/Guardian(s) will participate in the literacy programs each school year.
2. Parent Engagement staff will provide training resources in areas of literacy at Parent Meetings.
3. Family Service staff will attend the parent meetings and Home Visits and stress the importance of their child's attendance. Family Service staff will also discuss the importance of parents attending their child's Campus Parent Meetings.
4. Research-based Parenting Education trainings provided by Family Service Staff, Mental Health Providers, and/or County Extension Agents will be available to Parent/Guardian(s) throughout the school year.

FAMILY PARTNERSHIP SERVICES. (Standard 1302.52)

(a) Family partnership process. A program must implement a family partnership process that includes a family partnership agreement and the activities described in this section to support family well-being, including family safety, health, and economic stability, to support child learning and development, to provide, if applicable, services and supports for children with disabilities, and to foster parental confidence and skills that promote the early learning and development of their children. The process must be initiated as early in the program year as possible and continue for as long as the family participates in the program, based on parent interest and needs.

(b) Identification of family strengths and needs. A program must implement intake and family assessment procedures to identify strengths and needs related to the family engagement outcomes and described in the Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, and families as learners, family engagement in transitions, family connections to peers and local community, and families as advocates and leaders.

(c) Individual family-partnership services. A program must offer individualized family partnerships services that:

- (1) Collaborate with families to identify interests needs, and aspirations related to the family engagement outcomes described in paragraph (b) of this section;
- (2) Help families achieve identified family engagement outcomes;
- (3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and track

whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary.

(d) Approaches to family partnership services. A program must:

- (1) Ensure the family assignment process takes into account the varied interests, urgency, and intensity of identified family needs and goals;**
- (2) Ensure the planned number of families assigned to work with staff that conduct family partnership process and work on family, health and community engagement services is no greater than 40:1. A program must maintain this ratio, except:
 - (i) When the responsible HHS official grants a waiver if the program can demonstrate staff competencies at 1302.92(b)(4); program outcomes at paragraph (b) of this section; and reasonable staff workload as described in paragraph (d)(3) of this section.**
 - (ii) During temporary periods of staff absence or attrition; changes in daily operations related to start-up or transitional activities; or extenuating circumstances related to emergency response and recovery.****
- (3) Ensure meaningful employee engagement practices to address family services workload experiences, in accordance with 1302.101(a)(2).**

(e) Existing plans and community resources. In implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strength, and goals, in order to avoid duplication of effort.

PROCEDURE

1. Family Service staff have no more than a 40:1 ratio.
2. Family Partnership Agreements are completed at time of orientation giving Family Service staff adequate time to work with the family to meet their needs.
3. The Family Partnership Agreement includes the needs assessment.
4. Trainings for the parent/guardian(s) will be based off the needs assessments and parent interest survey.
5. Family Partnership Agreements will be taken on the first home visit in October. Family Service staff and parent/guardian(s) will jointly develop a plan on how to assist the family with achieving these goals and inform parent/guardian(s) of any resources that may be available to them.
6. Home Visits will be entered into Child Plus, along with each goal the family has, with a plan of action outlining the steps that both the parent/guardian and Family Service staff.
7. A follow up home visit will be conducted in January (See Education Manual – Home Visit for procedure in scheduling home visits)

8. A final home visit will be conducted in April and any goal adjustments will be made at this time. (See Education Manual – Home Visit for procedure in scheduling home visits)
9. Home Visits will be conducted in the parent/guardian(s) home when possible. However, if parent does not agree to a Home Visit or there is a significant safety hazard to Family Service staff an alternate location can be used to conduct the home visit. (See Education Manual – Home Visit for procedure in scheduling home visits)
10. Parent/Guardian(s) will be given a parent handbook at the beginning of each year that contains a community resource directory.
11. Family Services will discuss with the family regarding any services that they are currently receiving from other agencies so that there will not be a duplication of services.

COMMUNITY PARTNERSHIP SERVICES AND COORDINATION WITH OTHER EARLY CHILDHOOD AND EDUCATION PROGRAMS. (Standard 1302.53)

(a) Community Partnerships.

(1) A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contacts and arranging for onsite delivery of services as appropriate, 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.

(2) A program must establish necessary collaborative relationships and partnerships, with community organizations that include:

(ii) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers.

(iii) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;

(iv) Family preservation and support services and child protective services and other agency to which child abuse must be reported under state law.

(v) Education and cultural institution, such as libraries and museums, for both children and parents.

(vi) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or

family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings;

(vii) Housing assistance agencies and providers of support for child and families experiencing homelessness, including the local educational agency liaison designated until second 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq);

(viii) Domestic violence prevention and support providers; and,

(ix) Other organizations or businesses that may provide support and resources to families.

(b) Coordination with other programs and systems. A program must take an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.

(1) Memorandum of understanding. To support coordination between Head Start and publicly funded preschool programs, a program must enter into a memorandum of understanding with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of the program, as described in section 642(e)(5) of the Act.

(2) Quality Rating and Implementation System. A program, with the exception of American Indian and Alaskan Native Programs, should participate in its State or local Quality Rating and Implementation System, to the extent practicable, if a State or local QRIS has a strategy to support Head Start participation without requiring a program to duplicate existing documentation from Office of Head Start oversight.

(3) Data systems. A program, with the exception of American Indian and Alaska Native programs unless they would like to and to the extent practicable, should integrate and share relevant data with state education data systems, to the extent practicable, if the program can receive similar support and benefits as other early childhood programs.

(4) American Indian and Alaska Native programs. An American Indian and Alaska Native program should determine whether or not it will participate in the systems described in paragraphs (b)(2) and (3) of this section. Not Applicable to CSNT Head Start.

PROCEDURE

1. Parent/Guardian(s) are provided with a community resource directory at the beginning of each school year.
2. A formal and informal network of contacts have been developed with community organizations.
3. Agreements and MOU's have been established with various state and community agencies.
4. Community members serve on the Policy Council, Advisory Committees and as volunteers.
5. Referrals are made to WIC and Texas Department of Health and Human Services when needed.
6. Informal and formal agreements have developed with Health Providers and Nutritionist.
7. A Disabilities/Mental Specialist is available to parents.
8. Staff receives training on child abuse/neglect and the reporting procedures.
9. Head Start cooperates with local reporting agencies for child abuse.
10. There are hands on activities with books and other manipulatives in the classroom.
11. Parents are invited to help with cultural activities in the classroom.
12. Representatives from state and local agencies are encouraged to participate on Policy Council and provide trainings for parents during parent meetings.
13. Agency completes MOUs with local school districts to form partnerships in providing early childhood services to children that are dually enrolled in the Head Start Program and the school districts.
14. The Head Start program shares data and information with local public school districts on children that are dually enrolled in both programs.
15. CSNT Head Start does not participate in the QRIS System at this time. The State of Texas does not recognize Head Start quality and has not provided QRIS for children served through the Public School Systems.
16. CSNT Head Start will continue to monitor progress of the QRIS System in Texas and the program's ability to participate in the system.
17. CSNT Head Start shares data with local public education agencies. However, Texas does not collect data from Head Start at this time.



Subpart F

Additional Services for Children with Disabilities Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.60 - 1302.63)*

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2024

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Subpart F – Additional Services for Children with Disabilities

FULL PARTICIPATION IN PROGRAM SERVICES AND ACTIVITIES. (Standard 1302.60)

A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA19, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.

PROCEDURE

1. CSNT Head Start Preschool/Early Head Start collaborates with the appropriate local agencies responsible for implementing IDEA.

ADDITIONAL SERVICES FOR CHILDREN. (Standard 1302.61)

(a) Additional services for children with disabilities.

Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, a individualized accommodations and supports as necessary with disabilities are protected from Discriminations under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C.794), the Americans with Disabilities Act (42U.S.C. 12101), and their implementing regulations.

(b) Services during IDEA eligibility determination.

While the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705 (9)(b) of the Rehabilitation Act. When such supports are not available through alternate means pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.

(c) Additional services for children with IFSP or IEP.

To ensure the individual needs of children eligible for services under IDEA are met, a program must:

- (1) work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:**
 - (i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;**
 - (ii) Children working towards the goals in their IFSP or IEP;**
 - (iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies; related service providers and specialists;**
 - (iv) IFSP's and IEP's are being reviewed and revised, as required by IDEA and,**
 - (v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.**

PROCEDURE

1. Enrollment posters include the statement referring to no discrimination against children with disabilities.
2. Children with a disability – suspected or diagnosed will receive more points on the selection criteria in Child Plus
3. Staff individualize to meet the needs of the child identified in the classroom.
4. D/MH Specialist works with the Mental Health Advocates and the Health Implementation Team to obtain any accommodations needed in the classroom to support the child.
5. The Program establishes Interagency Agreement with Local Education Agencies (LEA) each year implementing a shared responsibility in providing appropriate services for preschool children with disabilities.
6. The Program establishes Interagency Agreements with the entity that provides Early Childhood Intervention Services in the Early Head Start service area.

(2) Staff plan and implement the transition services described in subpart G of this part, including at a minimum:

- (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,
- (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

PROCEDURE

1. The CSNT Head Start Preschool/Early Head Program follows the procedures as identified through the ISD/or LEA (ECI) to conduct the Spring ARD to determine placement for the next school year.

ADDITIONAL SERVICES FOR PARENTS. (Standard 1302.62)

(a) Parents of all children with disabilities.

- (1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development;
- (2) A program must assist parents to access services and resources for their family, including secure adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, as needed and practicable.

(b) Parents of children eligible for services under IDEA.

For parents of children eligible for services under IDEA, a program must also help parents:

- (1) Understand the referral, evaluation, and services timelines required under IDEA;
- (2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing

IDEA, including by informing parents of their right to invite the program to participate in all meeting;

(3) Understand the purposes and results of evaluations and services provided under as IFSP or IEP; and,

(4) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

PROCEDURE

1. CSNT Head Start Preschool/Early Head Start collaborates with parents of children with disabilities.
2. CSNT Head Start Preschool/Early Head Start assists parents with information on IDEA and their rights.
3. The Family Engagement Coordinator is an advocate for parents of children with disabilities.
4. CSNT Head Start Preschool/Early Head Start assists parents of children with disabilities with services and resources for their family including supporting them in obtaining adaptive equipment and devices that support their child's health.

COORDINATION AND COLLABORATION WITH THE LOCAL AGENCY RESPONSIBLE FOR IMPLEMENTING IDEA. (Standard 1302.63)

(1) A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in 1302.33 (a) (3) and through participation in the local agency Child Find efforts.

(b) A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve services delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from pre-school kindergarten,

(c) A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:

- (1) To provide relevant information from its screening, assessments, and observations to the team developing a child's IFSP or IEP; and,
 - (2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head start enrollment, a currently enrolled child, or a child transitioning from a program.
- (d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.

PROCEDURE

1. The Program follows the Parent/Teacher/Campus Director referral process established at each Campus. (See **CSNT Disability Operating Manual** for more specific information on the referral process.)



Subpart G

Transition Services

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.70 - 1302.72)*

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2025

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SUBPART G – TRANSITION SERVICES

OVERVIEW

CSNT Head Start/Early Head Start transitions children into and out of the Program on a regular basis. Family Empowerment Advocates work with families to assist them in gathering all of the information that they will need to come into the program and to transition their children into other programs, as needed.

TRANSITION FROM EARLY HEAD START. (Standard 1302.70)

(a) Implementing transition strategies and practices. An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.

(b) Timing for transitions. To ensure the most appropriate placement and service following participation in Early Head Start, such programs must, at least six months prior to each child's third birthday, implement transition planning for each child and family that:

(1) Takes into account the child's developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start Preschool, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,

(2) Transitions the child into Head Start Preschool or another program as soon as possible after the child's third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.

(c) Family collaborations. A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.

(d) Early Head Start and Head Start collaboration. Early Head Start and Head Start Preschool program must work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in subpart A of this part, and promote successful transitions through collaboration and communication

(e) Transition services for children with an IFSP. A program must provide additional transition services for children with an IFSP, at a minimum, as described in subpart F of this part.

PROCEDURE

1. The Early Head Start Program will begin the transition of children out of the Early Head Start Program 6 months prior to their third birthday.
2. This process will include the Family Empowerment Advocate, the teacher, and the parent.
3. The Early Head Start Program will assist the parent in deciding what is best for their child when transitioning to a new early education program based on information gathered while the child was in Early Head Start.
4. Family Service will schedule a transition meeting with the parent.
5. The child will be allowed to remain in Early Head Start until they are able to transition into the selected early education program or they are eligible to attend the Early Childhood Education Program provided by the local education agency. In Texas, the child must be three-years-old by September 1 to be eligible for the early childhood program at the local school district.

TRANSITION FROM HEAD START to Kindergarten. (Standard 1302.71)

(a) Implementing transition strategies and practices. A program that serves children who will enter kindergarten in the following year must implement transition strategies to support a successful transition to kindergarten.

(b) Family collaborations for transition.

(1.) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.

(2.) At a minimum, such strategies and activities must:

(i) Help parents understand their child's progress during Head Start;

(ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their children.

(iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to

children with disabilities to participate in language instruction education program; and

(iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.

(c) Community collaborations for transitions.

(1) A program must collaborate with local education agencies to support family engagement under section 642(b)(13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote successful transition to kindergarten for children, their families, and the elementary schools.

(2) At minimum, such strategies and activities must include;

(i) Coordination with schools or other appropriate agencies to ensure child's relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in subpart C of part 1303 of this chapter;

(ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in subpart C of part 1303 of this chapter; and,

(iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.

(3) A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and schools districts to enroll children in such programs, as appropriate.

(3.) **Learning environment activities.** A program must implement strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, include approaches that familiarize children with the transition to kindergarten and foster confidence about such transition.

(4.) **Transition services for children with IEP.** A program must provide

additional transition services for children with an IEP, at a minimum, as described in subpart F of this part.

PROCEDURE

1. Each child that is scheduled to go to kindergarten at the end of school with begin transition activities that will prepare them for kindergarten. **(See Transition Plan)**
2. Each child receives a transition packet at the end of each school year that contains information to be used in the summer to continue the child's education.
3. Family Service staff ensures that the final parent meeting contains information about that transition of their child to kindergarten.
4. Students on standalone campuses complete a field trip to the receiving ISD in April/May of the school year.
5. Kindergarten teachers, when available, are in attendance at Parent's Transition Meeting to provide information about kindergarten.
6. On-going communication between campus staff and ISD staff throughout the year regarding child's records.
7. Final Parent/Teacher Conference discuss the child's readiness to transition into the kindergarten classroom.
8. CSNT follows all privacy requirements as defined in subpart C of part 1303.

TRANSITIONS BETWEEN PROGRAMS (Standard 1302.72)

- (a) For families and children who move out of the community in which they are currently served, including families experiencing homelessness and children in foster care, a program must undertake efforts to support effective transition to other Head Start programs. If Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.**
- (b) A program that services children who families have decided to transition them to other early education program, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in 1302.71(b) and (c)(1) and (2), as practicable and appropriate.**
- (c) A Migrant or seasonal Head Start program must undertake efforts to support effective transitions to other migrant or seasonal Head Start or, if appropriate, Early Head Start or Head Start Preschool programs for families and children moving out of the community in which they are**

currently served.

PROCEDURE

1. CSNT works with parents that are moving out of our service area to ensure that a local Head Start program has all needed information. If a Head Start program is not available Family Empowerment Advocates assist parents with finding another early education program.
2. CSNT works with local pre-kindergarten and other early education centers that our students may transition to for the year prior to kindergarten.

Subpart H – Services to Enrolled Pregnant Women

ENROLLED PREGNANT WOMEN (Standard 1302.80)

Reference the Performance Standard Requirements for Pregnant Women. Not applicable to CSNT Head Start/Early Head Start.

Prenatal and postpartum information, education, and services (Standard 1302.81)

Reference the Performance Standard Requirements for Pregnant Women. Not applicable to CSNT Head Start/Early Head Start.

Family partnership services for enrolled pregnant women (Standard 1302.82)

Reference the Performance Standard Requirements for Pregnant Women. Not applicable to CSNT Head Start/Early Head Start.



Subpart I

Human Resources

Management

Standard Operating

Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

Revision 12/8/2020

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1302 SUBPART I – HUMAN RESOURCES MANAGEMENT

PERSONNEL POLICIES (Standard 1302.90)

(a) Establishing personnel policies and procedures: A program must establish written policies and procedures that are approved by the governing body and policy council or policy committee and that are available to all staff.

PROCEDURE

1. The Program has written Personnel Policies and Procedures that are approved by the Governing Board and Policy Council.
2. Personnel Policies and Procedures are provided to each employee and governing body members.
3. Additional copies of Personnel Policies and Procedures are available upon request from the Admin Support Specialist.

(d) Background checks and selection procedures:

(1) Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct and interview, verify resources, 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.**

(2) A program has 90 days after an employee is hired to complete the background check process by obtaining:

- (i) Whichever check listed in paragraph (b)(1) of this section was not obtained prior to the date of hire; and,**
- (ii) Child abuse and neglect state registry check, if available.**

(3) 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 including any arrest, pending criminal charge, or conviction and must use Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1)24 or tribal disqualifications factors to determine whether the prospective

employee can be hired or the current employee must be terminated.

(4) A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process described in paragraphs (b)(1) through (3) of this section is complete.

(5) A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years which must include each of the four checks listed in paragraph (b)(1) and (2) of this section, and review and make employment decisions based on the information as described in paragraph (b)(3) of this section, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.

(6) A program must consider current and former program parents for employment vacancies for which such parents apply and are qualified.

PROCEDURE

1. All staff and contracted employees complete an interview prior to employment. The Admin Support Specialist oversees the interview process to make sure that each prospective employee is given the same opportunities for employment.
2. All staff and contracted employees complete an application that includes personal and business references. The Admin Support Specialist contacts references listed on the application.
3. All staff and contracted employees at the time of employment submit to background checks that include an Agency check and a state background check. (All Head Start employees submit to either a TDFPS Background Check or a State Education Agency Background Check. The Campus where the employee is assigned to work determines which check is submitted. ISD Campuses use the State Education Background Check and licensed child care campuses use the TDFPS Background Check. Both of these background check systems automatically alert for any violations. Checks do not have to be resubmitted.)
4. No employee has unsupervised access to children until the background check results are reviewed and verified.
5. Former and current parents are considered for employment vacancies, if qualified.

(c) Standards of Conduct.

(1) A program must ensure all staff, consultants, and volunteers abide by the program's standards of conduct that:

(i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behaviors;

(ii) Ensure staff, consultants, contractors, and volunteers do not engage in behaviors that maltreat or endanger the health and safety of children, including, at a minimum:

(A) Corporal punishment or physically abusive behavior, defined as intentional use of physical force that results in, or has potential to result in physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;

(B) Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;

(C) Emotionally harmful or abusive behavior, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and

(D) Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment;

(iii) Ensure staff, consultants, contractors and volunteers report reasonably suspected or known incidents of child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA (42 U.S.C. 5101 note) and in compliance with Federal, State, local, and Tribal laws.;

(iv) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each individual and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;

(v) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable Federal, State, local, and Tribal laws, and,

(vi) Ensure no child is left alone or unsupervised.

(7) Personnel policies and procedures must include appropriate penalties for staff, consultants, contractors, or volunteers who violate the standards of conduct.

PROCEDURE

1. During the Head Start Preschool/Early Head Start orientation process, staff, consultants, contractors, and volunteers are given copies of the standards of conduct and explained their responsibilities in implementing these standards.
2. The Personnel Policies and Procedures *104 Business Ethics and Code of Conduct* stipulates that all those representing or acting on behalf of CSNT Head Start are to follow the Code of Conduct listed above. This policy also stipulates the penalty for those that violate this policy.

(d) Communication with dual language learners and their families.

(1) A program must ensure all staff, consultants or contractors are familiar with the ethnic background and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency.

(2) If a majority of children in a class or home-based program speak the same language, at the least one class staff member or home visitor must speak such language.

PROCEDURE

1. Staff, consultants, contractors, and volunteers are made familiar with the ethnic background of the families that are served in the program through the orientation process.
2. The Admin Support Specialist recruits bi-lingual staff through job postings.
3. At least one staff member speaks the same language as the majority of the children in a classroom.
4. Campus Directors correlate child enrollment and the placement of staff according to the languages that are spoken by the children and families assigned to each Head Start classroom on their Campus.

(e) Wages.

(1) Pay scale.

(i) By August 1, 2031, a program must implement a salary scale, salary schedule, wage ladder, or other similar pay structure for program staff salaries that incorporates the requirements in paragraph (e)(2) through (4) of this section; reflects salaries or wages for all other staff in the program; promotes salaries that are comparable to similar services in relevant industries in their geographic area; and considers, at a minimum, responsibilities, qualifications, experience relevant to the position, and schedule or hours worked.

(ii) After August 31, 2031, a program must review its pay structure at least once every 5 years to assess whether it continues to meet the expectations described in paragraph (e)(1)(i) of this section.

(iii) A program must ensure staff salaries are not in excess of level II of the Executive Schedule, as required in 42 U.S.C. 9848(b)(1).

(2) Progress to pay parity for education staff with elementary school staff.

(i) By August 1, 2031, a program must demonstrate it has made progress to parity with kindergarten through third grade teachers by ensuring that each Head Start teacher receives an annual salary that is at least comparable to the annual salary paid to preschool teachers in public school settings in the program's local school district, adjusted for responsibilities, qualifications, experience, and schedule or hours worked. A program may provide annual salaries comparable to a neighboring school district if the salaries are higher than a program's local school district.

(ii) A program must make measurable progress towards pay parity for all other Head Start education staff who work directly with children as part of their daily job responsibilities. By August 1,

2031, a program must demonstrate it has made progress to parity by ensuring that each staff member described in this provision receives an annual salary that is at least comparable to the salaries described in paragraph (e)(2)(i) of this section, adjusted for role, responsibilities, qualifications, experience, and schedule or hours worked.

(iii) For Head Start teachers and education staff described in paragraph (e) (2)(i) and (ii) of this section, programs parity must be demonstrated for those staff who are employees as well as those whose salary is funded by Head Start through a contract.

(iv) A program may use an alternative method to determine appropriate comparison salaries in order to implement the requirements in paragraph (e) (2)(i) and (ii) of this section. The alternative method must use a comparison salary that is equivalent to at least 90 percent of the annual salary paid to kindergarten teachers in public school settings in the program's local school district, adjusted for role, responsibilities, qualifications, experience, and schedule or hours worked.

(v) To demonstrate measurable progress towards pay as described in (e) (2)(i) and (ii) of this section, a program must track data on how wages paid to their education staff compare to wages paid to preschool through third grade teachers in their local or neighborhood school district.

(3) Salary floor. By August 31, 2031, a program must ensure, at a minimum, the wage or salary structure established or updated under paragraph (e) (2)(i) of this section provides all staff with a wage or salary that is generally sufficient to cover basic needs such as food, housing, utilities, medical costs, transportation, and taxes, or would be sufficient if the worker's hourly rate were paid according to a full-time, full-year schedule (or over 2,080 hours per year).

(4) Wage comparability for all ages served. A program must ensure the wage or salary structure established or updated under paragraph (e) (2)(i) of this section does not differ for age of children served for similar positions with similar qualifications and experience.

(5) Small agency exemption. An agency with 200 or fewer funded slots is exempt from the requirements described in this paragraph (e), except that such an agency must still establish or update a pay scale or structure that promotes competitive wages for all staff. The agency must also make measurable improvements in wages for Head Start staff over time and demonstrate progress towards meeting the requirements of paragraphs (e)(2) through (4) of this section.

(6) Interim service providers. The exemption described in paragraph (e)(5) of this section also applies to an interim service provider that is temporarily providing Head Start services in place of a Head Start

agency that would otherwise qualify for the small agency exemption.

- (7) **Secretarial determination of waiver authority.** Between January 1, 2028, and December 31, 2028, the Secretary may establish a waiver process for the requirements described in paragraphs (e)(2) through (4) of this section for eligible Head Start programs, if over the preceding four fiscal years, the average annual increase in Federal appropriations for the Head Start program was less than 1.3 percent.
- (8) **Wavier conditions.** If the Secretary establishes the waiver process described (e)(7) of this section, the responsible HHS official designated by the Secretary may grant a waiver if the program requests a waiver and meets the following conditions;
- (i) The program can demonstrate that it would need to reduce enrolled Head Start slots in order to implement the requirements described in paragraphs (e)(2) through (4) of this section;
 - (ii) The program is meeting quality benchmarks including:
 - (A) Demonstrate improvements in staff wages during the preceding four years, to the greatest extent practicable;
 - (B) Has not been designated to compete under the Designation Renewal System after 8/21/2024.
 - (C) The responsible HHS official determines the program does not have significant child health, safety, or quality concerns;
 - (iii) The program held the Head Start grant for the service area prior to August 21,2024.
 - (iv) The program continues to make improvements to wages for Head Start staff over time, to the greatest extent practicable.
- (9) **Reassessing waiver eligibility.** For any program granted a waiver under paragraph (e)(7) of this section, the responsibility HHS official will reassess waiver eligibility for each successive grant period, in line with the process established and criteria described in paragraph (e)(8) of this section.
- (10) **Ongoing waiver authority.** Waivers granted under the process established in paragraph (e)(7) of this section, the responsible HHS official will reassess waiver eligibility for each successive grant period, in line with the process established and criteria described in paragraph (e)(8) of this section.

PROCEDURE

1. CSNT Head Start is aligning Head Start Preschool and Early Head Start staff pay scale with the public schools within the service area. Due to the number of independent school districts within the service area. CSNT Head Start will begin with an average pay rate for comparative positions found in the school districts within the service area.

2. All staff, consultants, and contracted staff that have at least a minimum the level of knowledge, experience, and responsibilities to comparative school district positions will receive an aligned pay rate.
3. CSNT Head Start will implement a pay scale that has an alignment with area school districts indicating rate of pay based on criteria including years of service in current position, educational achievement, etc. Increases in years of service pay rates will be implemented at least every five years and no more often than annually.
4. CSNT Head Start will analyze the pay scale at least every five years and will perform a quick analysis at least once in each subsequent year to make sure that the pay rates still align with the school districts within the service area.
5. CSNT will create a base pay scale that maintains teacher salaries at or above the base pay rate initiated by the State of Texas. All other pay rates will align with an average for local independent school districts within the service area.

(f) Staff benefits.

- (1) For each full-time staff member, defined as those working 30 or more hours per week with the Head Start program during the program year, a program must:**
 - (i) Provide or facilitate access to high-quality affordable health care coverage;**
 - (ii) Offer paid leave; and,**
 - (iii) Offer access to short-term, free or minimal cost behavior health services.**
- (2) For each part-time staff member, a program must facilitate access to high-quality affordable health care coverage.**
- (3) For each staff member, a program must facilitate access to available resources and information on child care, including connections to child care resource and referral agencies or other child care consumer education organizations for staff who meet eligibility guidelines, facilitate access to the child care subsidy program.**
- (4) For each staff member who may be eligible, a program must facilitate access to the Public Service Loan Forgiveness (PSLF) program, or other applicable student loan debt relief program, including timely certification of employment.**
- (5) To the extent practicable, a program must assess and determine if their benefits package for full-time staff is at least comparable to those provided to elementary school**

staff in the program's local or neighboring school district at least once every 5 years. Programs may offer additional benefits to staff, including more enhanced health benefits, retirement benefits, flexible savings accounts, or life, disability, and long-term care insurance.

(6) An agency with 200 or more funded slots is exempt from the requirements describe in this paragraph (f). Such an agency must make measurable improvements in benefits for Head Start staff over time and demonstrate progress towards meeting the requirements of paragraph (f)(1) through (5) of this section.

(7) The exemption described in paragraph (f)(6) of this section applies to an interim service provider that is temporarily providing Head Start services in place of a Head Start agency that would otherwise qualify for the small agency exemption.

PROCEDURE

6. CSNT Head Start offers high quality health care at an affordable rate to full-time employees as well as paid leave, short & long term disability and other services including up to (4) mental health counseling services.
7. CSNT Head Start will begin the process of offering benefits to part-time employees like the benefits offered to full-time employees.
8. CSNT Head Start will begin the process of aligning retirement benefits with those offered through the Texas Teacher Retirement System. At this time CSNT Head Start offers retirement through a 401(k).
9. CSNT Head Start will analyze the benefits offered at least once every five years. The Agency will do a quick analysis every subsequent year.

STAFF QUALIFICATIONS AND COMPETENCY REQUIREMENTS (Standard 1302.91)

(a) **Purpose.** A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

PROCEDURE

1. Job Descriptions indicate the knowledge and experience levels

- needed for each staff position within the CSNT Head Start Program.
2. All staff, consultants, and contractors have at a minimum the level of knowledge and experience indicated in the Job Description for their position.

(b) Head Start Director. (Standard 1302.91(b)) A program must ensure a Head Start Director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

PROCEDURE

1. The Program Director has at a minimum the knowledge and experience indicated within the Head Start Director Job Description. (The Head Start Director Job Description indicates at a minimum the position qualifications listed in HSPS 1302.91(b)).

(c) Fiscal Officer. (Standard 1302.91(c)) A program must assess needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016, is a certified public account or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.

PROCEDURES

1. The Chief Finance Officer has at a minimum the knowledge and experience indicated within the Chief Finance Officer Job Description. (The Chief Finance Officer Job Description indicates at a minimum the qualifications listed in HSPS 1302.91(c)).

(d) Child and family services management staff qualifications requirements: (Standard 1302.91(d))

(1) Family, health, and disabilities management. A program must ensure that staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016, have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

(2) Education Manager. As prescribed in section 648A(a)(2)(B)(i)²⁵ of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialist, have a baccalaureate or advanced degree

in early childhood education or a baccalaureate degree or advanced degree and equivalent coursework in early childhood education with early childhood education teaching experience.

PROCEDURES

1. Staff hired to manage the areas of family engagement, health, and disabilities have at a minimum the knowledge and experience indicated within the Job Description listed for each position. (The Management Job Descriptions indicate the qualifications listed in HSPS 1302.91(d)(1)).
2. Staff hired to manage the education component of the Head Start/Early Head Start Preschool Program have at a minimum the knowledge and experience indicated within the Job Descriptions for each position. (The Education Management Job Descriptions indicate at a minimum the qualifications listed in HSPS 1302.91(d)(2)).

(e) Child and family services staff. (Standard 1302.91(e))

(1) Early Head Start center-based teacher qualification requirements. See HSPPS 1302.91(e)(1)

(2) Head Start Preschool center-based teacher qualification requirements.

(i) The Secretary must ensure that no less than fifty percent of all Head Start Preschool teachers, nationwide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework.

(ii) As prescribed in section 648A(a)(3)(B)27 of the Act, a program must ensure that all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.

(3) Head Start Preschool assistant teacher qualification requirements. As prescribed in section 648A(a)(2)(B)(ii)28 of the Act, a program must ensure Head Start Preschool assistant teachers, at a minimum, have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of the time of hire.

(4) Family child care provider qualification requirements. See

HSPPS 1302.91(e)(4)(i-ii)

(5) Center-based teachers, assistant teachers, and family child care provider competencies. A program must ensure center-based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards as described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.

(6) Home visitors. SEE HSPPS 1302.91(e)(6)

(7) Family services staff qualification requirements. A program must ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certificate in social work, human services, family services, counseling or a related field.

(8) Health professional qualification requirements.

(i) A program must ensure health procedures are performed only by a licensed or certified health professional.

(ii) A program must ensure all mental health consultants are licensed or under the supervision of a licensed mental health professionals. A program must use mental health consultants with knowledge and experience in serving young children and their families.

(iii) A program must use staff or consultants to support nutrition services who are registered dietitians or nutritionists with appropriate qualifications.

4. Coaches. A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.

PROCEDURE

1. Lead Teachers have at a minimum the knowledge and experience indicated within the Job Description for the Lead Teacher position. (Head Start Lead Teachers at a minimum have

- the qualifications listed in HSPPS 1302.91(e)(2)(ii)) and Early Head Start Teachers have at a minimum the qualifications listed in HSPPS 1302.91(e)(1)).
2. Teaching Assistants have at a minimum the knowledge and experience indicated within the Job Description for the Teaching Assistant position. (Teaching Assistants have at a minimum have the qualifications listed in HSPPS 1302.91(e)(3)).
 3. Classrooms are observed on an on-going basis by the Education Implementation Team to assure that teaching staff have the competencies required to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards as described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and the State Pre-Kindergarten Guidelines, including for children with disabilities and dual language learners, as appropriate.
 4. The Classroom Assessment Scoring System is used as one of the tools to ensure classrooms meet the requirements listed in HSPPS 1302.91(e)(5).
 5. Family Service Workers have at a minimum the knowledge and experience indicated within the Job Description for the Family Service Worker position. (Family Service Workers hired after November 7, 2016, have at a minimum the qualifications listed in HSPPS 1302.91(e)(7)).
 6. All health-related procedures are completed by licensed health care professionals. This include mental health procedures and consultants that support nutrition services. All consultants /providers licenses/certifications are verified through the state database system for validity.
 7. The person(s) implementing coaching services will at a minimum have the knowledge and experience indicated within the HSPPS. (Coaches will at a minimum have the qualifications listed in HSPPS 1302.91(e)(7)).

TRAINING AND PROFESSIONAL DEVELOPMENT (Standard 1302.92)

(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.

(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring the knowledge and skills

needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate, and integrated with employee engagement practices in accordance with 1302.101(a)(2). At a minimum, the system must include:

- (1) 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, and includes creating individual professional development plans as described in section 648A(f) of the Act.
- (2) Annual training on mandatory reporting of suspected or known child abuse and neglect that complies with applicable Federal, State, local, and Tribal laws.
- (3) Annual training on positive strategies to understand and support children's social and emotional development, such as tools for managing children's behavior;
- (4) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;
- (5) 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; and
- (6) 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 (ELOF), 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.

PROCEDURES – (TRAINING/PROFESSIONAL DEVELOPMENT)

1. *See Staff Training Manual*

(c) A program must implement a research-based coaching strategy for education staff that:

(1) Assesses all staff to identify strengths, areas of needed support and which staff would benefit most from intensive coaching;

(2) At a minimum, provides opportunities for intensive coaching to those educational staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective practices directly related to program performance goals;

(3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;

(4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:

(i) Align with the program's school readiness goals, curricula, and other approaches to professional development;

(ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;

(iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,

(iv) Include clearly articulated goals informed by the program's goals, as described in 1302.102, and a process for achieving those goals; and,

(5) Establish policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.

(d) If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not

include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaption adequately supports staff professional development, consistent with the process laid out in Subpart J of this part.

PROCEDURES

1. Classroom staff's strengths and needs are assessed using the CLASS (Classroom Assessment Scoring System) and COT (Classroom Observation Tool) at the beginning of the school year and the end of the school year. A ten-minute CLASS observation is completed on teaching staff a month after school begins. Assessments are also made from observations of the Education Implementation Team.
2. Site visits are made regularly based on the needs of where teaching staff are based on classroom observations and/or videos. Staff are given Feedback, both written and oral.
3. Other opportunities for coaching assistance include Peer-to-Peer Mentoring, NCQTL Professional Development Suites, assignments sent through Collaborative Tool-CLI Engage and Coaching Companion for uploading video of instruction to receive feedback from coach.
4. Teaching staff are given training on the Program's School Readiness Goals, curricula, the Head Start Early Learning Framework, and assessment tool during pre-service.
5. The coach attends adult education/coaching training, views related webinars and attends other training as it becomes available.
6. A line of communication is ongoing between the coach, HeadStart Director, and other members of the Education Implementation team through monthly team meetings.
7. Confidentiality is established with classroom teaching staff regarding information or feedback.
8. Written documentation of goals and feedback are entered in a secure Child Plus file and a secure folder, located on the server.
9. Coaching Action Forms are uploaded into the secure file on the server and can only be accessed by the Coach, Head Start Director, and Administrative Staff, on a case by case basis.

STAFF HEALTH AND WELLNESS (Standard 1302.93)

(a) A program must ensure each staff has an initial examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements that include screeners or tests for communicable diseases, as appropriate.

The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act¹⁸.

(b) A program must make mental health and wellness information available to staff, regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.

(c)(1) A program must provide, for each staff member, regular breaks of adequate length and frequency based on hours worked, including, but not limited to, time for meal breaks as appropriate.

(2) If applicable Federal, State, or local laws or regulations have more stringent requirements for breaks, a program should comply with the more stringent requirements.

(3) During break times for classroom staff described in paragraph (c)(1) of this section, one teaching staff member may be replaced by one staff member who does not meet the teaching qualifications required for the age, provided that this staff member has the necessary training and experience to ensure safety of the children and minimal disruption of the quality of services. If providing a break during nap time, a program may comply with 1302.21(b)(1)(ii).

(d) A program should cultivate a program-wide culture of wellness that empowers staff as professionals and supports staff to effectively accomplish their job responsibilities in a high-quality manner, in line with the requirements at 1302.101(a)(2).

PROCEDURES

1. Staff complete a pre-employment physical and receive a TB test prior to their employment with the program.
2. After the initial pre-employment physical, staff complete a periodic physical if recommended by their health professional or if there is documented evidence that indicates the employee may not be able to physically complete their job duties.
3. All employees follow the TB schedule outlined for the program that requires a TB Test every three years and a TB survey for the two subsequent years.
4. The program makes reasonable accommodations to staff in accordance with Americans with Disabilities Act and section 504 of the Rehabilitation Act¹⁸.

5. Monthly trainings are conducted with staff regarding safety, mental health, wellness, and health education issues.
6. Each full-time staff member is required to take breaks as per the Department of Labor Laws. Staff members that provide assistance during breaks are provided the necessary training to meet the ratio requirements.
7. Staff can take additional breaks, as needed. They must report to their immediate supervisor, if additional staff are needed when they leave the classroom. The supervisor will accommodate, as necessary.

VOLUNTEERS (Standard 1302.94)

(a) A program must ensure regular volunteers have been screened for appropriate communicable diseases in accordance with State, Tribal, or local laws. In the absence of State, Tribal, and local law, the Health and Mental Health Services Advisory Committee must be consulted regarding the need for such screenings.

(b) A program must ensure children are never left alone with volunteers.

PROCEDURE

1. See the Campus Operating Manual for information concerning Volunteer requirements.



Subpart J Program Management and Quality Improvement

Policies and Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.100 – 1302.102)*

Revision 12/8/2020

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SUBPART J – PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

PURPOSE (Standard 1302.100)

A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

CSNT Head Start/Early Head Start implements a program that provides continuous on-going monitoring of the program in all areas. See On-going Monitoring Plan and forms.

MANAGEMENT SYSTEMS (Standard 1302.101)

(a) Implementation: A program must implement a management system that:

- (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subpart C, D, E, F, G, and H of this part;**
- (2) Promotes clear and reasonable roles and responsibilities for all staff and provides regular and ongoing staff supervision with meaningful and effective employee engagement practices.**
- (3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision for the full range of services described in subparts C, D, E, F, G, and H of this part; and,**
- (4) Maintains an automated accounting and record keeping system adequate for effective oversight; and,**
- (5) Ensures all staff are trained to implement reporting procedures in 1302.102(d)(1)(ii).**

PROCEDURES

1. See Agency Organizational Chart for management structure. The organizational structure for CSNT Head Start/Early Head Start ensures effective management and oversight in all areas of the program.
2. All areas of the program are monitored on an on-going basis daily, weekly, monthly, and annually. See Monitoring Plan. Monitoring data is collected, analyzed, and reported to the Program Monitor. The data is used by the Head Start Director to plan and implement Professional Development Trainings for the staff. (See Monitoring Plan)
3. The organizational structure and staffing patterns for the program assure that children and families enrolled in the program receive high-quality care on a daily basis. See CSNT Head Start Preschool/Early Head Start Training and Professional Development Plan. Staff are given time for professional development training including coaching/mentoring.
4. Technology is utilized within the Agency and the Program to efficiently and effectively oversee the program. The Fiscal accounting system is Abila Sage MIP, the program record keeping system is ChildPlus and the child assessment system is CIRCLE CLI Engage and Frog Street AIM. All of these systems allow the program to pull reports and track data on a regular basis. Prior to the beginning of each five-year grant cycle, these systems will be reviewed to see if they are still the best option for the program.
5. Supervisory staff receive training on how to engage with their employees to create a team atmosphere. They learn how to implement a team approach where each employee feels safe, seen, heard, and encouraged. All staff receive orientation to the Agency, the Head Start Program, and their respective locations.

(b) Coordinated approaches: (Standard 1302.101(b)) At the beginning of each program year, and on an on-going basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure:

- (1) The training and professional development system, as described in 1302.92, effectively supports the delivery and continuous improvement of high-quality services;**
- (2) The full and effective participation of children who are dual language learners and their families, by**
 - (i) Utilizing information from the program's community assessment about the language spoken throughout the program service area to anticipate child and family needs;**

- (ii) **Indemnifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in 1302.53(a); and,**
- (iii) **Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.**
- (3) **The full and effective participation of children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate families, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act¹⁸ , and,**
- (4) **The management of program data to effectively support the availability, usability, integrity, and security of data. A program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with Subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.**

PROCEDURES

1. Policies and Procedures are established to implement coordinated services throughout the program. (See Operating Manuals Policies and Procedures)
2. Training and Professional Development implementation ensures that staff are able to deliver high-quality services.
3. The Community Assessment and Updates provide information to the program about languages spoken throughout the program service area so that the program can ensure that families have access to the services that they need.
4. The *Parent and Staff Handbook* lists the resources within the service area available to dual language children and families.
5. The program has ongoing collaborations/partnerships with public schools in the use of ESL/bi-lingual staff for children dually enrolled with the District and Head Start.
6. All curriculums/teaching materials used in the program are valid and reliable for dual language learners. There is also one management staff

person who has experience/education in ESL/bi-lingual instruction. This person assists teaching staff with Dual Language Instruction.

7. At least one Family Empowerment Advocate (FEA) is bi-lingual in the second language most prominent in the program service area. This FSW is able to assist other staff with interpretations and translations, as appropriate. (See Family and Community Engagement/ERSEA Policies and Procedures)
8. Children with disabilities are enrolled in the Program and receive services through the Program, public school system, and the appropriate special education program within the service area. All curriculums/materials used within the program are valid and reliable for children with disabilities. Wherever possible, the special education teacher or licensed counselor will assist teaching staff in providing services to the children with special needs. (See Disabilities Content Area/ERSEA Policies and Procedures).
9. Program data is monitored for accuracy on a daily, weekly, and monthly basis. It is distributed, discussed and analyzed at monthly staff meetings through data reports. No personal identifiable information is listed on data reports. The program follows the Family Educational Rights and Privacy Act (FERPA) to safeguard child records. (See FINANCIAL AND ADMINISTRATIVE REQUIREMENTS- Subpart C – Protection for the Privacy of Child Records)

PROGRAM GOALS, CONTINUOUS IMPROVEMENT, AND REPORTING. (Standard 1302.102)

(a) Establishing program goals: A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include:

- (1) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in their community assessment as described in subpart A of this part;**
- (2) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children;**
- (3) School readiness goals that are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, state and tribal learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the**

requirements of subpart B of part 1304 of this part; and,

- (4) **Effective health and safety practices to ensure children are safe at all times, per the requirements in 1302.47, 1302.90(b), 1302.92(c)(1), and 1302.94 and part 1303 subpart F, of this chapter.**

PROCEDURES

1. Five-year program goals are established prior to the first year of the five-year grant period. (See Strategic Plan)
2. Program goals are aligned in Education, Parent, Family and Community Engagement, Health Services, and Program Design and Management.
3. The total number of program goals will range from (3) to (5). More than (5) goals can be difficult to track and implement.
4. All program goals have at least one objective and one outcome and are aligned with the PFCE and the School Readiness Goals.
5. Data from daily, weekly and monthly health and safety checks are analyzed when establishing goals in Health and Safety. Goals also encompass the implementation of all new or existing health and safety regulations.

(b) Monitoring program performance. (Standard 1302.102(b))

- (1) **Ongoing oversight and correction:** In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must:

- (i) Collect and use data to inform the process;
- (ii) Correct quality and compliance issues immediately, or as quickly as possible.
- (iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,
- (iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.

PROCEDURES

1. See Monitoring Plan

(2) **Ongoing assessment of program goals:** (Standard 1302.102(b)(2)) A program must effectively oversee progress towards program goals on an on-going basis and annually must:

- (i) Conduct a self-assessment that used program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;
- (ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,
- (iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.

PROCEDURES

1. A program self-assessment is completed annually.
2. The Self-Assessment process begins with the Detailed Monitoring Committee approving the assessment tool, dates, assigned assessment areas and the team leaders for those areas. (Team Leaders facilitate assessment areas they are responsible for implementing.)
3. The designated Team Leaders selects members for each team from currently employed staff, board members, policy council members, and community partners. Other members are assigned, as appropriate.
4. After completing the detailed Monitoring, each team leader completes a Progress Summary that includes areas of strengths, systemic weaknesses, innovations, and recommendations in the area that they assessed.
5. The Quality Assurance Specialist compiles the data from each area that was assessed. This creates the Program Improvement Plans.
6. Program Improvement Plan (PIPs) are created for each area where there is a systemic weakness. The staff with implementation responsibility for that area are responsible for correcting the issues on

- the Program Improvement Plan (PIPs).
7. All PIPs are monitored and tracked for completion. All areas where there are obstacles in completing the PIPs, require a meeting to discuss solutions to the obstacles. Efforts to find solutions are documented.
 8. The Detailed Monitoring findings, On-Going Monitoring Data, and any other relevant data such as progress on program goals, is brought before the SA Committee for approval. Once the SA findings are approved, the document is sent to the Policy Council and Governing Board for approval.
 9. The current SA findings are uploaded into the Head Start Enterprise System (HSES) as part of the grant application.

(c) Using data for continuous improvement. (Standard 1302.102(c))

- (1) A program must implement a process of using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.**
- (2) This process must:**
 - (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;**
 - (ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(ix) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design, and other program decisions, including changing or targeting scope of services; and,**
 - (iii) For programs operating fewer than 90 days . . . (Not Applicable)**
 - (iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program**

improvement; and,

- (v) **Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub groups.**

PROCEDURES

1. The Program uses several different sources of data to identify program strengths and weaknesses including child assessment data, family partnership goals, data reports created through Child Plus, On-going Monitoring data, financial reports, budget monitoring/analyzing data, Monthly Progress Reports, Self-Assessment data, Program Information Report Monthly data, Maintenance Action Ticket/Supply Ticket data, CLASS Observations, Professional Development Plans/Performance Evaluations, etc.
2. Data is aggregated at least monthly through Program Progress Reports and On-going Monitoring Reports.
3. Corrective Action plans are implemented where there are identified program weaknesses. These plans are tracked/monitored for progress towards improvement.
4. Information from data reports, improvement plans, and assessments are used to guide the program in change of scope and services, plan upcoming professional development, realign program school readiness goals, family partnership goals, and/or strategic program goals.

(d) Reporting. (Standard 1302.102(d))

(1) A program must submit:

- (i) **Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;**
- (ii) **Reports, as appropriate, to the responsible HHS official immediately, but no later than (7) calendar days following the incident, related to:**

(A) Any significant incident that affects the health or safety of a child that occurs in a setting where Head Start services are provided and that involves;

(1) A staff member, contractor, or volunteer that participates in either a Head Start Program or a classroom at least partially funded by Head Start, regardless of whether the child received Head Start services; or

(2) A child that receives services fully or partially funded by Head Start or a child that participates in a classroom at least partially funded by Head Start; or

(B) circumstances affecting the financial viability of the program, breaches of personally Identifiable Information, or program involvement in legal proceedings, any matter of which notification or a report to state, tribal, or local authorities is required by applicable law; and;

(iii) Reportable incidents under paragraph (d)(1)(ii) of this section at a minimum:

(A) Any mandated reports regarding agency staff or volunteer compliance with Federal, State, Tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;

(B) Incidents that require classrooms or centers be closed for any reasons;

(C) Legal proceedings by any party that are directly related to program operations;

(D) All conditions required to be reported under 1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

(E) Any suspected or known maltreatment or endangerment of a child by staff, consultants, contractors, and volunteers under 1302.90(c)(1)(ii);

(F) Serious harm or injury of a child resulting from lack of preventative maintenance; and,

(G) Serious harm, injury, or endangerment of a child resulting from lack of supervision; and,

(H) Any unauthorized release of a child.

- (2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2)³⁰ of the Act and includes a summary of a program's most recent community assessment, as described in 1302.11(b), consistent with privacy protection in subpart C of part 1303 of this chapter.**
- (3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 644(a)(2)³¹ of the Act.**

PROCEDURES

1. Head Start Preschool/Early Head Start provides status reports to the governing board and the policy council with oversight data monthly. Governing board and policy council reports include Head Start Director's Report, Finance Report, Child Assessment Reports, CLASS Reports, Monitoring/Self-Assessment Reports, Program Information Reports, Human Resources Reports, Support Services Reports, and Progress on attaining Program Goals, School Readiness Goals, Family Partnership Goals with Progress, and CLASS Reports. (Program Goals, School Readiness Goals, and Family Partnership Goals will be tracked for progress at least (3) times per year.)
2. The Agency completes an Annual Report after the conclusion of the audit each year. The Annual Report discloses information listed under 644(a)(2) of the Act and includes a summary of the most recent community assessment.
3. The Agency submits to the responsible HHS official, a quality improvement plan for any deficiencies identified as required in section 641A(e)(2) of the Act.
4. The Agency follows all reporting requirements for all incidents including safety, endangerment, or harm to a child.

(Insert Organizational Chart Here)



Subpart B Administrative Requirements

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.10 – 1303.12)*

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SUBPART B – ADMINISTRATIVE REQUIREMENTS

PURPOSE. (Standards 1303.10)

A grant recipient must observe standards of organization, management, and administration that will ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purposes of the Act and the objective of providing assistance effectively, efficiently, and free of any taint of partisan political bias or personal or family favoritism.

PROCEDURES

1. The Head Start Program observe all standards of organization, management, and administration to ensure that all activities of the Program are conducted in a manner consistent with the Act and are providing effective, efficient services that are not politically partisan/bias or that indicate any favoritism.

LIMITATIONS AND PROHIBITIONS. (Standards 1303.11)

An Agency must adhere to sections 644(c), 644(g), 653, 651, 656, and 657 of the Act. These sections pertain to union organizing, the Davis-Bacon Act, limitations on compensation, non-discrimination, unlawful activities, political activities, and obtaining parental consent.

PROCEDURES

1. The Agency adheres to sections 644(c), 644(g), 653, 651, 656, and 657 of the Act. (See Finance Manual for Policies and Procedures concerning these regulations.)

INSURANCE AND BONDING (Standards 1303.12)

An agency must have an ongoing process to identify risks and have cost-effective insurance for those identified risks; a grantee must require the same for its delegates. The agency must specifically consider the risk of accidental injury to children while participating in the program. The grant recipient must submit proof of appropriate coverage in its initial application for funding. The process of identifying risks must also consider the risk of losses resulting from fraudulent acts by individuals authorized to disburse Head Start funds. Consistent with 45 CFR part 75, if the agency lacks

sufficient coverage to protect the federal government's interest, the agency must maintain adequate fidelity bond coverage.

PROCEDURES

1. The Agency maintains appropriate insurance for the program that includes loss due to identified risks, injury to children and staff, fraudulent loss, and insurance that protects the federal government's interest.
2. See the Agency Finance Manual for Policies and Procedures pertaining to the Agency's risk management system and implementation.

SUBPART D – DELEGATION OF PROGRAM OPERATIONS

(See HSPPS for implementation – Not applicable to CSNT Head Start)

SUBPART E – FACILITIES

(See HSPPS for implementation – Not applicable to CSNT Head Start at this time)



Subpart A

Financial

Requirements

Standard Operating

Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.1 – 1303.5)*

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FINANCIAL AND ADMINISTRATIVE REQUIREMENTS – (Standard 1303)

OVERVIEW (Standard 1303.1)

Section 641A of the Act requires that the Secretary modify as necessary program performance standards including administrative and financial standards (section 641(a)(1)(C)). This part specifies the financial and administrative requirements of agencies. Subpart A of this part outlines the financial requirements consistent with section 640(b) and (c) of the Act. Subpart B of this part specifies the administrative requirements consistent with sections 644(a)(1), 644(e), 653, 654, 655, 656, and 657A of the Act. Subpart C of this part implements the statutory provision at section 641A(b)(4) of the Act that directs the Secretary to ensure the confidentiality of any personally identifiable information, and records collected or maintained. Subpart D of this part prescribes regulations for the operation of delegate agencies consistent with Section 641(A)(d). Subpart E of this part implements the statutory requirements 644(c), (f) and (g) related to facilities. Subpart F prescribes regulations on transportation consistent with section 640(i) of the Act.

PROCEDURES

1. The Head Start Program will implement administrative and financial standards including Subpart A, B, C, D, E, and F of Section 1303 of the Head Start Performance Standards according to the applicable regulations located within the Act, the OMBs and within the standards.

SUBPART A – FINANCIAL REQUIREMENTS (Standard 1303.2)

PURPOSE (Standards 1303.2)

This subpart establishes regulations applicable to program administration and grants management for all grants under the Act.

PROCEDURES

1. The Program establishes regulations for program administration and grants management for all grants that adhere to the Act.
2. See Agency Documents for regulations on program administration and grants management as well as the CSNT Financial and Accounting Policies and Procedures.

OTHER REQUIREMENTS (Standards 1303.3)

The following chart includes HHS regulations that apply to all grants made under the Act.

Cite	Title
45 CFR part 16	Department grant appeals process
45 CFR part 30	HHS Standards and Procedures for Claims collection
45 CFR part 46	Protection of human subjects
45 CFR part 75	Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
45 CFR part 80	Nondiscrimination under programs receiving federal assistance through the Department of Health and Human Services – Effectuation of title VI and VII of the Civil Rights Act of 1964
45 CFR part 81	Practice and procedure for hearings under part 80
45 CFR part 84	Nondiscrimination on the basis of handicap in federally assisted programs
45 CFR part 87	Equal Treatment of faith-based organizations
45 CFR part 170	FFATA Sub-award and executive compensation
45 CFR part 25, 110	CCR/DUNS requirement

PROCEDURES

1. The Program establishes regulations for program administration and grants management for all grants that adhere to the Act and all HHS regulations.

FEDERAL FINANCIAL ASSISTANCE, NON-FEDERAL MATCH, AND WAIVER REQUIREMENTS (Standards 1303.4)

In accordance with section 640(b) of the Act, federal assistance to a grant recipient will not exceed 80 percent of the approved total program costs. A grant recipient must contribute 20 percent as non-federal match each budget period. The responsible HHS official may approve a waiver of all or a portion of the non-federal match requirement on the basis of the grant recipient's written application submitted for the budget period and any supporting evidence the responsible HHS official requires.

In deciding whether to grant a waiver, the responsible HHS official will consider the circumstances specified in section 640(b) of the Act and whether the grant recipient has made reasonable effort to comply with the non-federal match requirement.

PROCEDURES

1. The Program documents monthly NFS collected throughout the budget period. If data indicates the Agency will collect less than the 20% NFS required, the Agency will request a waiver per the instructions given in the HSPPS.

LIMITATIONS ON DEVELOPMENT AND ADMINISTRATIVE COSTS. (Standards 1303.5)

(a) Limitations.

(1) Costs to develop and administer a program cannot be excessive or exceed 15 percent of the total approved program costs. Allowable costs to develop and administer a Head Start program cannot exceed 15 percent of the total approved program costs, which includes both federal costs and non-federal match, unless the responsible HHS official grants a waiver under paragraph (b) of this section that approves a higher percentage in order to carry out the purpose of the Act.

(2) To assess total program costs and determine whether a grantee meets the requirement, the grant recipient must:

(i) Determine the costs to develop and administer its program, including the local costs of necessary resources;

(ii) Categorize total costs to developmental and administrative or program costs;

(iii) Identify and allocate the portion of dual benefit costs that are for development and administration;

(iv) Identify and allocate the portion of indirect costs that are for development and administration versus program costs; and,

(v) Delineate all development and administrative costs in the grant application and calculate the percentage of total approved costs allocated to development and administration.

(b) Waivers.

- (1) The responsible HHS official may grant a waiver for each budget period if a delay or disruption of program services is caused by circumstances beyond the agency's control, or if an agency is unable to administer the program within the 15 percent limitation and if the agency can demonstrate efforts to reduce its development and administrative costs.**
- (2) If at any time within the grant funding cycle, a grant recipient estimates development and administration costs will exceed 15 percent of total approved costs, it must submit a waiver request to the responsible HHS official that explains why costs exceed the limit, that indicates the time period the waiver will cover, and that describes what the grant recipient will do to reduce its development and administrative costs to comply with the 15 percent limit after the waiver period.**

PROCEDURES

1. The Program tracks the 15% administrative costs limitation during budget planning and the grant application process. The Chief Finance Officer and the Quality Assurance Specialist work together to estimate the 15% costs each budget year after all of the budget costs have been estimated.
2. The Program monitors the 15% administrative costs on the Monthly Quality Assurance Report. The Head Start Director presents this data monthly to the Board and Policy Council on the Head Start Director's Report.
3. See the Agency Finance Manual for policies and procedures on implementation of the 15% administrative costs requirements and tracking the costs within the database system.



Subpart C

Protection for the Privacy of Child Records

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.20 - 1302.24)*

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2025

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SUBPART C – PROTECTIONS FOR THE PRIVACY OF CHILD RECORDS

Establishing procedures (Standard 1303.20)

A Program must establish procedures to protect the confidentiality of any personally identifiable information (PII) in child records.

PROCEDURE

1. The Agency will maintain confidentiality with all PII in child records.
2. Procedures will be updated at least annually or as needed.

PROGRAM PROCEDURES – APPLICABLE CONFIDENTIALITY PROVISIONS (Standard 1303.21)

- (a) If a program is an educational agency or institution that receives funds under a program administered by the Department of Education and therefore is subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA), then it must comply with those confidentiality provisions in this subpart.**
- (b) If a program serves a child who is referred to, or found eligible for services under, IDEA, then a program must comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the PII in records of those children, and, therefore, the provisions in the subpart do not apply to those children.**

PROCEDURE

1. The Agency will follow FERPA.
2. The Agency will follow Individuals with Disabilities Education Act procedures for all children with a disability or concern.

DISCLOSURES WITH, AND WITHOUT, PARENTAL CONSENT (Standard 1303.22)

(a) Disclosure with parental consent.

- (1) Subject to the exceptions in paragraphs (b) and (c) of this section, the procedures to protect PII must require the program to obtain a parent's written consent before the program may disclose such PII from child records.**
- (2) The procedures to protect PII must require the program to ensure the parent's written consent specifies what child records may be disclosed, explains why the records will be disclosed. The written consent must be signed and dated.**

(3) “Signed and dated written consent” under the part may include a record and signature in electronic form that:

(i) Identifies and authenticates a particular person as the source of the electronic consent; and,

(ii) Indicates such person’s approval of the information.

(4) The program must explain to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked.

PROCEDURE

1. All parents will be notified of the Agency’s confidentiality procedures during orientation.
2. All staff will sign a confidentiality statement at the beginning of each school year.
3. Parents will sign a “Consent for Disclosure of Confidential Information” form when they request any PII.
4. The “Consent for Disclosure of Confidential Information” will contain the person requesting the information, the purpose of the request, the signature of both the parent and the staff.

(b) Disclosure without parental consent but with parental notice and opportunity to refuse.

The procedures to protect PII must allow the program to disclose such PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent, upon the parent’s request, a copy of the PII from child records to be disclosed in advance, and gives the parent an opportunity to challenge and refuse disclosure of the information in the records, before the program forwards the records to officials at a program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled so long as the disclosure is related to the child’s enrollment or transfer.

PROCEDURE

1. Parents will be informed when records are transferred to a school district or program that their child will enroll or transfer to.

2. Parent has the right to refuse transfer of the information if done so in writing.
3. If Parent does not refuse, all needed information will be transferred to the requesting school district or program.

(c) Disclosure without parental consent.

The procedures to protect PII must allow the program to disclose such PII from child records without parental consent to:

- (1) Officials within the program or acting for the program, such as contractors and sub recipients, if the official provides services for which the program would otherwise use employees, the program determines it is necessary for Head Start services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement;**
- (2) Officials within the program, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development programs, or for enforcement of or compliance with federal legal requirements of the program; provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible HHS official;**
- (3) Officials within the program, acting for the program, or from a federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, for, or on behalf of, the program, provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;**
- (4) Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons;**
- (5) Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the**

parent about such subpoenas and court orders in advance of the compliance therewith, unless:

- (i) A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;
 - (ii) The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 23332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.
 - (iii) A parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101)) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by the program is not required; or
 - (iv) A Program initiates legal action against a parent or a parent initiates legal action against a program, then a program may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.
- (6) The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program under the Richard B. Russell National School Lunch act or the Child Nutrition Act of 1966, if the results will be reported in an aggregate form that does not identify and individual: provided, that any data collected must be protected in a manner that will not permit the personal identification of students and their parents by other than the authorized representatives of the Secretary of Agriculture and any PII must be destroyed when the data are no longer needed for program monitoring, evaluations, and performance measurements;
- (7) A case worker or other representative from a state, local, or tribal child welfare agency, who has the right to access a care plan for a child who is in foster care placement, when such agency is legally responsible for the child's care and protection, under state or tribal law, if the agency agrees in writing to protect PII, to use

information from the child's case plan for specific purposes intended of addressing the child's needs, and to destroy information that is no longer needed for those purposes; and,

(8) Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local and tribal laws on reporting child abuse and neglect.

PROCEDURE

1. PII in a Child's file can be released without the parental consent in the following situations: Contractors/Providers, School Districts, Audits, Federal Review teams, Federal or State Entity conducting a study on Child and Family Outcomes, Emergency Situations, Judicial Orders, USDA/CACFP, or CPS cases.
2. If allowed, Parent/s will be notified, in advance, of any subpoenaed records.
3. Any information collected by an outside agency listed above must be destroyed when no longer needed for the purpose of disclosure.
4. Parents will be notified of agencies that may request information, without their prior consent, in the parent handbook and during the parent orientation.

(d) Written agreements.

When a program establishes a written agreement with a third party, the procedures to protect such PII must require the program to annually review and, if necessary, update the agreement. If the third party violates the agreement, then the program may:

- (1) Provide the third party an opportunity to self-correct; or,**
- (2) Prohibit the third party from access to records for a set period of time as established by the programs governing body and policy council.**

PROCEDURE

1. MOU and Interagency agreements will contain information regarding the FERPA procedures.
2. MOU and Interagency agreements will review annually and updated as needed.
3. The Agency will address violations on a case-by-case basis.

(e) Annual Notice.

The procedures to protect PII must require the program to annually notify parents of their rights in writing described in this subpart and applicable definitions in part 1305 of this chapter, and include in that notice a description of the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent as described in paragraph (c) of this section.

PROCEDURE

1. Parents will receive notification of FERPA and confidentiality procedures in the parent handbook.
2. The handbook is available electronically or in a hard copy version.

(f) Limits on disclosing PII.

A Program must only disclose the information that is deemed necessary for the purpose of the disclosure.

PROCEDURE

1. Only information requested will be disclosed.

PARENTAL RIGHTS. (Standard 1303.23)

(a) Inspect record.

(1) A parent has the right to inspect child records.

(2) If the parent requests to inspect child records, the program must make the child records available within a reasonable time, but no more than 45 days after receipt of request.

(3) If a program maintains child records that contain information on more than one child, the program must ensure the parent only inspects information that pertains to the parent's child.

(4) The program shall not destroy a child record with an outstanding request to inspect and review under this section.

PROCEDURE

1. At orientation, parents are informed that they are allowed to see their child's record.

2. If parent requests access to their child's record, the parent will sign "Consent for Disclosure of Confidential Information" form.
3. Parents will be given access to the requested information within 45 days after receipt of request.
4. Parents are allowed access to only their child's record.
5. No record will be destroyed with an outstanding request for review.

(b) Amend Record.

- (1) A parent has the right to ask the program to amend information in the child record that the parent believes is inaccurate, misleading, or violates the child's privacy.**
- (2) The program must consider the parent's request and, if the request is denied, render a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.**

PROCEDURE

1. Parents are allowed to ask the program to amend information that may be incorrect or may violate the child's privacy.
2. The Agency will consider the parent's request and if a denied will inform the parents in writing within 30 days.

(c) Hearing.

- (1) If the parent requests a hearing to challenge information in the child record, the program must schedule a hearing within a reasonable time, notify the parent, in advance, about the hearing, and ensure the person who conducts the hearing does not have a direct interest in its outcome.**
- (2) The program must ensure the hearing affords the parent a full and fair opportunity to present evidence relevant to the issues.**
- (3) If the program determines from evidence presented at the hearing that the information in the child records is inaccurate, misleading, or violates the child's privacy act, the program must either amend or remove the information and notify the parent in writing.**
- (4) If the program determines from evidence presented at the hearing that information in the child records is accurate, does not mislead, or otherwise does not violate the child's privacy, the program must inform the parent of the right to place a statement in the child records that wither**

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

PROCEDURE

1. Parents are allowed a hearing if they disagree with the decision to amend their child's record.
2. If a hearing is granted, a person that does not have direct interest in the outcome will conduct the hearing.
3. Parent will be allowed to present evidence that is relevant to the issue.
4. If information is found to be inaccurate, misleading, or violates the child's privacy act, the information will be amended or removed from the child's record.
5. If information is found to be accurate, parents must be allowed to make a statement placed in the child's file that states why they disagree with the program's decision.

(d) Right to copy of record.

The program must provide a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed.

PROCEDURE

1. The program will provide a parent with a free copy of any information that is disclosed to a third party with parental consent if requested.
2. Copy of information requested by a court order will not be released to the parent.

(e) Right to inspect written agreements.

A Parent has the right to review any written agreements with third parties.

PROCEDURE

1. Parents will have the right to review any written agreements with third parties.

MAINTAINING RECORDS. (Standard 1303.24)

(a) A program must maintain child records in a manner that ensures only parents, and officials within the program or acting on behalf of the

program have access, and such records must be destroyed within a reasonable timeframe after such records are no longer needed or required to be maintained.

PROCEDURE

1. Child's records are kept within a locked filing cabinet in the Family Empowerment Advocate's office.
2. The key for the filing cabinet will be located within the Family Empowerment Advocate's office but will not be visible to a parent or staff member.
3. Family Empowerment Advocates will keep two years of records looked on the campus for review.
4. Older records will be stored in a locked facility until they are destroyed.

(b) A program must maintain, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made. If a program uses a web-based data system to maintain records, the program must ensure such child records are adequately protected and maintained according to current industry standards.

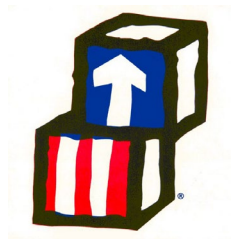
PROCEDURE

1. All staff that access a child record will sign in on the Confidentiality form located in the front of the child's record.
2. Any disclosure of information will be documented on the Confidentiality form.
3. The Agency uses Child Plus to maintain child's records. Child Plus has security settings to ensure that only allowed staff have access to the child's record and Child Plus is password protected requiring frequent password changes.

(c) If a parent places a statement in the child record, the program must maintain the statement with the contested part of the child record for as long as the program maintains the record and, disclose the statement whenever it discloses the portion of the child record to which the statement relates.

PROCEDURE

1. Parent Statements will be disclosed with disputed information.



Subpart D-F Delegation, Facilities & Transportation

**Additional Section on Federal
Administrative Procedures
(Standards 1304.1 – 1305.2)**

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.70 – 1303.75)*

Revision Date: 12/8/2020

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**Aligned w/HSPPS
8/21/2024**

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SUBPART D – DELEGATION (Standards 1303.30)

See Performance Standards for delegating program operations. Not applicable to CSNT Head Start

SUBPART E – FACILITIES (Standards 1303.40)

See Performance Standards for the purchase of facilities using Head Start funds.

SUBPART F – TRANSPORTATION (Standards 1303.70)

PURPOSE (Standard 1303.70)

(a) **Applicability**: This rule applies to all agencies, including those that provide transportation services, with the exceptions and exclusions provided in this section, regardless of whether such transportation is provided directly on agency owned or leased vehicles or through arrangement with a private or public transportation provider.

PROCEDURE

1. CNST Head Start implements the transportation regulations as required by HSPPS.

(b) Providing transportation services. (Standard 1303.70(b))

(1) If a program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the families of such children to arrange transportation to and from its activities, and provide information about these transportation options in recruitment announcements.

(2) A program that provides transportation services must make reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.

(3) A program that provides transportation services must ensure all accidents involving vehicles that transport children are reported in accordance with applicable state requirements.

PROCEDURES

1. Each Campus must assist as many families as possible who need transportation in order for their children to attend the program.
2. When a Campus has decided not to provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from its activities. The specific types of assistance being offered must be made clear to all prospective families in the program's recruitment announcements.
3. Each Campus providing transportation services is responsible for compliance with the applicable requirements of this Part. When an agency provides transportation through another organization or an individual, the agency must ensure the compliance of the transportation provider with the requirements of this part.
4. Each Campus providing transportation services will make reasonable efforts to coordinate transportation resources with other agencies in its community in order to control costs and to improve the quality and the availability of transportation.
5. At a minimum, the agency must:
 - a. Identify the true costs of providing transportation in order to knowledgeably compare the costs of providing transportation directly versus contracting for the service;
 - b. Explore the option of participating in any coordinated public or private transportation systems existing in the community; and
6. Where no coordinated public or private non-profit transportation system exists in the community, make every effort to identify other human services agencies also providing transportation services and, where reasonable, to participate in the establishment of a local transportation coordinating council.
7. Each Campus providing transportation services must ensure that all accidents involving vehicles that transport children receiving such services are reported in accordance with applicable State requirements; and
8. All bus accidents are immediately reported to Head Start Transportation manager, insurance representative for the county and the local Police department.

(c) Waiver. (Standard 1303.70(c))

(1) A program that provides transportation services must comply with all provisions in this subpart. A Head Start Preschool may request to waive a specific requirement in this part, in writing, to the responsible HHS official, as part of an agency's annual application for financial assistance or amendment and must submit any required documentation the responsible HHS official deems

necessary to support the waiver. The responsible HHS official is not authorized to waive any requirements with regard to children enrolled in an Early Head Start program. A program may request a waiver when:

(i) Adherence to a requirement in this part would create a safety hazard in the circumstances faced by the agency; and

(ii) For preschool children, compliance with requirements related to child restraint system at 1303.71(d) and 1303.72(a)(1) or bus monitors at 1303.72(a)(4) will result in a significant disruption to the program and the agency demonstrates that waiving such requirements is in the best interest of the children involved.

(2) The responsible HHS official is not authorized to waive any requirements of the Federal Motor Vehicle Safety Standards (FMVSS) made applicable to any class of vehicle under 49 CFR part 571.

PROCEDURE

1. CSNT Head Start follows 1303.70(c) when applying for a Transportation Waiver.

VEHICLES. (Standards 1303.71)

(a) Required use of school buses or allowable alternative vehicles.

A program, with the exception of transportation services to children served under a home-based option, must ensure all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternate vehicles that are equipped for use of height-and weight-appropriate child restraint systems, and that have reverse beepers.

(b) Emergency equipment.

A program must ensure each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguishers, and first aid kits.

(c) Auxiliary seating.

A program must ensure any auxiliary seating, such as temporary or folding jump seats, using in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection required under paragraph (e)(2)(i) of this section.

(d) Child restraint systems.

A program must ensure each vehicle used to transport children receiving such services is equipped for use of age-, height- and weight-appropriate child safety restraint system as defined in part 1305 of this chapter.

(e) Vehicle maintenance.

(1) A program must ensure vehicles used to provide such services are in safe operating condition at all times.

(2) The program must:

(i) At a minimum, conduct an annual thorough safety inspection of each vehicle through an inspection program licensed or operated by the state;

(ii) Carry out systematic preventative maintenance on vehicles; and,

(iii) Ensure each driver implements daily pre-trip vehicle inspections.

(f) New vehicle inspection.

A program must ensure bid announcements for school buses and allowable alternate vehicles to transport children in its program include correct specifications and a clear statement of the vehicle's intended use. The program must ensure vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with applicable FMVSS is included with the vehicle.

PROCEDURES

1. All of the Head Start school buses are equipped for use of height and weight appropriate child restraint systems, have reverse beepers and any other necessary equipment required by the 1302.71 (a) of the HSPPS. The Transportation Department is in full compliance of the regulations concerning school buses and has no alternate vehicles for the program.
2. CSNT school buses are equipped with the following emergency equipment:
 - a. A two-way communication system for emergency or general use;
 - b. A charged fire extinguisher that is mounted near the driver's seat and a sign indicating the location;
 - c. A first aid kit and a sign indicating the location along with additional sanitation supplies located in the front entry of every bus; and,
 - d. Seat belt cutters are located in the drivers' area of every bus and a sign indicating its location.
3. CSNT buses do not have any type of auxiliary seating.
4. The Transportation Department has vendors in all counties in the service area to provide for mechanical needs of buses.
5. Staff ensure cleanliness of school buses
6. School buses have yearly inspections per Texas Department of Transportation Regulations
7. All repairs can be called in by phone and/or through two-way communication system to begin service within 24 hours
8. All bus drivers perform pre-trip inspections and log information in the daily inspection log located on every bus.
9. All new vehicles are inspected upon arrival to ensure that correct specifications have been made
10. The Transportation Coordinator follows the delivery procedures for delivery and new vehicles

VEHICLE OPERATIONS. (Standards 1303.72)

(a) Safety.

A program must ensure:

- (1) Each child is seated in a child restraint system appropriate to the child's age-, height-, and weight;**
- (2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times;**

(3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained, and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,

(4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided, as necessary.

(b) Driver qualifications.

A program, with the exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum;

(1) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as vehicle the driver will be operating; and,

(2) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.

(c) Driver application review.

In addition to the applicant review process prescribed in 1302.90(b) of this chapter, a program, with the exception of transportation services to children served under a home-based option, must ensure the applicant review process for drivers includes, at a minimum:

(1) Disclosure by the applicant of all moving traffic violations, regardless of penalty;

(2) A check of the applicant's driving record through appropriate state agency, including a check of the applicant's record through the National Driver Register, if applicable;

(3) A check that drivers qualify under applicable driver training requirements in the state or tribal jurisdiction; and,

(4) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or

osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

(d) Driver training.

(1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.

(2) Training must include:

(i) Classroom instruction and behind-the-wheel instruction

Sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,

(ii) Instruction on the topics listed in 1303.75 related to transportation services for children with disabilities.

(3) A program must ensure the annual evaluation of each driver of vehicle used to provide such services includes as an on-board observation of road performance.

(e) Bus monitor training.

A program must train each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in 1302.47(b)(4) of this chapter including Cardio Pulmonary Resuscitation (CPR) and first aid.

PROCEDURES

1. All children receiving transportation services on Head Start school buses must be securely fastened with a seat belt no matter their height or weight
2. No baggage or other materials except backpacks will be allowed to enter the bus
3. Children can only be picked-up/dropped off at the location designated on the enrollment application or on the most recent change of status form
4. Bus rosters are updated regularly to ensure that bus drivers have the most current information available
5. At least one Bus Monitor is used on all Head Start buses
6. Children will not be allowed to stand, walk, or play on a school bus at any time
7. Bus Drivers must have a valid state issued driver's license to drive their assigned bus (A Commercial Driver's License (CDL) may be required for some CSNT Head Start buses) before receiving employment as a bus driver
8. All applicants must meet physical and mental requirements to become a Bus Driver
9. CSNT will contract with a licensed doctor at the beginning of the school year to ensure that any personnel driving a school bus will have a complete Texas Department of Transportation physical prior to employment as a Bus Driver
10. All Bus Drivers must complete a background check and motor vehicle record check for moving traffic violations prior to employment
11. All Bus Drivers prior to transporting any children must receive a combination of classroom instruction and behind-the wheel instruction sufficient to enable each driver to:
 - a. operate the vehicle in a safe and efficient manner;
 - b. safely run a fixed route, including loading and unloading children, stopping at railroad crossings and performing other specialized driving maneuvers;
 - c. administer basic first aid in case of injury;
 - d. handle emergency situations, including vehicle evacuation procedures;
 - e. operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;
 - f. conduct routine maintenance and safety checks of the vehicle; and
 - g. maintain accurate records as necessary.
12. All Bus Drivers must receive refresher training courses including the topics listed in eleven (a) through (b) of this section and any additional necessary training to meet the requirements applicable in the State of Texas.

13. All Bus Drivers and any other staff that operate a school vehicle must receive annual training prior to the beginning of the school year.
14. Bus drivers, Transportation Coordinator, Bus Monitors or addition staff directly related to the Transportation Department will receive an annual evaluation in a one-on-one conference and an on-board observation that will be documented and discussed with the driver and/or monitor.
15. All Bus Drivers will receive instruction on the topics listed in 45 CFR 1303.75 Head Start Program Performance Standards for Children with Disabilities relating to transportation services for children with disabilities when a child with disabilities is in need of transportation services
16. Community Services of Northeast Texas, Inc. Head Start Disabilities Services provides school buses with wheelchair lifts, assistance devices or any special occupant restraints.
17. All Bus Monitors prior to performing their job duties will receive training on:
 - a. loading and unloading procedures;
 - b. how to use child restraint systems;
 - c. all forms and documents associated with transportation of children;
 - d. administer basic first aid in case of injury;
 - e. handle emergency situations, including vehicle evacuation procedures;
 - f. operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;
 - g. child pick-up and release procedures;
 - h. how to conduct pre- and post-trip vehicle checks; and
 - i. how to maintain accurate records as necessary

TRIP ROUTING. (Standards 1303.73)

(a) A program must consider safety of the children it transports when it plans fixed routes.

(b) A program must also ensure:

(1) The time a child is in transit to and from the program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical;

(2) Vehicles are not loaded beyond maximum passenger capacity at any time;

- (3) Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers;**
- (4) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle;**
- (5) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle;**
- (6) Either a bus monitor or another adult escorts children across the street to board or leave the vehicle if curbside pick-up or drop off is impossible; and,**
- (7) Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.**

PROCEDURES

- 1. All Head Start routes will not exceed 45 minutes beginning from when the first child is picked up
- 2. Head Start school buses will not be allowed to transport more than the legal capacity
- 3. Campus Directors will check the weekly bus rosters to determine if bus routes need to make additional trips to ensure that buses do not exceed the maximum number of children being transported
- 4. School buses will not make "U" turns or back up unless it is necessary
- 5. Bus Monitors will assist the drivers anytime bus moves in any direction
- 6. Bus stops will be located where it will not cause traffic disruptions
- 7. Unless it is necessary, bus stops will be located where children do not have to cross streets or highways
- 8. In the event that it is necessary to cross a street or a highway the bus monitor will hand walk children to and from the bus.
- 9. Alternate bus routes have been established in case of construction or emergency.

SAFETY PROCEDURES. (Standards 1303.74)

- (a) A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including**

participating in an emergency evacuation drill conducted on the vehicle the child will be ringing.

(b) A program that provides transportation services must ensure at least two bus evacuation drills in addition to the one required under paragraph (a) of this section are conducted during the program.

PROCEDURES

1. The Head Start program will provide safety training for parents and children at the beginning of each school year that includes an evacuation drill
2. An orientation will be mandatory prior to the beginning of the school year for those desiring transportation services
3. Parents who enroll their children after the school year begins will be required to receive a 30-minute training on safety and sign a transportation agreement prior to their child receiving services
4. Training will include safe riding practices, bus stop procedures, locations of drop off/pickup and evacuation drills
5. Parents must escort children to bus pickup and drop-off location to receive transportation services
6. The Transportation Coordinator, or someone assigned to act on behalf of the Transportation Coordinator, will conduct at least two evacuation drills annually for each bus.

CHILDREN WITH DISABILITIES. (Standards 1303.75)

(a) A program must ensure there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.

(b) A program must ensure special transportation requirements in a child's IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.

PROCEDURES

1. CSNT Head Start provides transportation services for children with disabilities
2. Children with disabilities will ride a regular Head Start school bus provided that a wheelchair lift or other special equipment is not necessary
3. Children with disabilities will receive driveway pickup and drop off services
4. Bus Drivers and Monitors transporting children with disabilities will receive additional training to ensure that they are mentally and physically prepared to deal with any situation.
5. CSNT Head Start will follow all special transportation requirements detailed within a child's IEP or IFSP

TRANSPORTATION FORMS:

State of Texas Form ST-2

Transportation Attendance Log.doc

Vehicle-Bus Inspection Logs.xls

Daily Vehicle Mileage Log.doc

Monthly Vehicle Cost Analysis.doc

New_Bus_Checklist.doc

FEDERAL ADMINISTRATIVE PROCEDURES (Standards 1304)**SUBPART A – MONITORING, SUSPENSION, TERMINATION, DENIAL OF REFUNDING, REDUCTION IN FUNDING, AND THEIR APPEALS (Standards 1304.1 to 1304.7)**

(SEE STANDARDS)

SUBPART B – DESIGNATION RENEWAL (Standards 1304.10 to 1304.16)

(SEE STANDARDS)

SUBPART C – SELECTION OF GRANTEES THROUGH COMPETITION (Standards 1304.20)

(SEE STANDARDS)

SUBPART D – REPLACEMENT OF AMERICAN INDIAN AND ALASKA NATIVE GRANTEES (Standards 1304.30 to 1304.32)

(SEE STANDARDS)

SUBPART E – HEAD START FELLOWS PROGRAM (Standards 1304.40 to 1304.41)

(SEE STANDARDS)

PART 1305 – DEFINITIONS (Standards 1305.1 to 1305.2)



Contracted Teaching Services

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

*Revised 5/4/2021
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INTRODUCTION

The following policies and procedures are intended to provide an overview of the contractual teaching services provided by Independent School Districts for CSNT Head Start Preschool/Early Head Start classrooms. The primary purpose of these policies and procedures is to document all the parts that are included in the teaching services contracts. These parts assure that CSNT follows the requirements of the Head Start Program Performance Standards and the OMB Circulars when utilizing contracted teaching services.

These policies and procedures have been approved by the Governing Board and the Policy Council. All teaching services contracts are to align with these policies and procedures and will be monitored for compliance.

OVERVIEW

The purpose of these policies and procedures is to provide clear guidance on creating a teaching services contract with the local school district. There are times when teaching services between the Head Start Program and the School District overlap. One example of this is when the local school district and the Head Start Program have a detailed Memorandum of Understanding that describes the implementation of educational services at either a Head Start Campus or on the School District Campus.

BACKGROUND

CSNT and the local independent school districts within the Head Start service area have a long history of working together to provide exemplary educational services to the children that enroll in the Head Start Program and the School District. As these partnerships have progressed and grown CSNT and the local School Districts have found ways to blend services that are being implemented in partnership classrooms. One of the ways that the partnerships have grown is in the ability to contract teaching services where applicable and available.

To consider contracting services, there must be a partnership classroom that follows the school district calendar and that implements a state adopted curriculum.

Purpose of Contracted Teaching Services

The main purpose for creating a contract for teaching services is to blend Head Start and school district services into one classroom where children receive exemplary services that meets and or exceeds the regulations for both programs.

All parts of the contract must be negotiated by the school district and the Head Start Program. All regulations must be considered, and monitoring must be included to make sure that all parts of the teaching services contract are implemented properly.

Once all the parts of the contract are negotiated, the Executive Director of the Agency and the Superintendent of the school district must sign the contract for it to be implemented. The costs associated with the contract are

agreed upon by both parties. It is a negotiated cost that stems from amounts being paid for similar services within the Head Start Program and/or the school district along with other costs that may occur as part of the Memorandum of Understanding between the school district and the Head Start Program.

Contracted Teaching Services

Head Start Program Performance Standards require programs to collaborate with their local school districts to provide efficient and effective teaching services to children within the Head Start Program service area.

It is the intent of CSNT to develop and implement an integrated process to meet or exceed the requirements set forth by local, state, and federal education requirements. The CSNT Head Start program works closely with the funding agency and the independent school district to provide support necessary to ensure that the Head Start Preschool/Early Head Start Program meets or exceeds expectations.

The negotiated teaching services contract is typically set for a one year term. The terms of the contract run for one school year beginning on the first day of August and ending on the last day of July. The contract is negotiated every spring and is signed and in place prior to the last day of June.

Listed in the contract are consequences of not following the contract by both parties. The contracted teaching services are monitored on a regular basis as part of the CSNT Head Start On-Going Monitoring process and as part of the school district oversight.

If there are concerns with the teaching services being implemented in the classroom, the Campus Director and the Principal along with the Education Coordinator, will meet to discuss the concerns and agree on procedures to correct the specific issues. If the issues are not corrected in a timely manner, the specific issues will be discussed with the Head Start Director, the Principal, the Education Coordinator, and the Superintendent, as necessary.

If the identified issues are still not corrected in a timely manner and either party is not satisfied with the outcome, the issue will go to the Superintendent and the Executive Director for resolution.

Concerns with payment or billing will be handled by the Chief Financial Officer, the Head Start Director, and the Business Manager at the District. There will be contact and correspondence on how to fix the issues. If the issues are not fixed to the satisfaction of either party, the issue will be discussed with the Superintendent and the Executive Director.

Listed below are the sections of the contract with explanations surrounding the section and the type of information that can go in each section. Once again this is just a sample, and each contract can be different depending on the negotiated items that make it into the contract by both parties.

Section 1 of the Contract – Parties to the Contract

Lists the names of the entities that are a part of the contract.

Section 2 of the Contract – Period of Agreement

Lists the effective period for the contract. Most contracts start the first day of August and run through the last day of July. This encompasses a complete school year. Each year in the springs, a new contract is negotiated and signed before the end of June.

Section 3 of the Contract – Teacher/Teaching Assistant Performance

Will include at least the agreed upon tasks listed below:

- Where the teaching services will be performed by the contracted Teacher/Teaching Assistant
- How many hours per day, days per week, and weeks per year the contracted Teacher/Teaching assistant will provide the services
- Start and end date of contracted teaching services
- Types of teaching instruction to be provided (example: hands-on, in-person, one-on-one, small group, large group, etc.)
- Duties to be provided (example: classroom management, behavior management, lesson planning, classroom arrangement etc.)
- Any regulations that must be implemented per state or federal law such as the 45 minute teacher planning period regulated by the state and the Standard Code of Conduct set forth by

Federal Head Start Regulations

- Classroom Assessment Scoring System (CLASS) will be implemented in the contracted classroom
- All Head Start program adopted behavior strategies will be followed in the contracted classroom
- Contracted Teaching staff will adhere to the State and Federal guidelines set forth by the Head Start Program Performance Standards for a Head Start Lead Teacher including a five-year background check that includes a State Criminal History Check, a Federal Bureau of Investigation Fingerprint, a Sex Offender Registry Check, a Child Abuse and Neglect State Registry Check, obtain and keep a current CPR/FA certification, and attend Annual Child Abuse Training
- Contracted Teachers will obtain at least 15 hours of professional development annually in early childhood education
- Contracted Teachers/Teaching Assistant will follow and train on the Head Start Program Performance Standards on a regular basis
- Contracting District will submit an invoice twice per school year:
 1. The amount of the contracted services for 5 or less teaching staff will be determined using the CSNT Head Start Base Salary Scale by position(s) with the appropriate degree and/or certifications along with the current fringe benefit percentage.
 2. The amount will be derived using the determined hourly rate multiplied by 2080 hours. The total will then be multiplied by the current fringe benefit percentage and added to the total.
 3. This total will be divided by half and this amount will be the contracted teaching services amount per contracted teaching staff up to (5) total. The contracted amount will not exceed this amount per contracted staff.
 4. For contracts with more than (5) teaching staff, there will be a negotiated amount. This amount will be based on the impact to the budget. This amount will never exceed more than the Base Salary Scale amount for the contracted position.
 5. The District will submit an invoice for contracted teaching services for the fall semester by the end of November and will send an invoice for the spring semester by the end of July.
- Contracted Teachers/Teaching Assistants will work with the Head Start Education Coordinator to develop and implement approved lesson plans through the school year.

- Contracted Teachers/Teaching Assistants will be evaluated by the Campus Director and the Principal throughout the school year. Areas of improvement documented on the Performance Evaluations will be discussed by the Principal and the Campus Director. Training will be implemented, if needed.

Section 4 of the Contract – Time of Performance

Specify the beginning and ending dates for the work to be conducted. Include the school year for the contract.

Section 5 of the Contract – Financial Obligations

Specify contractual expectation of the contract that includes:

- There will be no draws or advances beyond the initial
- There will be a total of two payments
- The first invoice will be due by November 30th with payment by December 31st and the second invoice will be due by June 30th with the second payment by July 31st.
- Disbursement for work that has been completed in a satisfactory manner
- Sole obligation for CSNT is limited to the work described in the contract
- Payments will be processed within 31 days after receipt of the invoice
- Refunds shall be obtained within (15) days after request for any sum of money that has been determined to be an overpayment

Section 6 of the Contract – Intentionally Omitted

Section 7 of the Contract – Terms and Conditions

Terms of this contract cannot be subcontracted without prior approval by both parties. Contracted staff will not be a part of any IRS qualified benefits for CSNT and shall not qualify for any CSNT fringe benefits including but not limited to health, medical, or pension benefits. The contracted teaching staff shall not commit any act or make any statements that would be harmful to CSNT's reputation and good will or to any of CSNT's affiliates.

Section 8 of the Contract – Legal Remedies

Breeches or violations of the teaching services contract gives CSNT the right to

apply administrative, contractual, or legal remedies. CSNT may choose to suspend all parts of this contract temporarily to give time for corrective action by the ISD or CSNT may terminate the contract at that time.

Section 9 of the Contract – No Waivers

There will be no waivers as part of this contract.

Section 10 of the Contract – Termination and Suspension

CSNT may terminate in writing, part or all the teaching services contract, at any time there is a cause for termination. The contract cannot be terminated without written notice of the following circumstances:

1. Contracted Teaching staff do not deliver satisfactory services in a timely manner
2. ISD/School District is adjudged bankrupt and/or is deemed insolvent
3. ISD/School District attempts to obligate CSNT to any financial responsibility for contractual services or materials
4. ISD/School District commits a willful violation of public laws or ordinances that a direct effect on the contracted agreement

CSNT has the authority to withhold payment and immediately suspend the ISD Teaching services of this contract if CSNT identifies possible instances of fraud, abuse, waste, fiscal mismanagement or other serious deficiencies in the services provided. Suspension shall be a temporary measure pending either corrective action or a decision by CSNT to terminate the contract.

CSNT shall not be liable for any costs incurred by the ISD/School District or teaching staff after the contract has been suspended or terminated. If contract is terminated, CNST can withhold any pending payments due to the ISD/School District until damages owed to CSNT have been determined and paid.

Section 11 of the Contract – Special Compliance Provisions

The ISD/School District shall comply with all the applicable laws and regulations set forth by a federal contract including but not limited to the following:

1. Copeland “Anti-Kickback” Act
2. Fair Labor Standards Act
3. Worker’s Compensation Act
4. The Privacy Act of 1974
5. Sections 103 & 107 of the Control Work Hours and Safety Standards Act (as supplemented by Agency of Labor regulations)
6. The Davis-Bacon Act, where applicable

For contracts exceeding \$100,000 the following requirement apply:

1. Clean Air Act
2. Clean Water Act
3. Executive Order 11738 (Clean Air Act and Environmental Protection Agency regulations)
4. All other required regulations, as required (List any that may apply in the contract)

Section 12 of the Contract – Independent Contractor

CSNT is entering into a contract with an independent contractor and cannot be held liable for claims against the contracted teaching staff by any third party. It must be stated that no employee/employer relationship exists between CSNT and the contracted teaching staff and there are no restrictions regarding the teaching staff providing services to other agencies. Although there is no employee/employer relationship, the teaching staff are required to adhere to CSNT's business hours to maximize the time spent with those who will receive instruction and training as part of the contract.

Section 13 of the Contract – Conflict of Interest/Nepotism

ISD/School District will comply with CSNT's No Discrimination/No Harassment Policy. CSNT will monitor possible conflicts of interest and/or nepotism pertaining to all aspects of the contract.

Section 14 of the Contract – Sectarian Activity

ISD/School District shall ensure that no funds under the contract are used for religious or anti-religious activity including worship or instruction.

Section 15 of the Contract – Political Activity and Lobbying Prohibited

None of the funds used for this contract can be used for influencing the outcome of an election including legislative measures. No funds from this contract can be used to hire employees that are candidates for the legislature, judicial, or executive branches of government for the United States. None of the funds from this contract can be used to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress. None of the funds from this contract can be used for lobbying in any form.

Section 16 of the Contract – Prevention of Fraud and

Abuse

ISD/School District shall establish and maintain internal control systems to prevent, detect, and correct incidents of waste, fraud, and abuse. CSNT will have access to records and documents, if necessary.

Section 17 of the Contract – Changes and Amendments

Any changes to Federal or State law or regulations will automatically be incorporated into the contract on the effective date of the regulation. No other changes shall be admissible without being amended in writing and signed by both parties.

Section 18 of the Contract – Record Keeping Requirements

ISD/District will give access to Federal/State funding agencies, CSNT and/or their designee to records pertaining to this contract. These records may be reproduced, if necessary.

Section 19 of the Contract – Non-Discrimination and Equal Opportunity

ISD/District shall comply with all laws regarding discrimination and equal opportunity.

Section 20 of the Contract – Insurance Requirements

ISD/District will comply with all laws regarding maintenance and proper insurance coverage while doing business under the contract.

Section 21 of the Contract – Use of Alcoholic Beverages

Contracted teaching staff must abide by CSNT's zero tolerance of drug and alcohol use while representing or involved in activities that create the assumption of representation of CSNT.

Section 22 of the Contract – Litigation and Claims

ISD/District will give CSNT immediate written notice of any claim or action filed in a court of law or administrative agency against any the contracted teaching staff. CSNT will receive copies of all pertinent papers received by the

contracted teaching staff.

Section 23 of the Contract – Prior Oral and Written Agreements

All prior oral and written agreements between the ISD/District and CSNT regarding the contracted teaching staff are null and void.

Section 24 of the Contract – Severability

If any portion of the teaching services contract becomes invalid by a court of competent jurisdiction, the remaining contract shall be valid and binding.

Section 25 of the Contract – Legal Authority

The contract must be signed by the legal representative of each entity and both signatories must have the authority to implement legal contracts by both CSNT and the ISD/District providing the teaching services.

Monitoring Requirements

The teaching services provided by the contract and the terms of the teaching services contract will be monitored as part of the CSNT Head Start On-Going Monitoring System. The teaching services and the terms of the teaching services contract will also be monitored by the School District on a regular basis.

Any issues with any of the terms and conditions of the contract shall be discussed by the appropriate parties and corrective actions will be implemented. If the corrective actions do not fix the issues to either party's satisfaction, the issue will be addressed through the proper channels including and up to the Executive Director and the Superintendent of the School District.



Education Operating Manual

*Aligned with the 2024 Head Start Program
Performance Standards
(Standards 1302.30 -1302.47)*

Revised 12/19/2024

Revised 7/28/2025

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EDUCATION PROGRAM OVERVIEW

The Head Start Program provides young children from birth through preschool aged from low-income families with free, high-quality child-development services. Head Start children explore and learn in a healthy, nurturing environment, while building self – confidence and social skills. Also, they receive complete medical and dental services. Children with special needs are welcomed into the program and receive individual attention from Special Services Staff. Children leave Head Start with a strong foundation for successful learning in school.

During a state of emergency triggered by the Federal, state and/or local governments these Administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments.

Copies of these amended policies and procedures will be included where necessary.

MISSION STATEMENT THE MISSION OF HEAD START

“Prepare eligible children, ages Birth to Five, for successful transition into Head Start and the school system as well as help their families become self-sufficient”

EDUCATIONAL PHILOSOPHY OF HEAD START

The Head Start Program adheres to the philosophy that parents are the prime educators of their children. The Educational Program provides parents with the opportunity to increase their knowledge of child growth and development. The Head Start Program provides parents with the opportunity to learn additional parenting skills, and an opportunity to learn how to work more effectively with their own children.

The Head Start Program works to enrich children with a learning environment and varied experiences appropriate to their age, stage of development and cultural background, which will help them to develop socially, intellectually, physically and emotionally.

Before a teacher can guide the daily activities of a Head Start classroom, he or she must clearly understand the philosophy of the program. Since 1965, Head Start Program Goals state that:

- A. The Head Start Program is based on the premise that all children share certain educational needs, and that children of low – income families, can benefit from a comprehensive developmental program to meet those needs. The Head Start Program approach is based on the philosophy that:
 - 1. A child can benefit from a comprehensive, interdisciplinary program to foster development and remedy problems as expressed in a broad range of services.
 - 2. The child’s entire family, as well as the community, must be involved. The program should maximize the strengths and unique experiences of each child. The family, which is perceived as the principal influence on the child’s development, must be a direct participant in the program. Local communities are allowed latitude in developing creative program designs so long as the basic goals, objectives and standards of a comprehensive program are adhered to.
- B. The overall goal of the Head Start Program is to bring about a greater degree of social and intellectual competence in children of low – income families. Social competence means the child’s effectiveness in dealing with either his or her present environment and later responsibilities in school life. Social competence takes into account and mental health, nutritional needs and other factors that enable a competence. To the accomplishment of this goal, Head Start objectives and performance standards provides for:
 - 1. The improvement of the child’s health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child’s access to an adequate diet, and the improvement of the family’s attitude toward health care and physical abilities.
 - 2. The encouragement of self-confidence, spontaneity, curiosity and moreover, self – discipline will assist in the development of the child’s social and emotional health.

EDUCATIONAL PROGRAM

The Head Start Program offers an educational program for young children.

Head Start for Preschoolers

- A. There are Head Start Campuses located in Cass, Bowie, Marion, and Morris counties.
- B. The Campuses are open from 7:30 a.m. to 4:00 p.m. Diverse time varies by Campus Service area.
- C. Head Start Staff
 - 1. Campus Director

2.Family Empowerment Advocate

3.Classroom Teachers

a. Lead Teacher

b. Teacher Assistant

c. Other support staff

1.Cooks

2.Custodian

3.Volunteers

GENERAL TIMELINES

August: School opens. Majority of children enroll and begin the school year. Lesson Plans and Bus Safety Curriculum begins. Follow Lesson Plan Schedule. Follow Anecdotal Notes schedule. Begin Home Visits.

September: Begin ongoing observations of children. Begin recording anecdotal notes. Begin using the CIRCLE PROGRESS MONITORING. Administer the SPEED DIAL-4 screening to new children. Screenings should be done on new children within 45 days. Begin portfolios for children, saving 2 – 3 entries monthly. (Name, date, explanation of the entry)

Late September: Complete CIRCLE PROGRESS MONITORING. Continue weekly anecdotal records and Bus Safety Curriculum.

October: 1st week of October 45 days complete; Speed DIAL-4 screenings and Bus Safety Curriculum complete. Continue Anecdotal notes and portfolios.

Mid October: Bus Safety Certificate Signed by Parent and Parent Teacher Conference complete.

Early November: Continue Anecdotal Notes and portfolios.

December: Continue Anecdotal Notes and portfolios. Complete all screenings, parent teacher conferences, bus safety curriculum and home visits on all newly enrolled children.

January: Complete 2nd CIRCLE PROGRESS MONITORING. Continue Anecdotal Notes and portfolios.

February: Begin Kindergarten transitions (schedule field trip to kindergarten and practice lunch trays) continue Anecdotal Notes and portfolios. Turn in a supply list of things needed including classroom materials and supplies to the Education Coordinator.

March: Begin 2nd Home Visits and Continue Anecdotal Notes and portfolios.

April: Complete Home Visits and begin 3rd CIRCLE PROGRESS MONITORING. Continue Anecdotal Notes and portfolios.

May: Complete CIRCLE PROGRESS MONITORING and Complete Transition Packet with Parent Teacher Conference: No Anecdotal Notes for this month. An inventory must be complete before leaving for the summer.

SCHOOL READINESS COMMITTEE

1. This committee is comprised of Head Start staff, Head Start parents and other professionals in the child development community and will meet at least twice a year.
2. The purpose is to act as a resource for enhancing the school readiness educational program.
3. Educational materials are reviewed, revised and established by this committee.
4. School readiness goals are reviewed, revised and established by this committee based on data.
5. Each campus will establish their own school readiness team which consist of but not limited to Campus Director, Principal, Kindergarten Teacher, Lead Teacher, Teacher Assistant, Parent, Family Empowerment Advocate and Education Coordinator.
6. Each School readiness team will review, revise and establish campus goals based on data.

APPROPRIATE PRACTICES

1. The Head Start Program requires that teachers always use developmentally appropriate practices in the classroom.
2. According to the National Association for the Education of Young Children (NAEYC) guidelines, developmental appropriateness has two parts:
 - A. First, that activities and expectations in the classroom are age appropriate. This means that the learning environment and learning experiences are planned particularly for an age group.
 - B. For Head Start, the age group includes three to five years of age.
 - C. Second, teachers must recognize that each child is a unique person, and that learning should incorporate experiences which are individually appropriate, not only matching a child's abilities but challenging them as well.
3. Certain atmosphere should be observed in the classroom.
 - A. For example, the learning environment in a Head Start classroom should be colorful and engage young children's interests.
 - B. Bulletin boards, pictures, and artwork should be placed at children's eye level.
 - C. Activities and experiences must be planned in a way that encourages children to participate.
 - D. At this age, children should be given hands – on direct experiences with a variety of materials and manipulative.
 - E. Children remember a surprising amount of what is touched, explored, and experienced.
4. Because children develop differently and at different stages, careful observations, assessment and planning must be done to meet individual needs.
5. In keeping activities appropriate, be sure that activities are relevant to the children's interest.
6. Children must have time to experiment with what they are learning or working on.
7. Children are allowed to learn from their own self – directed problem solving.
8. Children are given choices in joining an activity.

MULTICULTURAL PRINCIPLES

1. Every individual is rooted in culture.
2. The cultural groups represented in the communities and Families of each Head Start program are the primary sources for culturally relevant programming.
3. Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
4. Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.
5. Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
6. An effective program for children with limited English-speaking ability requires continued development of the primary language while the acquisition of English is facilitated.
7. Culturally relevant programming requires staff that reflects the community and families served.
8. Multicultural programming for children enables children to develop an awareness of respect for, and appreciation of individual cultural differences. It is beneficial to all children.
9. Culturally relevant and diverse programming examines and challenges institutional personal biases.
10. Culturally relevant and diverse programming and practices are incorporated in all content areas and services.

THE VALUE OF PLAY

1. Play serves many purposes for the young child.
2. Children learn through play.
3. Play is an outlet of communication where the toys act as the child's words and play becomes the child's language.
4. Below are some ways in which children benefit from play:
 - A. Play is the way the child explores and orients him to the actual world of space and time, of things, animals, structure and people.
 - B. Play is self – chosen activity.
 - C. Through play repetition, children develop their skills.
 - D. As they become more competent, they begin to seek new and more advanced experiences.
 - E. Play serves as a means of self – assertion through which a child can declare his or her needs.
5. Play helps each child to develop social relationships and skills.
 - A. He or she learns to use play materials and equipment.
 - B. Share and cooperate.
 - C. Lead and follow.
 - D. Request information.
 - E. Gain confidence and a positive self – image.
 - F. Communicate and become aware of differences and similarities among his or her peers.

BEHAVIOR GUIDANCE

1. Classroom rules and limits are established early in the year.
2. Adult authority is established without threat to the children, but more related to trust.
3. The ultimate goal is to give children an opportunity to develop into self – controlled, self – disciplined individuals.
4. The classroom management techniques must be geared toward the age level and individuality of each child.
5. The teachers plan ahead by providing a physical environment, which will prevent problems before they occur.
6. This planning includes room arrangements, adequate materials, and developmentally appropriate activities.
7. Teachers are also encouraged to reinforce appropriate behaviors such as touching, eye contact, smiling, and positive statements to the children.
8. Positive redirection is used to distract a child from an inappropriate behavior, thus giving the child an alternative action.
9. “I” statements are used to verbalize a redirection and to avoid a defensive reaction.
10. Time Outs are used to defuse a situation in which the child has harmed another child, himself, a teacher, or equipment.
11. The child is isolated from the situation but remains in full view of the teacher.
12. This gives the child an opportunity to become calm and deal with his/her thoughts and feelings in a safe manner.
13. The time allotted is comparable to the child’s age not exceeding five minutes.
14. Once the allotted time has passed, the child has the opportunity to work through the situation with teacher assistance.
15. A Time Out is not a punishment, but a method of defusing negative circumstances and effectively working with a child on an individual basis.
16. If extreme behaviors persist, they should be referred to Special Services.

THE TEACHING TEAM

1. A Campus Director or Family Empowerment Advocate is located at every site.
2. There is a Lead Teacher and Teacher Assistant in every classroom.
3. The Lead Teacher and Teacher Assistant lead the classroom in a team approach.
4. Each classroom has from fifteen to twenty children.
5. A ratio of no more than ten children to every one adult is maintained through the teaching staff, parents, and substitutes. 6. Whenever possible parents and other volunteers are used to lower the ratios.
7. This staff population allows the needs of children who required individual and small group attention to be met, and for the needs of parents to be involved.
8. The efforts of both parents and volunteers are counted on in meeting the twenty – percent in – kind that local communities must furnish in order for the program to qualify for federal funds.
9. Thus, this arrangement is of benefit to children, parents, teachers, and community.

CIRCLE ASSESSMENT

1. The CIRCLE (valid and reliable assessment) is an ongoing assessment of the child's abilities and is used continuously to evaluate the child's progress.
2. Lesson plans are developed according to the skill or concepts yet to be achieved.
3. The CIRCLE is based on objectives that include predictors of school success and are aligned with the Head Start Early Learning Outcomes Framework and the State Pre-K Guidelines. These objectives are the heart of the system. Teachers use them to focus their observations as they gather information to make classroom decisions.
4. The portfolio contains anecdotal notes, child – creative materials, Ages & Stages Parent Questionnaire, Bus Safety curriculum, and etc. The portfolio is followed and planned by a portfolio timeline. (Early Head Start)
 - A. The portfolio is kept in the classroom, which includes samples of the child's drawings, writings and self – portraits are kept on a continuous basis. (2-3 times per month) (Early Head Start)
 - B. Additionally, it is taken on Home Visits. (Early Head Start)
 - C. The portfolio material is sent home to the parents at the close of the school year. (Early Head Start)
5. Parents / Guardians have access to their child's portfolio.
6. Confidentiality must be maintained.
7. The CIRCLE is to be completed through observations and electronic assessments. Data is collected three times per year.
8. Anecdotal notes are kept on a weekly basis. (Early Head Start)
 - A. Anecdotal notes consist of written records of the child's observed daily activities. (Early Head Start)
 - B. CIRCLE Checkpoints are done three times a year on each child. (Progress Reports are to be discussed during Parent Teacher Conferences and Home Visits. The parent / guardian also has an opportunity to make any notations of the child's development, progress, and/or comments.

9. The CIRCLE Assessment is broken down into areas of skill development.

A. The teacher will use these areas when planning for the child. IEP's will also be discussed during the Home Visit.

DEVELOPMENTAL SCREENING (SPEED DIAL-4 & AGES AND STAGES/E DECA)

1. Dial 4 Screening is an individually administered developmental screening test designed to screen young children ages 2:6 through 5:11.
2. New children are tested within the first 45 days of the child's entry of the program.
3. The results of the screening are used for the teacher to begin individual planning for each child.
4. The results of the screening are given to the parents during the Parent / Teacher Conference or Home Visit.
5. If a child is found to have a potential delay re-screens are done within 4-6 weeks after the initial screening.
6. Ages and Stages is a developmental screener that is filled out by parents and will be discussed during the first parent teacher conference. **(See Disabilities/ Mental Health)**

FROG STREET CURRICULUM BY FROG STREET PRESS

FROG STREET Infant/Toddler, Three's and Pre-K Curriculum is a comprehensive, scientifically research-based early childhood curriculum that provides successful learning experiences for teachers and children. FROG STREET Early Childhood Curriculum is aligned with state and national standards including the National Association for the Education of Young Children (NAEYC), the Head Start Outcomes Frameworks, and the Texas Pre-Kindergarten Guidelines.

CLASSROOM DAILY SCHEDULE

****Refer to Each Campus Operating Manual. ****

LESSON PLAN

1. The lesson plan is a tool for the teacher to use in order to plan the week's activities for the classroom.
2. A weekly lesson plan is a detailed written documentation of activities, which include multicultural activities, materials, objectives, and all plans to be carried out for the week.
3. The activities planned should follow the FROG STREET curriculum.
Individualization Plans will be written for all children including children with IEP's.
4. The lesson plan is to focus around a certain theme or themes from the FROG STREET Curriculum Frog Street Press.
5. The Campus Director and Education Coordinator are to evaluate the lesson plan and provide assistance accordingly.
6. When planning a unit, the teacher is to make sure that all materials are available for that particular week. Materials should be gathered and available prior to all lessons.

ROOM ARRANGEMENT

1. Make sure that traffic patterns are clearly defined and that traffic flows freely and limits running.
2. Separate noisy or active areas from quiet areas.
3. Store materials and equipment near the center in which they will be used and allow children to have access to all materials.
4. Learning centers should be clearly labeled (English and Spanish) and defined by low shelves or partitions.
5. Materials within a center should be labeled with words and pictures on the shelves to help the children identify where items belong and to associate items with printed words.
6. Place centers that require light near windows.
7. Place center, which are considered messy, such as sand and water play and art, in an uncarpeted area near a sink when possible.
8. Centers should be arranged to allow the teachers to see all the children from any point in the classroom.
9. Teacher materials should be stored separately out of the room and off children's shelves.
10. Materials need to be at children's eye level.

LEARNING CENTERS

The classroom is divided into "interest centers" or "learning centers." These divisions encourage specific kinds of learning within each activity center. The

themes as well as culturally relevant items are present throughout the learning centers. **Learning Centers include:**

1. Library / Listening Center:

1. The Library / Listening Center are quiet areas.
2. It should be located as far away from the noisy areas of the classroom as possible.
3. The area should be blocked off from disturbances by low shelves or partitions.
4. A small corner of the room with pillows, a beanbag, or comfortable chair will make this area inviting.
5. The area should have a shelf to display books available to the children.
6. Remember to stand books upright with the covers showing so that the children will be drawn to look through them.
7. Torn books or books without covers should be removed and replaced.
8. The books present in this area should be changed according to the themes.
9. A variety of real-life stories as well as fantasy books should be present.
10. Some books available should relate to the current theme.
11. This area needs good lighting. The children will look at print and illustrations. Therefore, a felt board, cassette tapes, earphones and language games can be incorporated into this area.

2. Math / Science Center:

1. Puzzles, beads, pegboards, counting games and other manipulatives are incorporated into this center.
2. There should be a shelf for storing the materials and a small table and chairs for the children to use while working in this area.

3. Helpful hint: Sturdy containers should be labeled and stored on a shelf. The children can learn to match activities with containers, and it teaches order. If possible, sort and classify by labels with pictures.
4. This center should contain items for the children to examine, manipulate, and explore.
5. Space to display leaves, animals, rock collections, sound cans and other scientific items such as scales and rulers.
6. Plants, aquariums, and items that float and sink are part of this center.
7. This center should be located near a source of light, water, and electricity.
8. Rotate tools, supplies, and natural objects according to children's interest and monthly theme.
9. Provide a shelf to store materials and a table is recommended.

3. Creative Arts Center:

1. This Center should be located in an uncarpeted area, near a sink to provide clean up.
2. Shelves are needed to store paints, clay, brushes, paper, crayons, markers, scissors, chalk, yarn, fabric, glue and etc.
3. Materials should be stored in labeled containers.
3. Authentic child-initiated art is recommended for children to express their ideas creativity.

4. Construction Center:

1. The Block area allows children to become the architects of their own world. Space should be allowed for both collaborative play and individual endeavors.
2. Shelves should be provided for storage of blocks and props.
3. Block play is noisy and should be located away from the traffic flow and quiet centers.
4. Carpeting is recommended to help absorb the noise.

4. Pretend and Learn Center:

1. Create a center where children can re-create the everyday life of their home and community or act out imaginary worlds. Through such play, children come to terms with their own experiences and demonstrate what they know, feel, and think about their world.
2. The center may be changed monthly to reinforce the monthly theme.
3. The center should be located near the noisy centers.
4. The center should contain equipment, furniture and material which will encourage the children to be creative.
5. The center can be changed to include:

- a. A doctor's office
- b. Beauty shop
- c. Grocery store
- d. Restaurant
- e. A Florist
- f. A Farm
- g. Etc.

5. Writing Center:

1. The writing center should be in a quiet area with a table, chairs and shelves for storage.
2. A variety of drawing and writing materials should be available which includes paper cut in various sizes, whole punch, yarn, paper fasteners, and a stapler, and etc.
3. Journals, sticky notes, small clipboards, name cards, letter stamps, ABC games, and sentence strips should also be included in this center.

7. ABC Center:

1. ABC manipulatives, puzzles, tiles, stamps, upper case and lower-case magnetic letters, rubber letters and etc. should be included in the center.
2. This center should include a shelf, table, labeled storage tubs, and a place to work.
3. Writing materials and ABC books should be included.

8. Computer Center:

1. The Computer Center needs to be placed near or in the quiet center groupings.
2. The Computer Center contains an actual computer and computer games for the children to work.

9. Tablet Center:

1. The Tablets need to be placed near the computer in the quiet center groupings.
2. The tablet use should be monitored by Teacher / Teacher Assistant to ensure proper use of apps and skill development games.

ADDITIONAL INDOOR SPACE

In addition to the learning centers previously described, space is provided for large group activities in which all of the children participate.

This area must be large enough to accommodate group games, circle time, movement, and dancing. Lockers or “cubbies” provide each child with a place for his or her personal belongings.

These are usually located near the entrance to the classroom. The lockers are labeled with the child’s name and / or symbol.

The use of the television in the classroom will be limited. When it is used it will be educational and associated with the theme. It should also be documented on the lesson plan.

DAILY ROUTINES

This information is primarily directed at Head Start Campus staff, although all agency employees whose position requires their presence in the campuses at any time should be familiar with these general guidelines.

1. The children in the centers should always hold priority over and personal or staff business. The atmosphere should be one in which the adults express joy at having the opportunity to be with the children.
2. Each child should be greeted individually each morning by staff.
3. Teachers should utilize planning time.
4. Meal Service (See Nutrition Operating Manual) Family Style Meals
5. In classrooms where children are combined during breakfast (for one reason or another) they should follow the schedule of the Campus.
6. A set of name tags should be kept on hand in each classroom for use when a new adult participates in classroom activities. This is easier on the children as well as the volunteer.
7. These tags could also be used at the beginning of the school year.
8. When children are moving from one room to another, the teacher should always remain at the front of the group, where it is easier to control them. The teacher and teacher assistant should count out aloud and communicate the number of children they have.
9. All broken equipment should be removed or repaired immediately following inventory procedures as necessary.
10. Allow children to share in the concern and care for missing parts and observe minor repairs.
11. The children should be taught to take care of their classroom's supplies and put items away when they are through with them.
12. Adults should NEVER discuss a child in front of ANY other children.
13. Adults should stoop down (or sit in a chair) to a child's level when speaking to him / her.
14. Children's clothing should always be protected while they are involved in messy artwork.
15. Smocks and large, old shirts should be available.

16. Teachers should always prepare for each day's activities so that children will not have to wait for supplies to be gathered.
17. Materials should be gathered either the previous afternoon or early the same morning.
18. If children are too rowdy during a particular activity, the activity and its presentation need to be evaluated.
19. Individual conferences with each teaching team should be held concerning daily schedules.
20. The Lesson Plan is available in the classroom.
21. An identical schedule should be posted in the classroom at all times.
22. The teacher and teacher assistant should work as a team.
23. The teacher and teacher assistant should have shared responsibilities never one teacher having all the duties however, the overall classroom management is the teacher's responsibility.
24. Smooth operation of the classroom is the direct result of a cooperative team effort and open communication.
25. If one feels that he / she is being unfairly given all the work, this needs to be brought to the attention of the other teacher in the room.
26. If this is ineffective, the matter should be discussed in conference with the Campus Director. If for any reason this is ineffective the Education Coordinator will need to be notified.

DAILY EXAMINATION OF CHILDREN PROCEDURE

****See Health Operating Manual** for Check-In-Procedure**

DAILY TRANSITIONS

1. Head Start works to make every experience for the child an educational one.
2. The simple task of changing from one activity to another is an opportunity for learning.
3. Songs, finger plays, and simple games are used to transition the children from activity to activity or from place to place.
4. Creative songs, finger plays, and games serve to transition as well as provide continuous educational learning experiences for the children.

REST ROOM PROCEDURE

1. The program encourages nonsexist roles in all activities provided for the children; therefore, boys and girls might, at any given time, use the same rest room at the same time.
2. Rest room procedures are always supervised by adults at all times.
3. Teachers are encouraged to take small groups of children to the rest room at a time so that children can complete the task and return to the classroom as quickly as possible.
4. The rest room procedures facilitate personal hygiene and independence.
5. Hand washing, zipping and buttoning, independently flushing, and taking turns allow children to develop their personal skills.
6. Teachers assist and guide the children when needed.

MEALTIME

****See Nutrition Operating Manual and Education Standard Operating Procedures ****

TOOTHBRUSH PROCEDURES

****See Nutrition Operating Manual****

OUTDOOR PROCEDURE

1. The playground is checked daily before the children are allowed to go outside.
2. Things to look for include broken equipment, stray animals, and harmful trash (glass, cans, needles, etc.).
3. There is 30 minutes scheduled in the morning and 30 minutes in the afternoon for outdoor time. (ISD times vary)
4. Planned activities need to be included in outdoor play.
5. Teachers are to stay in child staff ratio on the playground.
6. Teachers are to keep moving and to interact with the children.

7. The classroom schedule is followed to prevent too many children on the playground at one time.
8. During nice weather, it is permissible for indoor activities to be done outdoors.

TRANSFER OF CHILDREN

1. The Head Start Program stresses the importance of continuity as a focal point of each child's growth and development.
2. The transfer of a child only serves to prolong the adjustment period.
3. The classes will be decided by the Campus Director and the Family Empowerment Advocate.
4. Newly enrolled children are placed in the classroom through the year by the Family Empowerment Advocate.

FIRE DRILL

1. During a fire drill, teachers and children are to immediately stop what they are doing and proceed in an orderly fashion to the designated exit.
2. One teacher is to be at the front to lead the children, and the other teacher is to be last to check the room for children and to close the door behind them.
3. Proceed to a pre-assigned area outdoors and count to make sure all are present.
4. The sign-in sheet is taken outside with the group.
5. Emergency contacts and first aid (bag) should also be taken outside with the children.
6. The teachers wait until all is clear before they proceed back into the building.
7. In the event of an emergency, the staff and children must be able to safely exit the building within three minutes.

TORNADO DRILL

1. During a tornado drill, teachers and children are to immediately stop what they are doing and proceed to a pre-assigned inner wall away from windows and doors.
2. Children are sitting facing the wall with their knees to their chest.

3. Children place their heads between their knees and clasp their hands behind their neck.
4. Teachers sit behind the children facing the wall in the same position as the children until the danger has passed.
5. Blankets may be used to cover the children to protect from flying objects.

MEDICATION PROCEDURE

****See Health Operating Procedures****

MEDICAL EMERGENCIES

****See Health Operating Procedures****

CAMPUS ACCIDENT REPORT

****See Health Operating Procedures****

EMERGENCY EVACUATION

****Follow Emergency Plans at the Campus level****

ACCESS TO CHILDREN'S RECORDS

1. All children's records are kept in individual folders on site.

2. The education section of the child's folder contains confidential records kept in locked cabinets. File is noted under Progress.
3. The records are not to leave the campus unless the child is transferred or leaves the Head Start Program.
4. Documents within the folders are to be objective and not a reflection of personal opinion.
5. There is a policy for reviewing these records and why someone may see them.
 - A. A person using the records should sign an access sheet.
 - B. Laws state that parents have access to their child's records on request.
 - C. If a parent should request these records, the parent is allowed to view to them while at the campus in the presence of the Campus Director, teacher or support staff person.
6. There is also a policy as to what types of information should be forwarded to the public schools when the child leaves Head Start.
 - A. Usually, a brief summary of pertinent information is forwarded if the parents feel this is necessary.

NON-FEDERAL CONTRIBUTION-GIFT ACKNOWLEDGE FORM

1. When a donation other than money is made, it is necessary to document the donation.
2. This is done on the In-kind Donation Form.
3. The following information should be recorded:
 - A. Component / person receiving the donation.
 - B. Person / Organization making the donation.
 - C. Date received.
 - D. Description of the donation by quantity, cost, and value.
 - E. A copy of the form is made.
 - F. The donor is given a copy for his / her records.

****See In-Kind Policy and Procedures****

LICENSING REQUIREMENTS

1. To obtain a Campus license, the Campus Director needs to request a packet from the licensing representative.
2. The packet must be filled out and mailed back with a check for the current licensing fee.
3. The application requires the signature of the Board President and the Chief Executive Officer.
4. These can be obtained through the Head Start Director Head
5. When the packet is complete with the signatures and a copy of the check that was sent to Austin.
6. A date will be set to visit the campus.
7. After the license is obtained, each year an annually licensing fee of \$35.00 plus one dollar per child will need to be paid.

**** This is for initial licenses ****

TRANSITION POLICY

**** See Transition Standard Operating Procedures ****

**** See Family Services Operating Manual ****

HOME VISITS

1. The Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING will be accessed and copied for the Home Visit. It allows the teacher to review information from the documentation in CIRCLE.
2. During Home Visits if the child has an IEP, the IEP should be taken and discussed with the parent on this visit.
3. The materials taken should include: Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING, Home Visit form, Portfolio, child's IEP (if they have one) and additional educational materials as needed.

4. During the visit, the parent / guardian and teacher will set goals for the child's development and activities that can be done in the home to help reach those goals.
5. The parent / guardian and teacher sign and date the Home Visit form, and the teacher and parent / guardian will write general comments on the overall visit, leaving no blanks on the Home Visit form. If the parent / guardian has no comment about the visit or program, then NO COMMENT should be noted on the form at the bottom.
6. The parent will be provided a copy of Child's Summary Report from CIRCLE/ FROG STREET PROGRESS MONITORING at the end of the Home Visit.
7. In order to keep staff safe and healthy Home Visits may be done at the Campus instead of the home. Due to the increase of violence reported in neighborhoods within the service area as well as viruses and other health hazards, staff will have the option to conduct the home visit at the Campus instead of the home. Home visits may be completed in the home if deemed necessary by the family or the staff. **TWO STAFF** are required for all home visits in the home (Lead Teacher along with the Family Empowerment Advocate, if possible).

PARENT / TEACHER CONFERENCES

1. Parent / Teacher Conferences occur twice yearly.
2. During this conference, the teacher summarizes the child's progress on the form and any concerns or comments the parent may have about the child.
3. The Bus Safety Curriculum Certificate will be discussed and signed at the first Parent / Teacher Conference.
4. The teacher will also address any concerns noted on the Ages and Stages Screening during the Parent / Teacher Conference.
5. If parent has not completed the Ages and Stages form, parent will do so at the Parent / Teacher Conference.
6. Parents are also asked to comment on the services the child and family are receiving.

FIELD TRIPS

Each classroom can take two educational field trips a year (one in the fall and one in the spring). These two trips do not include the kindergarten transition trip or the end of the year celebration.

PROCEDURES FOR COMPLETING THE FIELD TRIP FORM:

1. This Field Trip and Transportation Request form must be completed and turned in **one month prior** to the date of the field trip.
2. The teacher fills out all appropriate information and turns in the forms **one month in advance** of the field trip.
3. The teacher gives the forms to the Campus Director for approval and signature.
4. The Campus Director sends the Field Trip and Transportation Forms to the Education Coordinator.
5. The Education Coordinator will sign the Field Trip Request Form and send it to the Head Start Director for approval and signature.
6. Once the field trip has been approved and has all required signatures. The Education Coordinator will send the Transportation Request Form to the Support Services Manager for approval and signature. The Support Services Manager will return the approved and signed Transportation Request Form to the Education Coordinator.
7. The Education Coordinator will send copies of the approved Field Trip Request Form and the Transportation Request Form back to the Campus Director to schedule the field trip.
8. If the menu has been changed, the Nutrition Coordinator approves all meals and signs the form as well.
9. If at any time in this process the field trip, transportation, meals, etc. are not approved, the forms will be returned to the Campus Director as unapproved with the reason why it was not approved.

PROCEDURES FOR IN HOUSE FIELD TRIPS

1. For in – house field trips, please have the guest fill out an in – kind form.
2. The in – house field trips do not have to go through the full approval process but must be approved by the Campus Director and the Education Coordinator.
3. The copies of the field trip forms will be given to the Education Coordinator.

Note: Nature walks of more than a six blocks radius from the center require a field trip form. Follow – up contacts for field trips should be made two weeks prior to the date of the field trip. Be sure to call a day before to confirm the field trip.

FIELD TRIP RELEASE FORM

1. The Field Trip Release form is needed before any child can participate on a field trip.
2. The Parent / Guardian must fill out the form, sign it and give it back to the child's teacher. Each child must have a parent / guardian signature before attending any field trip.
3. Field Trips must be posted 48 hours prior to the trip on the Campus Bulletin Board or Parent Board and front door.

PROCEDURES FOR FILLING OUT FIELD TRIP REQUEST FORM

1. The teacher can fill out the name of the child, field trip, and date.
2. The teacher will obtain the parents'/guardian signature.
3. The teacher will give the form to the Campus Director to be placed into the campus file.

Note: Children will not travel on the bus for more than one hour.

PROCEDURES FOR PARENTS TRANSPORTING THEIR CHILDREN ON A FIELD TRIP

1. All children will meet at the campus and sign in as a normal day. (Breakfast, tooth brushing, etc.)
2. At the time of departure parents wishing to transport their own child will sign their child out.
3. Upon arrival of the destination the parent will sign their child back in to participate in the field trip activities.
4. When departing from the field trip destination parents that previously transported their child will be responsible for transporting their child back to the campus or home, therefore they must sign their child out.
5. While attending the field trip, all children are required to follow The Head Start Program rules and regulations just as if they are on the campus.
6. Parents in attendance are asked to assist the staff to ensure the safety of the children.

PROCEDURES FOR PARENTS RIDING THE BUS ON A FIELD TRIP

A parent that is volunteering on the day of a field trip will be able to ride on the Head Start bus provided there is space available. The responsibility of the parent volunteer is to aid the Lead Teacher and Teacher Assistant with the supervision of the children. The parent volunteer cannot bring other children on the field trip.

DAILY MEAL COUNT AND ATTENDANCE

****See Nutrition Operating Procedures****

Sign – In / Sign – Out Form

1. Attendance is maintained electronically in the Child Plus Database system by the parent signing the child in and out.
2. On an ISD Campus the Child Attendance is entered by the Teacher or the Teacher Assistant.
3. If a child is relocated throughout the day, the Teacher or Teacher Assistant will enter the time in the notes section in Child Plus.

PARENT CONTACT DOCUMENTATION FORM

****See Family Service Standard Operating Procedures****

PARENT HANDBOOK

****See Center Operating Manual****

FIRE INSPECTION

1. All Campuses are required to have an annual fire inspection.
2. The Campus Director will request the inspection one month prior to the expiration date.
3. The form is completed and turned in to the Service Manager
4. The following items should be completed:
 - A. Name of campus

- B. Telephone number
 - C. Campus Address
 - D. Local inspection
 - E. Local inspection's address
 - F. Last date of inspection.
5. If at the time of inspection, the fire inspector finds areas of noncompliance, a re-inspection will be needed.

GAS LEAK

1. All Campuses are required to have an annual gas leak test.
2. The Campus Director will request the inspection one month prior to the expiration date.
program year.

PROFESSIONAL DEVELOPMENT ASSESSMENT (Classroom Assessment Scoring System)

1. The Classroom Assessment Scoring System (CLASS) will be used to assess the classrooms for school readiness and teacher/child interactions.
2. A 10-minute observation will be conducted by the Education Coordinator at the beginning of the school year to get a snapshot of teaching strategies for teachers.
3. CLASS will be implemented twice during the school year by the Education Coordinator. It will be implemented on or around October 15th and April 15th.
4. Each CLASS assessment will consist of an estimated two 20-minute observations with ten minutes to score. These observations can be scored in-person or videoed and scored at a later date. After videos are used for scoring and mentoring, they will be deleted. No videos will be kept longer than one school year unless otherwise authorized. After each assessment and score is completed, the observation will be discussed with the teaching staff, the Education Team, and the Campus Director.
5. Education Coordinator will keep copies of each classroom assessment and will transfer the information from the scoring sheet to the Child Plus Database System. After reviewing and analyzing the data entered, the Education Coordinator will generate a report

from the aggregated data in Child Plus. The Education Coordinator creates an Action Plan for the strengths and weaknesses for each campus and it is given to the Program Director.

6. Professional Development will be guided by information obtained from the CLASS observations and Coaching Companion videos. This information will be instrumental in the development of the pre- service/in-service training provided to teachers and teaching staff.

PRACTICE BASED COACHING (PBC)

Practice-Based Coaching (PBC) is a professional development strategy that uses a cyclical process that includes three components. This process supports teachers' use of effective teaching practices that lead to positive outcomes for children. PBC occurs in the context of collaborative partnerships with the Teacher / Teacher Assistant.

The coaching cycle components are: 1. Planning goals and action steps 2. Engaging in focused observation 3. Reflecting on and sharing feedback about teaching and home visiting practices.

PBC can be delivered on-site or virtually using technology. Self-coaching can be used to support staff as a part of a program's research-based coordinated coaching strategy. Another strategy is to have instruction recorded, uploaded to a website and reviewed by the Coach who then arranges for a face-to-face debriefing meeting to provide feedback and set goals.

The teaching staff will be monitored by the Education Coordinators at least once monthly. Teaching staff that need more intense coaching will have training at least two times every four weeks.

The tools used in the coaching process are (but not limited to) General Observation Form, Action Plan Form, Coaching Companion, video recording(s) of instruction and Zoom video.

SCHOOL READINESS GOALS

Community Services of Northeast Texas (CSNT) Head Start has as its purpose to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development in a learning environment that supports children's growth in language, literacy, mathematics, science, social/emotional functioning, creative arts, physical skills, and approaches to learning; and through the provision to low-income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary according to Sec. 636. [42 U.S.C. 9831] "Improving Head Start for School Readiness Act of 2007."

Along with the implementation” of the components of the 2007 Head Start Act. CSNT Head Start will also implement the Texas School Ready! Project, a Texas School Readiness Certification System (SRCS) that has as its goal every child being ready to succeed by being able to function in the areas of early literacy, early math, early science, and social studies. This is the goal for all children including children with special needs and dual language learners.

Research has shown that early childhood programs that support effective teaching practices and opportunities for child discovery through play have been shown to lead to significant growth in children’s intellectual and social development, both of which are critical to their future academic success. Quality programs provide challenging but achievable curriculum which actively engage children in thinking, reasoning, and communicating with others. With teacher direction and guidance, children respond to the challenge and acquire important skills and concepts.

The School Readiness goals for the CSNT The Head Start Program include:

1. Assessment approaches that show evidence of a reciprocally linked and mutually supportive relationship between assessment and instruction in early childhood settings. Teachers must have a system of monitoring the progress of children. Along with on-going daily assessments, CSNT Head Start will use the CIRCLE PROGRESS MONITORING, to assess the progress of children’s school readiness. These assessments are implemented three times per year. Information from these assessments is used to assess children’s skill level against the Texas Prekindergarten Guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR 1304.21(a) (1) (IV), 1304.21 (c) (1) (i), and 1304.21 (c) (2).
2. Training and professional development that shows evidence of continuing improvement and support for teachers to improve the quality of preschool experiences. Head Start Performance Standards 45 CFR 1304.52 (k) (1-3), 648A (5).
3. Curriculum implementation and lesson planning to inform instruction that shows evidence of the use of intentional and planned instructional activities in language, literacy, math, and social/emotional growth such as those included in the newly revised Texas Pre-Kindergarten guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR# 1304.21 (a) (c), 642 (f) (3) (B).
4. Teacher best practices that show evidence of responsive interactions between teachers and children and children and families, classroom set-up and design, and grouping instruction that helps strengthen a child’s ability to think through problems and

apply strategies for problem solving. Head Start Performance Standards CFR 45 1304.21 (a) (c), 1304.21 (b) (1) (iii).

5. Literacy knowledge activities that show best practices in cognitive readiness, developmentally appropriate book reading, phonological awareness, print and letter knowledge, and written expression. Head Start Performance Standards CFR 45 1304.21 (a) (c).

6. Oral language development activities that show evidence of appropriate oral language activities including receptive and expressive language. Head Start Performance Standards CFR 45 1304.21 (a) (c), 642 (f) (3) (C).

7. Mathematics activities that show evidence of numbers, concepts and relationships, geometry and spatial sense, patterns and measurement, and comparison. Head Start Performance Standard 1304.21 (a) (3-5), 642 (f) (3) (C).

8. Scientific activities that show evidence of skills and knowledge of the natural and physical world. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

9. Social study activities that show evidence of knowledge of the community, environment, and the family unit. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

10. Physical and health activities that promote well-being, use of the body, muscle control, and appropriate nutrition, exercise, hygiene, and safety practices. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

11. Creative art activities that show the implementation and use of music, creative movement and dance, visual art, and drama. These activities are used throughout the day to enhance understanding and learning. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

12. Teachers will ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in the English language. During this time, they will also be developing their home language. Head Start Performance Standard 641A (a) (1) (B) (x).

13. Kindergarten reading readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive reading assessment

when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)

14. Kindergarten social skills readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive social competence assessment when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)

ASSESSMENT

1. Teachers will use the CLI Engage Database System to assess school readiness of the children in the Head Start Program.
2. Teachers will assess children three times per year. The assessments will begin around September 15th, January 15th, and April 15th. Each assessment period will last approximately 30 days. At the end of the year, the teacher will provide a copy of the Individual Summary of the child’s progress will be given to the FSW to place in the Progress Notes Section of the child’s file.
3. Information from the assessment will be used to assist children in meeting the CSNT Head Start School Readiness Goals. Teachers will use this information to individualize with children in areas where improvement is needed in certain skill areas. Campus Directors will monitor implementation of the assessment in the classroom.

INTERACTIVE BOARDS/ I-PADS/ MP3 PLAYER AND SPEAKERS

1. No unauthorized devices shall be attached to the MP3 player, Interactive Boards or I-pads.
2. Do not attempt to alter, destroy or disable the devices or speakers.
3. Accessing non-educational content without prior written permission from the Education Coordinators or designee is prohibited.
4. Do not install, download or place any software or external data on the devices.
5. Contact your Education Coordinator to add new songs/music to the devices.

6. Store your assigned devices and speakers in a safe and secure place as you are responsible for the upkeep.
7. Include your assigned MP3 player and speakers on your inventory list.
8. Report immediately to your Education Coordinator any problems with your device/speakers or if either becomes lost or stolen.
9. Delete photos from your iPad immediately after the photo has been used for its original purpose. Do not store children's photos on your classroom iPad. These devices share an Apple Account and all classroom photos can be seen by other classrooms within the CSNT Head Start Program.

Revised 12/19/2024



CSNT Head Start Emergency Preparedness Plan

School Year

In an emergency, the first responsibility of the staff is to make sure that children are safe. Some emergencies may require that children be relocated to a safe designated area. This will be done by using all modes of transportation available at the time of the emergency including buses, vans, and personal vehicles.

In this emergency plan there is an evacuation and relocation diagram with the name and address of the location. When children reach this location, Teachers and Teaching Assistants will take attendance and head count to make sure that all children from their classroom arrived at the relocation site. It is the responsibility of the Campus Director to communicate with teaching staff at the relocation site to ensure that all children and staff reached the site.

Each Teacher and Teaching Assistant will be responsible for supervising their class at the relocation site. The Family Empowerment Advocates will be responsible for calling parents to pick-up their children. All staff will be responsible for making sure that child pick-up at the relocation site is done in an orderly fashion and that all children are picked-up by the appropriate person(s).

As part of the emergency preparedness plan, children diagnosed with a disability or other health impairment will be assigned a buddy (staff person) to assist them with relocating to the relocation site. This designated buddy will make sure that the appropriate actions have been taken according to the disability or health impairment that has been diagnosed. (See Appendix G) for guidance.

The Campus Director will communicate with local authorities on a regular basis throughout the emergency. The Director or their designee will also contact the CSNT Head Start Director and State Child Care Licensing as part of the notification process.

The emergency preparedness plan will be shared with all new staff as part of the orientation process. The Campus Director will make sure that new staff understand their responsibilities during an emergency. Parents are also given general information about the emergency preparedness plan during parent orientation, and it is a part of the parent handbook. Copies of the plan will also be available for parents upon request.

Emergency Contact Numbers:

Fire Department: _____

Police Department: _____

**Emergency
Management Agency:** _____

State Licensing: _____

CSNT Admin Office: _____

CSNT Head Start Campus Emergency Preparedness Plan

Revised 8/5/2025

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EMERGENCY EVACUATION PLAN POLICY

- A. It is the responsibility of Community Services of Northeast Texas, Inc. to prepare plans whereby the facility, can be evacuated quickly in the case of an emergency. Causes for evacuation could be fire, bomb threats, explosion, flood, severe thunderstorms, severe winter storms, hurricane, tornado, toxic fumes, electrical failure or structural failure. In the event of an emergency, evacuation of the facility should proceed as rapidly and safely as possible. This plan has been developed considering three scenarios of evacuation.

Evacuation Scenarios:

1. **In-Place Evacuation:** Keeping children and staff members in place but securing location for the emergency at hand. Example: (tornado and chemical release)
2. **On-Site Evacuation:** Movement of children and staff members out of the buildings affected and relocated to other areas on campus.
3. **Off-Site Evacuation:** Movement of part or all of the children and staff members off campus to another designated location.

These Evacuation Scenarios shall include:

- (a.) Authority
- (b.) Evacuation Routes
- (c.) Evacuation Procedures/locations
- (d.) Evacuation of Handicapped
- (e.) Collection points
- (f.) Accounting of Personnel
- (g.) Assignments of Responsibilities

- B. The Campus Director shall be responsible for reviewing and approving the plan. The plan shall be reviewed annually and updated as needed. A copy of a summary plan should be forwarded to the local Fire Department, local Law Enforcement, and the local Emergency Management Agency for the area.
- C. Each employee at the facility shall be made familiar with the plan and trained annually on his/her responsibilities within the plan. New employees shall receive this review during their Campus Orientation.
- D. Each child shall receive training concerning emergency evacuation procedures during the program year. This training shall follow all State and Federal Regulations.
- E. Floor plans shall be developed and posted in public view showing exits and directional paths for traffic flow. Copies of floor plans shall be given to the local Fire Department, Local Law Enforcement, and local Emergency Management Agency.
- F. Fire Drills will be held monthly (Performance Standard # 746.5205)
- G. Severe Weather Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)
- H. Lock-down Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)

EMERGENCY PROCEDURES AND EVACUATION

I. GENERAL INFORMATION

- A. The safety of the children and staff members at Community Services of Northeast Texas Head Start is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of this facility to ensure the safety of the children and staff members in the event of an emergency.
- B. In the event of an emergency the Campus Director, or his/her designee, will notify the Head Start Director and/or Chief Executive Office as soon as possible regarding the situation and the response to it.
- C. In the event of an emergency the Campus Director, or designee, may require that all staff members on duty remain at work or return to work until the situation is no longer deemed an emergency.

II. FIRE

- A. Evacuate the area (always stay low, as smoke and heated gasses collect near the ceiling first).
- B. Activate the fire alarm (if so equipped)
- C. Call **911**, indicating the need for assistance from the fire department and law enforcement. Other communication networks should be identified and utilized in the event that the fire has caused the telephone system to be out of order.
- D. The Campus Director, or designee, will designate a person, or persons, to go to the nearest intersection to direct the fire department vehicles to the scene (if necessary).
- E. Evaluate the situation; determine quickly, if possible, the size, nature, and location of the fire within the facility.

- F. Upon arrival of the fire department the Campus Director, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her.
- G. Make certain that all of the children and staff members are accounted for and safe. Move to other locations as required. A fire deemed in any way to be a threat to the safety of the children, or the staff calls for evacuation to the outside area, away from the building.
- H. All windows and doors to the facility should be closed, and all electrical switches and breakers turned off. However, do not waste time doing this if the condition is an emergency.
- I. Any of the steps above may be done simultaneously as the number of staff members on duty permits. The decision to not follow any of these steps is justifiable only when there is certainty that there is imminent danger.
- J. If the fire is small, any of the facility's fire extinguishers may be used to put it out, if the staff member has received proper training. Although there should be no hesitation regarding the use of fire extinguishers, the fighting of any fire by staff members should be undertaken only if there is no imminent danger.

1. The Campus Fire Extinguishers are located as follows:

(a.) _____

(b.) _____

(c.) _____

(d.) _____

(e.) _____

2. Each staff member is responsible for becoming familiar with the use of fire extinguishers (drills will be conducted monthly).
- K. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation as follows:
1. **Yellow smoke** may indicate the presence of toxic gases. Evacuation should proceed immediately, and no effort should be made to extinguish the flame.
 2. **Gray smoke** with brown wisps is indicative of any electrical fire. Again, the area should be evacuated immediately, and all should stay clear of the area.
 3. **Gray-black smoke** is indicative of a primary fire. The priority remains the evacuation of the immediate area. Staff members may attempt to extinguish the fire only if there is no severe danger of smoke inhalation.
- L. Ensure that no re-entry is attempted until authorized by the fire department.
- M. Drills will be conducted monthly during school session.

III. INCLEMENT WEATHER

(See separate Appendix B for Hurricane and Appendix C for Severe Weather Plans)

IV. ILLNESS OR INJURY

A. MINOR

1. Treat with medical supplies on hand.
2. Evaluate periodically to see if further medical attention is required.
3. Document treatments and evaluations in children's file.
4. Consult family members.

B. MAJOR

1. Employ first aid techniques as trained, if needed (Please see Attached Appendix A for detailed information)
2. Contact **911**, if immediate medical attention is required.
3. If an illness or an injury requires a doctor's care, but emergency services are not required, the staff members should then arrange for transportation to the emergency room, pediatric clinic, hospital per instructions of the family member.

C. DEATH

1. If a death occurs at the Campus, the following should be contacted immediately:
 - (a.) Call **911**, request emergency assistance
 - (b.) Contact local Law Enforcement; allow them to notify the family members.
 - (c.) The Campus Director, the Head Start Director, and the Chief Executive Office
2. The body should not be moved or tampered with.
3. All children should be moved to a part of the building away from the body.
4. The children should only be told what is essential for them to know about what has occurred but should be offered comfort and counseling as needed.
5. No news media should be contacted. If a news reporter is aware of what has occurred and solicits information, he/she should be referred to the Campus Director and then to the Chief Executive Officer.

D. Communicable Disease Protocol

1. In the event a child or staff member is suspected of having a communicable disease such as COVID-19, that person will be placed in a monitored isolation area away from other staff and children until the Campus Director or other person in charge is able to contact a family member for immediate pick up.
2. When the child or staff member has been picked up or left, cleaning and sanitation procedures for the building and areas occupied by ill person will begin as soon as feasible according to the recommendations provided by the CDC. Campus Director will contact Head Start Management Building and local licensing representative to report the possibility of infection.
3. If a person has been confirmed to have a Communicable Disease, Campus Director or other person in charge will notify HSMB and local licensing and/or Health Department to report the positive result ensuring complete confidentiality of children and staff. Campus staff will then follow the CDC recommendations for cleaning/sanitizing building and temporary closures (if necessary or implemented by local/state mandate) according to CSNT's company policies.

*****NOTE: Never move or touch unidentified or suspicious objects.**

V. BOMB THREATS

A. GENERAL PRECAUTIONS

1. Any bomb threat should be treated as real until proven otherwise.
2. Unidentified or suspicious objects should be reported to the authorities.
3. Evacuation should be to an outdoor area as far from the building as safely possible. The area to be evacuated to should be searched quickly before evacuation.
4. Upon evacuation, all windows and doors should be left open, if possible, to minimize the shock damage from blast.
5. Upon arrival of law enforcement authorities, the Campus Director, or designee, will assist with search (i.e., unlocking doors, identify strange or suspicious objects).
6. The appropriate authorities should be consulted prior to re-entry into the building.
7. See Appendix D for threat information sheet.

B. TELEPHONE THREAT

1. The staff member that received the call should tell another staff member that a bomb threat is in progress so that:
 - (a.) The building may be immediately evacuated,
 - (b.) Local Law Enforcement may be contacted via **911**.
2. The receiver of the call should keep the caller on the line as long as possible.
3. Information should be recorded on the Bomb Threat Form as quickly as possible. Information sheets should be kept near each phone, or specifically record the following information:
 - (a.) The exact time the call was received: _____
 - (b.) The caller's exact words: _____

(c.) A description of the caller's voice: _____

4. If the call receiver has the time and opportunity, he/she should ask the caller for:

(a.) The location of the bomb: _____

(b.) The exact time of the explosion: _____

(c.) A description of the nature and appearance of the bomb: _____

(d.) The caller's name and their location: _____

C. WRITTEN THREATS

1. The staff member receiving the written threat should handle it as little as possible, (to preserve fingerprints), and should save all materials including any envelope or other container.
2. Local Law Enforcement should be contacted first, followed by the Head Start Director and/or the Chief Executive Office.
3. The building should be evacuated until it is determined that there is no longer a danger.
4. All materials involved in the threat should be turned over to the proper authorities.

VI. UTILITIES AND MAINTENANCE EMERGENCIES

A. GAS LEAK

1. If any staff member or children smells gas, act quickly.

2. Open windows immediately.
3. Call **911 from a phone outside of the building** and report the possible gas leak. (Use a cell phone or a neighboring business phone.)
4. Do not turn any electrical switches **on or off**. Eliminate all flames.
5. Check all gas taps and turn them off.
6. If necessary, turn off gas main. The shutoff valve is next to the meter. Using a wrench turn the valve a quarter turn in either direction.
7. If the gas odor remains strong, evacuate the area immediately.
8. Do not return to the building until the fire department announces it is safe.
9. Notify CSNT Service Manager of the emergency.

B. POWER FAILURE

1. The building's emergency lights, if so equipped, should come on automatically.
2. The Campus has _____ flashlights:
Which are located _____.
The spare batteries are located _____.
3. A battery-operated radio is located is located _____.
The radio may be used to monitor weather conditions, etc.
4. In the event of a power failure, the staff members on duty should contact the following:
 - (a.) The power company phone # _____.
 - (b.) CSNT Service Manager with details of the emergency.

C. LOSS OF WATER

1. There is an emergency supply of water located _____.
This water should be used sparingly, and only for emergency.

2. In the event of the loss of water, the staff members on duty should contact the following:

(a.) Local City Water Department: _____

(b.) CSNT Service Manager: _____

D. LOSS OF TELEPHONE SERVICE

1. There is a cell phone located _____ which may be used if regular telephone service is disrupted. Use of the cell phone should be limited to absolute need.
2. In the event of loss of telephone services, the staff members on duty should contact the following:
 - (a.) The Local Telephone Company repair service: _____
 - (b.) CSNT Service Manager: _____

E. LOSS OF HEATING AND AIR CONDITIONING (emergencies only)

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

F. PLUMBING PROBLEMS (emergencies only).

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

VII. EMERGENCY EVACUATION

A. In the event of a fire, bomb threat, electrical, chemical, or other emergency that would require evacuation of the building, all staff members should adhere to the following:

1. Call **911**, indicating the need for assistance from the local Fire Department and the Local Law Enforcement.
2. Make certain that all children and staff members are accounted for and are safe.
3. Evacuate all children and staff members to an area as far from the building as safely practical.
 - (a.) Adhere to predetermined evacuation routes, if possible, do not hesitate to adjust these routes to avoid dangerous areas.
 - (b.) All children and staff members with special needs are to be assisted as needed.
4. Conduct a second head count for children and staff members.
5. Notify the Head Start Director and/or Chief Executive Office as soon as possible.
5. Do not approach or re-enter the building until consultation with the proper authorities.

Appendices

Appendix A of the Emergency Plan

SERIOUS INJURY OR ILLNESS

The immediate concern is to aid the sick or injured person. Proceed according to the following plan:

- A. No staff member should place themselves at risk in the rescue of an injured child or staff member. Call **911** and request the needed emergency responders.
- B. Do not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.
- C. Begin First Aid/CPR. (Make sure that staff member is certified).
- D. Treat life-threatening injuries first in priority order:

1.) Impaired Breathing	2.) Heart or Circulatory
3.) Severe Bleeding	4.) Shock

- (a.) **Impaired Breathing** – Work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. Place victim on his/her back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation (if so trained). After the victim is breathing alone, treat for shock.
 - (b.) **Heart/Circulation Failure** – Work quickly. If possible, get trained help and work as a team. Apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
 - (c.) **Severe Bleeding** – Act quickly. Apply direct pressure on the wound with your hands, using a clean cloth, if one is available. If there are no fractures, elevate the wound. If bleeding is of a spouting or pumping nature, apply pressure to the appropriate arterial pressure point. Never use a tourniquet except as a last resort.
 - (d.) **Shock** – If there is no head or chest injury, keep head lower than the rest of the body. Loosen clothing and cover with blankets. Encourage fluids if victim is conscious and there is no abdominal injury or nausea.
- E. Other injuries/illnesses should be treated in priority with respect to threat of life.
 - F. Depending on the seriousness of the injury the victim should be taken to a nearby hospital by ambulance or driven by someone else.

Appendix B of the Emergency Plan

HURRICANE PLAN

A. The safe place designated by the Campus Director is the

_____.

1. All children will be moved to the safe location.
 2. Maintain flashlights and voice contact among staff members at all times.
 3. Direct all children to sit on the floor in designated area, not in front of doors.
 4. Advise all children to wear shoes.
 5. Make sure to do a head count before moving to safe place, after arriving at safe place, and after leaving designated area.
- B. After being certain that the storm has passed, staff members should do a head count and check the complete building for any damages such as fire, water, or structural.
- C. Notify the Head Start Director and/or Chief Executive Office as soon as possible with an update of the conditions.
- D. Notify all local emergency responders that services are needed.

Appendix C of the Emergency Plan (Page 1 of 2)

**TORNADO/SEVERE WEATHER WATCHES AND WARNING
PROCEDURES**

- A. The safe place in the building is the _____.
 - 1. All children will be moved to the designated safe location.
 - 2. Maintain flashlights and voice contact among staff members at all times.
 - 3. Direct all children to keep down on their knees with their heads between their legs covering their head with their hands.
 - 4. Advise all children to wear their shoes.
 - 5. Make sure to do a head count before moving to safe location, after arriving at the safe location, and after leaving the designated safe location.
- B. After being certain that storm has passed,
 - 1. Staff members should do a head count.
 - 2. Provide any necessary first aid and call **911** for any necessary response agencies.
 - 3. Check the complete building for any damages such as fire, water, or structural.
 - 4. Turn on and test utilities.
- C. Notify the Head Start Director and/or Chief Executive Office as soon as possible with update of conditions.
- D. Notify all emergency agencies that services are needed.
- E. Severe Thunderstorm Watch
 - 1. Advise staff members of the weather condition.
 - 2. Monitor approved electronic devices for updates.
 - 3. Modify outdoor activities to ensure that relatively quick access to shelter is available.
- F. Severe Thunderstorm Warning
 - 1. Advise all staff members of the weather condition.
 - 2. Monitor approved electronic devices for updates.
 - 3. Terminate outdoor activities and seek shelter.
 - 4. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.

Appendix C of the Emergency Plan (Page 2 of 2)

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

G. Tornado Watch

1. Take all precautions including in the Thunderstorm Watch in addition:
2. Upon approach of thunderstorms, cease any outdoor activity that would delay the seeking of shelter.
3. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.
4. Monitor approved electronic devices for updates.

H. Tornado Warning

1. Monitor radio continuously.
 2. Monitor sky conditions continuously. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.
 3. Turn off all utilities, if time permits.
 4. Move all staff members and children to designated safe location:
-
5. Monitor approved electronic devices for updates.

Appendix D of the Emergency Plan

BOMB THREAT INFORMATION FORM

Exact Time of Call: _____ Date of Call: _____

Exact Words of Caller: _____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

DESCRIBE CALLER'S VOICE (Circle)

Male/Female	age _____			
calm	disguised	nasal	angry	broken
stutter	slow	sincere	lips	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

THREAT LANGUAGE

Well Spoken (educated)	Irrational	Message read or recorded
Foul/vulgar	Incoherent	

If voice is familiar, whom did it sound like? _____

Where there any background noises? _____

Remarks made by caller: _____

Person receiving the call: _____

Telephone number/line call received: _____

Appendix E of the Emergency Plan

FLOOD PLAN

When Flash Flood conditions are forecast, the following guidelines shall be used:

- A. Monitor approved electronic devices for updates.
- B. Move records and valuable equipment to higher floors. Store chemicals where flood waters cannot reach them and cause contamination.
- C. Make transportation preparations to move children and staff members in the event that evacuation is needed.
- D. Safe area to be evacuated to is: _____
Safe route three is: _____
- E. Evacuation:
 - 1. If the facility is in a low-lying area vulnerable to flooding, evacuation will be immediate.
 - 2. Evacuation is to follow the safest route possible (listen to weather and news reports for routes). Maintain voice contact among staff members and ensure all children and staff members are accounted for.
 - 3. If time and conditions permit, unplug all electrical appliances.
 - 4. All loose outdoor articles are to be brought in or tied down.
 - 5. Lock all doors.

Appendix F of the Emergency Plan

HAZARDOUS MATERIALS ACCIDENTS

- A. Evacuate the area immediately
 - 1. Do not turn any electrical switches **on or off**.
 - 2. Eliminate all open flames.
 - 3. Evacuation should be to an area (if possible) upwind and uphill of the facility.
- B. Call **911**, and report that there has been a Hazardous Materials Spill.
- C. Do not attempt to contain, touch, or identify (if unknown) the hazardous material.
- D. Do not attempt to rescue someone who has been overcome by fumes.
- E. If a child or staff member has had contact with chemicals; the chemicals should be washed off immediately.
- F. Do not return to the building until authorized to do so by the fire department.

Appendix G: Disability Tips for Relocation of Students

Categories of Disability under IDEA Law

Federal Disability Term	Alternative Term	Brief/Description/ Factors that Elevate Risk in Emergencies	Factors that Reduce Risk Emergencies
Autism	Autism Spectrum Disorder	Characterized by extraordinary difficulty in social responsiveness; often resistant to environmental change or change in daily routine and experience anxiety over interruption. May be non-verbal or use argumentative communication	Structure, routine, normalcy, and familiarity with activity
Deaf blindness		A simultaneous significant hearing and vision loss; limits the speed of movements.	Guidance from a sighted person
Developmental delay		A delay in one of the following areas: physical development, cognitive development, communication, social or emotional development or adaptive (behavioral) development.	Minimize disruption of routine patterns of activity, modulate sensory input
Emotional disturbance	Behavior disorder, emotional disability	Has limited ability to understand environmental events, situations, or procedures. Needs are categorized as mild, moderate, or severe. May disobey or resist direction, may panic.	Regulated sensory input
Hearing impairment	Deaf, hard of hearing	A complete or partial loss of hearing that adversely affects a child's educational performance. May not respond to auditory cues.	Written instructions, sign language, specialized communication for direction in an emergency
Mental retardation	Intellectual disability, cognitive impairment	Significant limitations in intellectual ability and adaptive behavior. This disability occurs in a range of severity.	Regulated sensory input
Multiple disabilities		The simultaneous presence of two or more impairments, the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. Does not include deaf blindness.	

Orthopedic impairment	Physical disability	A significant physical limitation that impairs complete motor activities, strength, vitality, or an alertness to environmental stimuli.	Adaptive physical equipment cane, walker, wheelchair. May require alternative, accessible evacuation route
Other health impairment		A disease or disorder so significant that it negatively affects learning; examples include cancer, sickle-cell anemia, and diabetes	Continuity of medication management regime
Specific learning disability	Learning disability	A disorder related to processing information that leads to difficulties in reading, writing, and computing.	
Speech or language impairment	Communication disorder, stuttering	A disorder related to accurately producing or articulating the sounds of language to communicate	Sign language, hand signals, specialized communication for response in an emergency
Traumatic brain injury	TBI	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychological impairment, or both that may affect cognition, behavior, social skills, and speech.	
Visual impairment	Low vision, blindness	A partial or complete loss of vision	Guidance from a sighted person

Source: National Dissemination Campus for Children with Disabilities

In addition to the children with disabilities specified under IDEA law, the site director or designee must identify individuals with a temporary impediment such as a broken leg or hidden impairments such as asthma, panic attacks, significant allergies or heart conditions. Children with such documented medical conditions may not have an IEP in place that would highlight the need for continuing a special medical regime, particularly during a crisis or disaster.

Security Awareness Tips for Child Care Providers

*(Unless noted otherwise, these are just suggestions – **not** requirements. However, it is important that steps are taken to make sure that children are safe.)*

1. Monitor access to your facility.

- Make sure there is security for facility entrances. For example, single-action locks (which only lock people *out* of a building) and buzzers or bells that sound when doors are opened.
- Mandatory sign-in for all parents and visitors, with a staff person always assigned to answering the door or monitoring the building's entrance.
- Make sure that all adults who pick-up children are authorized to do so. For any adult staff do not know, the staff should check the adult's identification to make sure that the information matches the child's pick-up information.

2. Develop policies about information to share with the public.

- Never share information about a child with anyone except his/her parents or guardians. Decide if there is other information that is sensitive and should be shared only with certain people.
- Tell staff which information should (or should not) be shared, with whom, and how. Advise staff on what to do if they receive an unusual information request.
- Parents need information about your program to make informed decisions about their children. Be sure to balance security measures with responsiveness to parents/guardians.

3. Be alert and aware of your surroundings. Report anything out of the ordinary.

- Be aware of adults near your Campus or office who are not supposed to be there. Take notice of unusual visits or phone calls.
- Report anything out of the ordinary to the police and/or the Campus Director.

4. (Hopefully as usual) *maintain high standards for hand washing/other aspects of sanitation.*

- Ask all children, staff, and visitors (including parents) to wash their hands upon entering the Campus.
- Make sure that all children and staff wash their hands when coming in from outside; before preparing, serving, or eating food; after toileting; and after cleaning up sneezes.

- Take precautions in dealing with body fluids such as blood and vomit.

5. Get prepared for various types of emergencies.

- Call your local Emergency Management Agency to find out about your area's risks, what you can do to prepare, and how to develop an emergency plan.
- Train your staff on how to be prepared and how to use the emergency plan.
- As part of the emergency plan, develop a plan for relocating children off-site in case they need to be moved quickly for their safety. Identify two places (e.g., schools, recreation centers, other childcare facilities, etc.) about a mile away where you can take your children. Make arrangements with other facilities to accept your children and staff in case of an emergency. Tell parents ahead of time where they can find their children if they are relocated during an emergency.
- Make arrangements for transportation, if it is not readily available.
- Learn how to identify suspicious packages that could contain dangerous materials. Please note that the risk of this danger to childcare facilities is extremely low.
- As part of your monthly fire drill, have your staff identify at least two ways out of each room and practice through alternate exits.
- Each month, test smoke alarms to make sure that they are in working order and check any fire extinguishers you have to make sure that the gauges show they are still "charged." Train staff on how to use any fire extinguishers you have. The Local Fire Departments can help with training needs.

EMERGENCY PREPAREDNESS FOR CHILD CARE PROVIDERS

Before an emergency...

Know Your Risks

Call your local Emergency Management Agency to find out the potential risks in your area and how to prepare for them

Plan Ahead

Your program may want to build on the required emergency procedures to develop a comprehensive emergency plan.

Consider...

1. What will you do if an emergency occurs while children are in your care?
2. How might your response vary depending upon the type of emergency?
3. Where will you take children to minimize the risks of injury?
4. In case an emergency requires relocation, do you have secondary sites and emergency transportation lined up? Do you have portable records/supplies?
5. What will you say to children to reduce their fear and increase safety?
6. How will you communicate with parents, local authorities, and CSNT Admin Office?
7. What will you do if phone lines, or cell phone towers are down/circuits are busy?

Prepare An Emergency Supplies Kit

(Should be portable in case of emergency)

1. List of emergency phone numbers
2. (As available, cell phone, calling card, change for pay phones, or walkie talkies
3. Water – backup supply of what you typically use in a day (Note: boiled water is not good for infants)
4. Non-perishable food; manual can openers
5. First Aid Kits and blankets
6. NAAO Radio, flashlights, and extra batteries
7. Hand washing solution that does not require running water
8. Extra clothing and shoes for children
9. Other items for safety and comfort
10. If evacuating/relocating, remember child records, attendance sheets

Help Staff and Children Prepare

1. At least once per year, train staff on your emergency plan, specific disaster roles, and the location of disaster supplies.
2. Train new staff as part of the Campus orientation
3. In addition to monthly fire drills, have other periodic drills for other possible emergencies.
4. Look for approved training on emergency preparedness topics.
5. Identify “Safe Places” in your Campus to take children during storms.
6. Prepare children for emergencies through in-formative yet not threatening activities.
7. Provide parents with emergency preparedness materials for the home.



Family and Community Engagement Transition Services & Child Records Protections Operating Procedures Manual

*Aligned with the 2024 Head Start Program
Performance Standards*

(Standards 1302.50 -1302.53)

(Standards 1302.70 -1302.72)

(Standards 1302.20 -1302.24)

Revision 12/3/2024

Revision 7/3/2025

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INTRODUCTION (Standard 1302)

The focus of the Parent, Family, and Community Engagement program is on the child, the family, and the community as a group of interacting personalities. The role of the staff is to provide support to the child and family. Social Services/Parent Engagement staff also serves as a resource to the family by serving as a liaison between the Head Start Campus and Early Head Start Center, the family and the community. Out of this interaction; empowerment, enhancement of problem solving skills, and self-reliance is the desired outcome for each family system.

Head Start Family Empowerment Advocates/Campus Staff also perform the following roles:

1. Provide support and serve as a resource to families.
2. Act as a bridge between, the family and the community.
3. Provide training and education to families in using available resources and services, and in locating those that are unavailable or inaccessible.
4. Serve as a resource within the Head Start program for other *staff* members.
5. Maintain accurate records for the benefit of families and other staff members.
6. Act as an advocate of the children and families enrolled in the program, both within the Campus and in the community.
7. Involve parents in the process of making decisions about the nature and operation of the Head Start program.
8. Involve parents in the classroom as paid employees, volunteers or observers.
9. Assist parents in working with their children in cooperation with the staff.
10. Involve parents in planning activities for themselves in the Campus and in the Community.
11. Work with donors that make in-kind contributions to the Head Start program.
12. Work with Administration, campus teams, parents, and community volunteers in generating the program's 20% non-federal share annually.

This "Content Area Plans "will outline how these tasks will be accomplished by the Family Empowerment Advocates/Campus Staff in collaboration with other Head Start team members.

II. FAMILY EMPOWERMENT ADVOCATES/PARENT ENGAGEMENT DESK PROCEDURE

1. Family Empowerment Advocates meet monthly to outline and document activities for the following month.
2. Check with teachers daily and document absenteeism.
3. Document absences reasons and follow up with a call and/or home visit if necessary.
4. Schedule home visits with families at least two a year according to FS/PI time line and as needed to meet individual family circumstances and to complete Family Partnership

Agreements. (First is due to the FSA the middle of August) (Second is due by the last day of April). (See Education Manual – Home Visit for procedure in scheduling home visits)

5. Enter applications and enrollment data on Child Plus weekly or as needed to ensure information on system is current. (Speak with management staff to allow information to be checked and followed through.)
6. Update Child Plus waiting list monthly.
7. Assist Campus Director in compiling the Non-Federal Share report monthly (Inkind).
8. Update Child Plus weekly, and encourage Campus staff to document contacts with families weekly or as they occur.
9. Update emergency cards as changes occur or at least once a week.
10. Partner with families on a continuous basis, to ensure that their needs and/or concerns are being met.
11. Conduct case management meetings monthly in order to ensure all enrolled families are staffed by FS/PI time line deadline. (100%)
12. **Conduct parent meetings/parent engagement events.** Send out flyers at least **one** week in advance of meeting. Conduct, as needed, monthly volunteer orientations for new parent and/or community volunteers.
13. Make community contacts monthly via telephone, correspondence or scheduled office appointments to acquire in-kind and/or resource information for enrolled families.
14. Follow up and document within two weeks the results of referrals. The maximum time for follow up is 30 days.
15. Include Policy Council Meeting report in monthly parent meeting.
16. Recruit and enroll as needed to maintain Campus capacity. Conduct folder review after each enrollment. Fill all vacancies within 30 days. Process dropped folders within 30 days.
17. Maintain locked files daily. Collaborate with Campus staff to keep in order weekly.
18. Attend ARD meetings and team meetings as scheduled.
19. Plan and coordinate with Campus staff, parent-training activities monthly or as needed.
20. During the first part of the year, include transition information on parent meeting agenda.
21. Conduct election of parent officers and policy council members at the September parent meeting. All other parent training topics will be determined from the results of the Parent Survey.

Job Descriptions

See Human Resources Director Job Description

CAMPUS OPERATING PROCEDURES

Campuses open at 7:30 a.m. and close at 4:00 p.m. Children of working parents will be accepted in the campus as early as 7:30 a.m. and will be picked up by 3:00 p.m.

1. Any changes in a family's work or school status are to be reported to the Family Empowerment Advocate. Families failing to adhere to the appropriate time slots will receive a conference upon each occurrence. The Campus Director and Family Empowerment Advocate are to outline a written plan of action to bring them into compliance. A copy of the plan with staff and parent signatures will be given to the family and a copy will be kept in the child's folder. Family Empowerment Advocates will monitor the family's progress toward compliance and provide support and encouragement.
2. Head Start offers children two-thirds of the daily nutritional requirements through breakfast, lunch and afternoon snack. Breakfast is served from 7:30 a.m. to 8:30 a.m. Lunch may be served as early as 11:00 a.m. or from 11:30a.m. to 12:30 p.m. Afternoon snack is served at 2:30 pm.
3. No child is accepted in the campus after 8:30 a.m., unless approved by the Campus Director or other designated staff person.
4. It is the responsibility of each parent or person bringing a child to the campus, to escort the child to the campus to be checked in by campus staff. During check in, backpacks and carry ins are checked to ensure the safety of all children.
5. If a child is going to be absent, it is the responsibility of the parent to inform the Campus Director or campus staff as soon as possible. Each time a child is absent, the parent must write a note or bring a doctor/clinic excuse to the Campus Director upon the child's return to school.
6. If a child is absent three consecutive days, and the Campus Director has not been notified, the Family Empowerment Advocate will make contact in regards to absenteeism and prepare proper documentation. Every effort will be made to keep each child enrolled in the program.
7. A child will not be released to anyone who is not listed as a designated pickup person, without prior written parent/guardian authorization.
8. A child will not be released to anyone who appears to be under the influence of alcohol or other drugs.
9. Head Start parents are asked to bring an extra pair of garments to be left in the campus in the event of an accident (i.e., spilled paint, wetting or food spilling).
10. Children are not allowed to wear open toed shoes or sandals for safety reasons. A child is allowed to wear modified footwear as deemed necessary by the parent. The parent must submit a written request /authorization to verify qualifying condition.

After three (3) days a doctor's statement is required for the child to continue to wear the modified footwear. (See Head Start Standard Sec. XVII. F).

11. Head Start will not be liable for theft or damage to children's clothing or jewelry.
12. Parents are to notify the Campus Director and Family Empowerment Advocates/Parent Involvement staff immediately if there is a change of address, telephone number, emergency number and/or name. It is the responsibility of parents to keep place of employment and any change of income current with the Site Manager and Social Services/Parent Involvement Specialist.
13. Two home visits are required for each enrolled child by his/her teacher. Support services staff may make additional home visits; the visits will be scheduled.
14. Parents are encouraged to contact the Campus Director with any questions and suggestions concerning campus operations. A Grievance Policy is posted in each campus, and parents should read and follow the policy.
15. Head Start provides enrollment opportunities to any eligible child regardless of race, creed, color, sex, disability or national origin.
16. The Campus Director or other designated staff will bring any special problem or occurrence that affects an enrolled child to the parents' attention.
17. Parents are responsible for keeping all appointments and maintaining current immunizations on the enrolled child.
18. Parents are encouraged to participate in classroom and other programs activities designed to promote or enhance the development of parent skills, self-confidence and child awareness on a weekly basis.
19. Parent meetings are held once a month at each campus. Parents are encouraged to attend these meetings.
20. Parents may take advantage of all training opportunities that will help them become more aware of their role as the child's first and most important teacher.
21. Parents may take advantage of every opportunity available to participate as volunteers and observers in the classroom.
22. Head Start staff will partner with parents to establish goals, responsibilities and time lines.
23. Head Start parent trainings are designed to help parents better understand the principles and philosophies of infant/toddler growth and development and preschool education. We urge all parents to take advantage of these trainings.

- 24.** Parents are provided with transition services when their children enter into the Head Start program. Families are also provided transition services when their children enter kindergarten programs.

PARENT COMMITTEES (Standard 1301.4)

PROCEDURE

1. A parent committee will be created at the first parent meeting of the year in September.
2. Parent/Guardian(s) will elect officers and Policy Council Representative and Alternate at the first meeting.
3. In order to hold an office, the person must be a parent or legally responsible adult of a child currently enrolled in the Head Start Program at that designated campus.
4. Assistant Head Start Director will train parent/guardian(s) on Roberts' Rules of Order and will conduct the election process following these rules. Assistant Head Start Director will also inform parent/guardian (s) of the roles of each office that is elected.
5. Parent Committee meetings will be held throughout the year on dates selected and voted on by the Parent Committee.
6. Parent/Guardian(s) will learn of new policies and have opportunities to participate in planning of activities on the campus.
7. Policy Council Representatives will be listed on the agenda each month to share information received at the prior month's Policy Council Meeting

Subpart E - Family and Community Engagement Program Services

FAMILY ENGAGEMENT (Standard 1302.50)

PROCEDURE

1. Family Empowerment Advocates will recognize parents as the child's primary teachers. Parents will be encouraged to be their child's primary teachers throughout the school year. Training will be made available to support the parent/guardian(s) in this area.
2. Communication with the parent/guardian(s) will begin during the application process and will continue to build through the orientation into the program.
3. Applications and orientations will be made available in the families preferred language, when available, and an interpreter from Head Start or the local LEA will be available to parents that need this service.
4. During the orientation process, parent/guardian(s) will complete the Family Partnership Agreement which includes the agencies needs assessment. Completing the Family Partnership Agreement at orientation allows Family Empowerment Advocates to have adequate time to work with families on their goals and provide resources to the family

for any needs that may be available.

5. Interpreters, when available, will be used at Parent Engagement Trainings and Parent Meetings so that all parents will feel welcome and comfortable during attendance.
6. Family Empowerment Advocates will encourage parent/guardian(s) to participate in volunteer opportunities on campus. Parent/Guardian(s) will be welcome in the campus and staff will ensure that parent/guardian(s) are aware of job opening in the program and areas volunteers are needed.
7. Family Empowerment Advocates, Campus Staff, Management Team will collaborate as much as possible to ensure that parents family engagement strategies are used in the classroom, home and the community.

FAMILY ENGAGEMENT (Standard 1302.51)

PROCEDURE

1. Parent/Guardian(s) will participate in the Read Across America literacy program each school year.
2. Parent Engagement staff will provide training in areas of literacy at Parent Meetings.
3. Family Engagement Coordinator will attend the first parent meeting of each school year and stress the importance of attendance of the children. Family Empowerment Advocates will also discuss the importance of attendance at Parent Meetings and Home Visits.
4. Parenting education training will be done with Parent Powered Parenting Curriculum.

FAMILY PARTNERSHIP SERVICES (Standard 1302.52)

PROCEDURE

1. Family Partnership Agreements are completed at time of orientation giving Family Empowerment Advocates adequate time to work with the family to meet their needs.
2. The Family Partnership Agreement includes the needs assessment.
3. Trainings for the parent/guardian(s) will be based off the needs assessments and parent interest survey.
4. Family Partnership Agreements will be taken on the first home visit in August. Family Empowerment Advocates and parent/guardian(s) will jointly develop a plan on how to assist the family with achieving these goals and inform parent/guardian(s) of any resources that may be available to them.
5. Home Visits will be entered into Child Plus, along with each goal the family has, with a plan of action outlining the steps that both the parent/guardian and Family Empowerment Advocates.
6. A follow up home visit will be conducted in November.
7. A final home visit will be conducted in March and any goal adjustments will be made at this time.
8. Home Visits will be conducted in the parent/guardian(s) home when possible. However, if parent does not agree to a Home Visit or there is a significant safety hazard to Family

Empowerment Advocates, an alternate location can be used to conduct the home visit.

9. Parent/Guardian(s) will be given a parent handbook at the beginning of each year that contains a community resource directory.
10. Family Empowerment Advocates will discuss with the family regarding any services that they are currently receiving from other agencies so that there will not be a duplication of services.

COMMUNITY PARTNERSHIPS (Standard 1302.53)

PROCEDURE

1. Parent/Guardian(s) are provided with a community resource directory at the beginning of each school year.
2. A formal and informal network of contacts have been developed with community organizations.
3. Agreements and MOU's have been established with various state and community agencies.
4. Community members serve on the Policy Council, Advisory Committees and as volunteers.
5. Referrals are made to WIC and Texas Department of Health and Human Services when needed.
6. Informal and formal agreements have developed with Health Providers and Nutritionist. See Health and Nutrition Plans
7. A Disabilities/Mental Specialist is available to parents. See Dis./MH Plan.
8. Staff receives training on child abuse/neglect and the reporting procedures.
9. Head Start cooperates with local reporting agencies for child abuse.
10. Children have the opportunity to visit the library thru field trips.
11. There are hands on activities with books and other manipulatives in the classroom.
12. Parents are invited to help with cultural activities in the classroom.
13. Representatives from state and local agencies are encouraged to participate on Policy Council and provide trainings for parents during parent meetings.
14. Agency will work with local school districts to share data and information at both Partnership meetings and through software if allowed.

Subpart G – Transition Services

Transition from Early Head Start (Standard 1302.70)

PROCEDURE

1. Beginning six months before a child's third birthday, Family Empowerment Advocates will have a transition meeting with the family to decide the best place

for the child to transition to.

2. Family Service staff will verify if the child will be able to transition into the Head Start Preschool program by re-verifying the family's income. If the child is eligible for Head Start Preschool the staff will ensure that the child transitions to Head Start Preschool the following school year. If the child is no longer eligible for Head Start Preschool, the Family Services staff will assist the parent in locating quality child care and will assist the parent with the transition into their new location.

Transition Services (Standard 1302.71)

PROCEDURE

1. Each child will receive a transition packet at the end of each school year that contains information to be used in the summer to continue the child's education.
2. Each child will receive a transition into Head Start Preschool bag at the first home visit or orientation if it is after the first day of school.
3. Family Empowerment Advocates will ensure that the final parent meeting contains information about that transition of their child to kindergarten.
4. Students on standalone campuses will complete a field trip to the receiving ISD in April/May of the school year.
5. Kindergarten teachers, when available, will be in attendance at Parent's Transition Meeting to provide information about kindergarten.
6. On-going communication between campus staff and ISD staff throughout the year regarding child's records.
7. Final Parent/Teacher Conference will discuss the child's readiness to transition into the kindergarten classroom.
8. CSNT will follow all privacy requirements as defined in subpart C of part 1303. (See Transition Plan for more information)

Transitions between programs (Standard 1302.72)

PROCEDURE

1. CSNT will assist parents that are moving out of the service area to ensure that a local Head Start Preschool program has all needed information. If a Head Start Preschool program is not available Family Empowerment Advocates will assist parent with finding another early education program.
2. CSNT will work with local pre-kindergarten and other early education centers that our students may transition to for the year prior to kindergarten.

Subpart C – Protections for the Privacy of Child Records

1303.20 Establishing procedures

PROCEDURE

1. The Agency will maintain confidentiality with all PII in child records.
2. Procedures will be updated at least annually or as needed.

Program Procedures – applicable confidentiality provisions. (Standard 1303.21

PROCEDURE

1. The Agency will follow FERPA.
2. The Agency will follow Individuals with Disabilities Education Act procedures for all children with a disability or concern.

Disclosures with, and without, parental consent. (Standard 1303.22)

PROCEDURE - Disclosure

1. All parents will be notified of the Agency's confidentiality procedures during orientation.
2. All staff will sign a confidentiality statement at the beginning of each school year.
3. Parents will sign a "Consent for Disclosure of Confidential Information" form when they request any PII.
4. The "Consent for Disclosure of Confidential Information" will contain the person requesting the information, the purpose of the request, the signature of both the parent and the staff.
5. Parents will be informed when records are transferred to a school district or program that their child will enroll or transfer to.

PROCEDURE – Disclosure with Parental Consent

1. Parent has the right to refuse transfer of the information if done so in writing.
2. If Parent does not refuse, all needed information will be transferred to the requesting school district or program.

PROCEDURE – Disclosure without Parental Consent

1. PII in a Child's file can be released without the parental consent in the following situations: Contractors/Providers, School Districts, Audits, Federal Review teams, Federal or State Entity conducting a study on Child and Family Outcomes, Emergency Situations, Judicial Orders, USDA/CACFP, or CPS cases.
2. If allowed, Parent/s will be notified, in advance, of any subpoenaed records.
3. Any information collected by an outside agency listed above must be destroyed when no longer needed for the purpose of disclosure.
4. Parents will be notified of agencies that may request information, without their prior

consent, in the parent handbook and during the parent orientation.

PROCEDURE – Written Agreements

1. MOU and Interagency agreements will contain information regarding the FERPA procedures.
2. MOU and Interagency agreements will reviewed annually and updated as needed.
3. The Agency will address violations on a case-by-case basis.

PROCEDURE – Annual Notification

1. Parents will receive notification of FERPA and confidentiality procedures in the parent handbook.
2. The handbook is available electronically or in a hard copy version.

PROCEDURE – Disclosing PII

1. Only information requested will be disclosed.

Parental rights. (Standard 1303.23)

PROCEDURE – Parent Rights orientation

1. At orientation, parents are informed that they are allowed to see their child's record.
2. If parent requests access to their child's record, the parent will sign "Consent for Disclosure of Confidential Information" form.
3. Parents will be given access to the requested information within 45 days after receipt of request.
4. Parents are allowed access to only their child's record.
5. No record will be destroyed with an outstanding request for review.

PROCEDURE – Amended Information

1. Parents are allowed to ask the program to amend information that may be incorrect or may violate the child's privacy.
2. The Agency will consider the parent's request and if a denied will inform the parents in writing within 30 days.

PROCEDURE – Hearings

1. Parents are allowed a hearing if they disagree with the decision to amend their child's record.
2. If a hearing is granted, a person that does not have direct interest in the outcome will conduct the hearing.
3. Parent will be allowed to present evidence that is relevant to the issue.

4. If information is found to be inaccurate, misleading, or violates the child's privacy act, the information will be amended or removed from the child's record.
5. If information is found to be accurate, parents must be allowed to make a statement placed in the child's file that states why they disagree with the program's decision.

PROCEDURE – Right to Copy of Record

1. The program will provide a parent with a free copy of any information that is disclosed to a third party with parental consent if requested.
2. Copy of information requested by a court order will not be released to the parent.

PROCEDURE – Right to Inspect Written Agreements

1. Parents will have the right to review any written agreements with third parties.

Maintaining records. (Standard 1303.24)

PROCEDURE

1. Child's records are kept within a locked filing cabinet in the Family Empowerment Advocate's office.
2. The key for the filing cabinet will be located within the Family Empowerment Advocate's office but will not be visible to a parent or staff member.
3. Family Empowerment Advocates will keep two years of records looked on the campus for review.
4. Older records will be stored in a locked facility until they are destroyed.
5. All staff that access a child record will sign in on the Confidentiality form located in the front of the child's record.
6. Any disclosure of information will be documented on the Confidentiality form.
7. The Agency uses Child Plus to maintain child's records. Child Plus has security settings to ensure that only allowed staff have access to the child's record and Child Plus is password protected requiring frequent password changes.
8. Parent Statements will be disclosed with disputed information.

**Community Services Head Start
Transition Plan-Head Start
Preschool**

Date Planned	Required Activity	Responsible Person	Parent Involvement	Date Completed
January	Staff attend transition IFSP/IEP Meetings	Education Coordinator / Family Empowerment Advocates	Yes	May
January	Teachers to begin transition activities in classroom.	Teachers	None	End of School
January	Begin implementing Nutritional Transition Component. Will include carrying trays during meal time.	Teachers / Nutrition Coordinator	None	End of School
January	Look at child's record to determine if meeting is needed with receiving program.	Family Empowerment Advocates / Coordinators	Yes	1st of May
February	Initiate contact with receiving programs.	Campus Directors / Family Empowerment Advocates	None	1st of May
March	Survey sent to determine School District.	Family Empowerment Advocates / Teachers	Yes	April
April	Initiate joint training for field trips to receiving program	Family Empowerment Advocates / Teachers	Yes	End of School

May	Parent/Teacher Conference for all children transitioning from Program. Complete Transition Summary and parents are to receive transition bags.	Teachers / Education Coordinator	Yes	End of May

Parent, Family, and Community Engagement Framework School Readiness Goals 2024-2025

1. Goal: Parents will ensure that all children are healthy.

Objective: 85% of all students will complete health requirements.

Action Steps:

1. Compliance on initial physicals
2. Compliance on initial dentals
3. Compliance on six-month dentals
4. Compliance on annual physicals
5. Compliance on lead
6. Compliance on hemoglobin

2. Goal: Parents will increase family engagement skills.

Objective: 80% of Parents will participate in Family Engagement Activities.

Action Steps:

1. Parent Engagement Events
2. Participation in Read Across America
3. Parent Powered Parenting Curriculum Participation

3. Goal: Parents will be prepared for transition into kindergarten.

Objective: 80% of parents will complete activities that will ensure their child is ready to transition to ISD campus.

Action Steps:

1. Parent participation in Home Visits
2. Parent participation in Parent Teacher Conferences.
3. Completion of home activities.

4. Goal: Parent and Staff will participate in Mental Wellness activities.

Objective: 90% of parents and staff will participate in mental wellness activities.

Action Steps:

1. Participation in quarterly staff wellness activity.
2. Parents will participate in Parent Powered Parenting Curriculum
3. Participation in staff wellness training

(Head Start Performance Standard 45 CFR 1304.53(b))

1. CSNT Head Start will purchase personal cleansing wipes and pull-up (only) unless parents request the use of diapers. All requests for pull-ups and wipes must be directed to Family Empowerment Advocate. Family Empowerment Advocate will purchase pull-ups at the request of Campus Director as needed.
2. Documented medical advice from a Health Care Professional is required from parents who request a brand of pull-ups/diapers or wipes different from the brand chosen by CSNT. Request for pull-ups/diapers and wipes when documented medical advice is received must be directed to Family Engagement Coordinator.
3. Request for pull-ups and personal cleansing supplies must be submitted in timely manner to allow for requisition preparation.

Diaper/Pull-up Changing Policy:

1. CSNT Head Start staff will adhere to Child Care Licensing Standards 746.3501, 746.3501, 746.3503, and 746.3505 for Pull-up/Diaper changing, changing equipment and sanitization guidelines to prevent spreading of germs. See Health Policy Procedures, Sec. 7.
2. CSNT will provide a change of clothes for children when needed. Family Engagement Coordinator will assess at the beginning of the school year and again in January each campus's clothing needs.

MALE INVOLVEMENT

“It’s easier to build strong children than to repair broken men”

Fredrick Douglas

The focus of Male Involvement is to increase male and family involvement through leadership training, parenting classes, literacy involvement and other activities men enjoy.

GOALS

- Head Start will support and encourage men and families to be involved in parent campus meetings, Policy Council and other Head Start Programs.
- Head Start will help fathers face the challenges of family, work and community.
- Head Start will recognize different cultural heritage within the family.
- Head Start will emphasize the importance of a positive male role model within the home.
- To increase coordination of other community agencies that focus around male and family involvement.
- To increase the amount of time fathers are engaged with their children around literacy and other educational activities.

Information Websites: www.fatherhood.org

www.fatherhood.hhs.gov www.nhsa.org

www.fatherlove.com

www.fathers.com

Healthy Marriage Initiative

Goal: To assist couples in developing the skills and knowledge to form and maintain healthy marriages. To assist couples in gaining access to marriage education services on a voluntary basis.

1. Couples or individuals who contact Head Start Family Empowerment Advocates with concerns dealing with relationship and/or marriage will be referred to the appropriate agency.
2. Family Empowerment Advocates will make referral within 10 days of initial contact and will follow-up at least 30 days after referral is made.

Referral Agencies:

*Family Systems – Couples Counseling – Bowie County 5321
Summerhill Rd.
Texarkana, TX
903-791-1051
Accepts Medicaid and Private Insurance*

*Counseling Services of Pittsburg
200 W. Marshall, Ste. E
Pittsburg, TX
903-856-6001
Accepts Medicaid and Private Insurance. Reduced Rate based on family size and income.*

*Lighthouse Counseling Services
217 N,. Jefferson, Ste. 3
Mt. Pleasant, TX
903-575-1330
Accepts Medicaid and Private Insurance*

Family Empowerment Advocate Timelines

See Family Empowerment Advocate Timelines in Forms



Health Operating Manual

*Aligned with the 2024 Head Start/Early
Head Start Program Performance
Standards*

(Standards 1302.40 -1302.47)

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PURPOSE (1302.40)

The major aspects HEAD START/EARLY HEAD START Health Services Program are health screenings, dental, mental health, nutrition, parent involvement in every aspect, and health education. The five Head Start/Early Head Start components; Health, Literacy, Education, Social Services/Parent Involvement, Special Services and their professional disciplines, work together toward accomplishments of this basic Head Start/Early Head Start mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

The Head Start/Early Head Start Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the Head Start/Early Head Start philosophy.

The Head Start/Early Head Start Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)

IDENTIFICATION OF NEEDS AND/OR ASSESSMENT

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

A program must establish and maintain a Health Services Advisory Committee that includes Head Start/Early Head Start parents, professionals, and other volunteers from the community.

(a) For all activities described in this part, CSNT Head Start/Early Head Start will collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

(b) CSNT will obtain advanced authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services.

(c) CSNT will share with parents the policies for health emergencies that require rapid

response on the part of staff or immediate medical attention.

PROCEDURE

All children (new and returning) enrolled must receive a vision, pure tone hearing screen, a hematocrit/hemoglobin, height, weight, lead blood test and/or results from previous test and blood pressure screening within 45 calendar days of entering the center. If a child fails his/her initial screening, the child must be re-screened 4-6 weeks after the initial screening date for the pure tone hearing and 4-6 weeks for the hematocrit/hemoglobin.

It will be determined at enrollment whether or not the child being enrolled has an established medical home. If the child has a medical home, then he/she will be referred to their primary provider for a physical examination. The initial physical exam must be completed within 90 calendar days of the child entering the campus. The primary provider should treat any abnormalities detected during the physical examination. All follow-up treatments must be referred back to the primary provider. All follow-ups will be deemed complete by individual Health Care Providers. Follow-up referral process will be deemed complete based upon Family Service staff documentation and/or by individual Health Care Providers.

All children enrolled must receive a dental examination every 6 months. New students must receive an initial dental exam within 90 calendar days upon entering the campus. Parents must be informed of required dentals and dental schedules during enrollment.

All children entering Head Start/Early Head Start must have the following:

- Current or up-to-date immunizations. Parents will be notified during enrollment that children cannot begin attending classes without up-to-day/current immunizations and of all immunizations needed.
- Parents will be notified during enrollment that CSNT Head Start/Early Head Start is required to adhere to the Texas Department of State Health Services Immunization requirements. Parents will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

CHILD HEALTH STATUS AND CARE (Standard 1302.42)

(ENROLLMENT PROCEDURES)

{Refer to Family Services Policies and Procedures} 1302.15

POLICY

(1) CSNT will within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care—provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care—and health insurance coverage

(2) CSNT Head Start/Early Head Start Family Service staff will assist families as soon as possible

in accessing a source of ongoing care and health insurance coverage or access to care through the Indian Health Service (if applicable), when a child does not have a source of ongoing care and health

(b) Enrollment allows for the opportunity to identify any potential health problems that may interfere with a child's learning ability, self-esteem etc. If a problem is identified, the Head Start/Early Head Start staff will ensure that the problem is remedied or that the child is receiving continuity of care. It is the responsibility of the Family Service Worker to provide orientation and inform the parent of all required services as well as the rationale and expectations for those services. All children enrolled in the Head Start/Early Head Start program are required to receive a physical examination, which includes a hearing, vision, growth assessment, anemia and lead blood test screening, as well as a dental examination as per the Texas Health Step Periodicity Schedule.

PROCEDURE

1. The staff will provide the following information to parents at the time of enrollment regarding the health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a "medical/dental home. If it is determined that the child:
 - DOES NOT have a "medical/dental home," the staff will assist the parent/guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
 - DOES have medical/dental home services should be provided from their chosen primary care provider (PCP)
3. Family Services Worker/s will discuss with the parent and/or guardians of Head Start/Early Head Start Requirements and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.
4. A copy of the Texas Health Step physical form or the physician's individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start/Early Head Start.
5. A copy of the Dentist's individual dental form is acceptable. If the dentist requires a form, a copy of the Head Start/Early Head Start Dental form must be provided.
6. During orientation, the Family Service Worker will introduce themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
7. After the detailed explanation of services, the parent(s) and/or guardian must sign the "Consent for Services". – SEE FAMILY SERVICE

PROVISION OF SERVICES Standard 1302.42 (e)

PROVISION OF DIAPERS/PULL-UP SUPPLIES (Standard 1302.42(e)(1))

POLICY

CSNT staff will adhere to OHS Program Instruction PI-HS-09-03 as applicable for students who have received medical advice/instructions that require diapers or a brand of pull-ups and personal cleansing wipes that are different from the brand supplied by CSNT Head Start/Early Head Start.

Documented medical advice from a Health Care Professional is required from parents who

Requests for pull-ups/diapers and wipes when documented medical advice is received must be directed to Family Service Administrator.

DIAPER/PULL-UP CHANGING AREA POLICY

CSNT Head Start/Early Head Start staff will adhere to Head Start Performance Standards 1304.22, 1304.53(a)(xiv) and Child Care Licensing Standards 746.3501, 746.3503 and 746.3505 for Pull-up/Diapering/changing procedures, changing equipment requirement and sanitization guidelines to prevent spreading of germs.

PROCEDURE

1. Designated privacy area required for pull-up/diaper changing situations and must be separated from areas used for cooking, eating or children's activities.
2. Hand-washing sink required in pull-up/diaper changing area.
3. Delegated cot/changing bed required for all pull-up/diaper changing situations.
4. Delegated cot/changing bed must be sanitized after each use with designated sanitizing solution- wait two minutes before drying cot/bed to perform another changing session.
5. Designated waste container must be lined with two liners and remain covered at all times.
6. Staff must wash hands with soap and water and wear gloves before pull-up/diaper changes.
7. Staff must ensure child safety at all times.
8. Promptly change soiled or wet pull-ups/diapers when indicated.
9. Thoroughly cleanse children with individual disposable cloths or wipes as directed by Health Care Professional and discard soiled materials in designated waste container.
10. Fecal incontinence episodes require children to lie on cot to ensure thorough cleansing.
11. Children must be dry using a clean dry cloth or disposable cloth before placing new diaper and or pull-up. Discard disposable drying cloths in designated waster container. Cloth drying material must be laundered per center staff before re-use.
12. Staff must wash hands with soap and water after pull-up/diaper change complete.
13. Staff must ensure and/or assist children in washing their hands with soap and water after pull-up/diaper change complete.
14. Application of powders, creams, ointments or lotions require **medical direction and parental permission**. Label powders, creams, ointments or lotions with the individual child's name.
15. Diaper/Pull-up changing supplies must be kept out of children's reach.

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will promote the following:

The physical examination, dental examination and health screenings are utilized to identify children with potential health problems. Medical and dental treatment will be provided for all health problems detected. The Health Services Delivery Plan will consist of four phases:

1. detection of children with health problems
2. diagnosis and treatment
3. assistance with obtaining transportation and payment of services when warranted,
4. prevention

PROCEDURE

Family Service Staff will pursue community resource funding for child health, dental and vision services. Head Start/Early Head Start funds are available only as final source of payments.

Funding allocated as follows:

Dental

Primary Care--\$150 total allocation

- includes initial exam, bite wing X-rays, cleaning and fluoride treatment.

Secondary Care--\$850 total allocation

- includes extractions, fillings and normal periodontal treatment.

Specialized—Up to \$1000.00 includes caps, dental surgery or other invasive measures

Health

Primary Care—Up to \$150 total allocation

- includes physical exam and required Head Start/Early Head Start screenings as indicated

1. Lead lab screen
2. TB lab test
3. Hemoglobin/Hematocrit lab test

Secondary Care---Up to \$850 total allocation

- includes follow up treatments as indicated with primary care physicians,
 - Allergists and Ears, Nose and Throat Coordinator
- Specialized Care—Up to \$1000.00 per entity

Vision Care—Up to \$ 150 total allocation

- includes eye exam and glasses.

For treatments with costs exceeding these limits, each case will be reviewed. Payments for such excessive treatments will be made only when:

- The case has been reviewed by Head Start/Early Head Start
- An Authorization form has been submitted
- Head Start/Early Head Start has funds budgeted for the treatment
- All other possible methods of payment have been explored

PAYMENT OF SERVICES (Standard 1302.42(e)(2) POLICY

Community Services of Northeast Texas Head Start/Early Head Start will supplement funding for children who come into the program without a source of payment for health services. Payment of Services is applicable only when no other funding source is located.

Family Service Worker/s will assist families in obtaining a payer source such as Medicaid or CHIP programs by determining their income eligibility during orientation. If a family is not

eligible for Medicaid, Medicaid will then refer them to the CHIP program.

For Head Start/Early Head Start children who have Private health insurance through one of their parent's employers, Head Start/Early Head Start will assist parents with any coinsurance and/or deductibles for the child's treatment, as needed.

If none of these sources of payment apply to a child, then it is the program's responsibility to pick up the cost of any medical and/or dental care as applicable per assigned provision of services allocations.

AUTHORIZATION FOR PAYMENT PROCEDURE

[Criteria must be met before submitting Authorization for Payment request]

Family Service Worker responsibilities to include the following:

1. Determine and submit services needed and all charges for services per each provider visit. (Medical- fees for exam, required lab test, immunizations, etc. - Dental-fees for exam, x-rays, all treatments, etc.)
2. Inform parent/s and providers of cost allocations on medical/ dental services. (See Provision of Services Section)
3. Obtain Payer Source Information: Medicaid, Chip, Private Insurance or No Payer Source.
4. Have parents provide either a Medicaid denial letter and/or no coverage statement from private insurance.
5. Indicate on AFP if service needed is either an initial exam or follow-up

{Note: Medicaid denial due to income ineligibility indicates immediate AFP approval}

- Procedure - NO MEDICAID - Medicaid Denial Letter Required

Denial for any of the following reasons: Family Service Worker Responsibilities:

1. Failure to re-certify: Parent notification of Medicaid re-certification requirement. Assist parents with re-certification process - obtaining appointment and transportation assistance as per protocol
2. Never applied: Parent notification of Medicaid service and provide information regarding income eligibility requirements. Assist parents with obtaining appointment and offer transportation assistance per protocol.
3. Illegal Alien Status: Document on {AFP} NO Social Security # on child per parent verification and submit a copy of Medicaid eligibility requirements which indicate Social Security # required.
4. Procedure - Private Insurance - No Dental Coverage
5. Have parent provide statement from their private insurance carrier to verify no dental coverage with policy and attach copy with AFP request.
6. If parent non-complaint with obtaining insurance information, notify parent that you must contact their private insurance carrier to verify no dental coverage with policy and document on AFP (parent non-complaint and contact made by Family Service Worker and of no dental coverage verified per insurance carrier.)
7. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
8. Obtain cost information from dental provider for payment assistance. (Written estimates)
9. Contact and document at least 3 community resource contacts for payment

assistance made, include contact numbers.

- Procedure - Private Insurance - Dental Coverage
 1. Obtain amount insurance will pay for services and submit information with AFP request.
 2. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
 3. Obtain cost information from dental provider for payment assistance. (Estimates)
 4. Document three community resource contacts for payment assistance made, include contact numbers.
- Procedure – Chip - Applies only for dental services and parent payment assistance if needed.
 1. Obtain Chip information for student file.
 2. Determine and submit services needed and all charges for dental services per each provider visit.
- Procedure - AFP for Medical Services- Private Insurance Coverage
 1. AFP procedure applies for co-pay amounts. (Deductibles, parent percentage)
 2. Obtain Co-pay amount and/or parent percentage amount from provider as well as estimate of planned service and submit to Health Coordinator with AFP request.

REFERRALS (Standard 1302.42 (d) (1)(2)(3)

(Refer to page 23 of Health policies & Procedures)

After health problems have been detected, the child will receive competent and continuing care until they are remedied or until a pattern of continuing care has been well established.

PARENT TRAINING (Standard 1302.46)

Health Coordinators will provide or arrange “Health Education” training for parents and children at each campus during first annual parent meeting and upon request. Health Coordinator and Health Coordinator/Family Services Administrator will work with Family Service Workers to provide necessary tools for training upon parents/guardians request.

COMMUNITY PARTNERSHIPS (Standard 1302.53)(1-2)(I)(II)(III)(IV)(V)(VI)(VII)(VIII)

POLICY

Community partnerships are essential for providing medical and dental services to all children enrolled in the program. The Health Coordinator will initiate and maintain community partnerships with various providers in the medical and dental area per:

1. Interagency Agreements
2. Health Advisory Committee Meetings

HEALTH STAFF: JOB DESCRIPTIONS & RESPONSIBILITIES (Standard 1302.15)

SEE HUMAN RESOURCES DIRECTOR FOR COMPLETE JOB DESCRIPTION

CAMPUS ENROLLMENT PACKET (Standard 1302.15)

{Refer Family Services Policies and Procedures}

The following forms should be available and completed by the Family Service Worker during enrollment at the Campus. Staff should obtain information from parents/guardian via interview during the enrollment. After obtaining, the completed forms are correctly filed in the Health section of the folder. After obtaining the completed forms, health information must be documented in Child Plus then health forms are filed in their designated content area sections of the child's folder.

CONSENT FOR SERVICES FORM (Standard 1302.47(b)(1)(vi))

POLICY

All parent(s) and/or guardians will be given a comprehensive overview of all health services provided to all children enrolled in Head Start/Early Head Start Program and must complete, sign and date the Consent for Services Form in order to receive Head Start/Early Head Start Health services.

PROCEDURE

1. Family Service worker will provide detail explanation of consent for services form. Parent/Guardian must initial each service listed and then sign the consent for services form.
2. During re-enrollment, the parent(s) and/or guardian must complete the Consent for Services and permission forms again.
3. Should the parent/guardian refuse to sign the Consent for Services Form, they are then required to complete and sign the documentation of nonparticipation form indicating the refusal of stated services. Children who require medical or dental emergencies care, the parent will be notified and the Campus Director or designated personnel in Campus Directors absence will call 911. (Standard, 1304.20(e)(5))

MEDICAL/DENTAL HOME FORM (Standard, 1302.42 (a)(1)(2))

POLICY

The Medical/Dental Home Form is used to identify the medical/dental provider/home of the child during orientation. This process is completed during orientation by the parent and the assistance of the Family Service worker when indicated

PROCEDURE

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker will refer the family to the Medicaid or CHIPS program.
2. Family Service Worker should document follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family will be given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or

- through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process should be completed within ninety (90) days of the child entering the program.

HEALTH HISTORY FORM (Standard 1302.42) (b)(4)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Health History Form for each child to obtain the child's medical history from birth.

PROCEDURE

1. Family Service Workers must confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker should complete a "Consent to Release Records" form and send it to the medical provider for further medical information.
2. Documentation should be made in the child's file.
3. All medical records obtained should be filed in the Health and Licensing section.
4. The Health Coordinator is notified using the Health Request and Results Form.

CONSENT TO RELEASE RECORDS FORM (Standard 1302.41 (b)(1))

POLICY

The Consent to Release Records Form is used to obtain information regarding identified past and/or current health problems with the child.

PROCEDURE

1. The Family Service Worker will inform the parent/guardian the purpose of the Consent to Release Records Form and obtain parent signature during orientation.
2. Family Service Worker will send to the provider for the purpose of obtaining required health information.

LEAD QUESTIONNAIRE FORM (See Forms) (Standard 1302.42(b)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Lead Questionnaire Form annually for all children in conjunction with obtaining the most current Lead Blood Test Screening results. The Lead Blood Test must have been received at 2 years of age or older. The significance of this form is tracking related for the detection and/or documentation of possible lead exposure when the most current Lead Blood Test Screening is one year old.

PROCEDURE

1. A response of "Yes" or "Do Not Know" to any question on the form requires that the child be referred for a blood lead screening when most current test level is over one year old.
2. Children who have answered "Yes" or "Do Not Know" to any questions on the Lead Questionnaire must be referred to their Primary Care Provider for follow-up.
3. Children with a lead blood level of 5 or greater, the Family Service staff must follow-up with the child's parents to ensure the child has been seen by their PCP and is under a physician's care for elevated lead level and document efforts and contacts in Child Plus.
4. The Health Coordinator is notified using the Head Start/Early Head Start referral form.

TB QUESTIONNAIRE FORM (Standard 1302.42(b)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed T.B. Questionnaire Form for all children annually. The significance of this form is tracking related for the detection and/or documentation of possible TB exposure.

PROCEDURE

A response of "yes" or "Do Not Know" to any question indicates that the child should receive a T.B. skin test. Referral to child's Primary Health Care Professional is required and results documented on the child's Health record and results documented in Child Plus.

ORGANIZATION OF HEALTH SECTION IN CHILDREN'S FOLDER (Standard, 1302.42 (1))

{Refer to Family Services Policies and Procedures}

POLICY

To maintain accurate child records which facilitate monitoring of health, dental and mental health needs, Community Service of Northeast Texas Head Start/Early Head Start staff will perform the following:

PROCEDURE (See Health checklist)

1. The Family Service Worker will be responsible for arranging each child's folder within thirty (30) days of the child entering the campus.
2. The Family Service Worker will ensure that the Health section of the folder is properly organized when reviewing campus records and denote on Health checklist all completed items.
3. Health section of each child's folder should be appropriately documented and arranged within thirty (30) days of the child entering the campus.

4. All referral/follow-up forms, treatment (medical/dental) forms, and medical requests should be added to the appropriate section ASAP of receiving the information with copies of all referral and follow-up forms forward to Health Content Area staff.

SCREENING PROCEDURES (STANDARD 1302.42 (b)(2))

POLICY

Health screenings will be performed for the detection of possible health needs. The health screens consisting of height and weight, blood pressure, hematocrit and hemoglobin, lead blood test screening, hearing pure tone, vision, and other tests, when indicated. All health screenings are applicable per the Texas Department of Health EPSDT schedule.

All screenings must be completed upon forty-five (45) calendar days of the child's entry into the center. The screenings are good for one year (see Enrollment Packet). This information should be recorded and documented in Child Plus and in the child's file on designated forms and placed in designated areas.

Returning students must complete the required screens within forty-five (45) calendar days of the new school term.

Health screens will be performed by trained Health Care Professionals and/or certified Head Start/Early Head Start staff (Family Service Worker, Teaching staff, Health Component team). Health screens applicable for Head Start/Early Head Start staff are Vision/Hearing and Height and Weight.

PROCEDURE

1. Family Service Worker/s will obtain screening information from child health records and document the information in the child's file in the designated areas.
 - a. Family Service Worker/s will submit the Consent to Release Records form to the child's Primary Care Physician or other Health entities to obtain required screening information and document all information received in the child's file in the designated areas and document all information in child plus in each designated area
2. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens if none are noted on health records when none are noted on physical. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens
3. Family Service Worker/s and the Health Component team (Health Coordinator/Family Services Coordinator and Family Services Administrator) will work collectively when needed, to perform hearing re-screens within the required time frame of 3-4 weeks after initial screen performed.
4. Family Service Worker/s will submit health screen referrals within the required 4-6 week time frame.
5. Family Service Worker/s will file all referral/follow-up forms, treatment (medical/dental) forms, and medical requests to the appropriate section of receiving the information

IMPORTANT NOTICE/MISSING INFORMATION FORM

(Refer also to Family & Community Partnership Policies & Procedures)

POLICY

This Important Notice/Missing Information form will be used to notify parent(s) and/or guardian of a child's needed immunizations and health concerns.

PROCEDURE

1. Fill in the child's name and date.
2. Check the appropriate item of missing information needed.

SCREENING NOTIFICATION LETTER

{Refer also to the Nutrition Policies and Procedures}

POLICY

This Screening Notification Letter will be used to notify parent(s) and/or guardian of a child's screening results and of any referrals warranted.

PROCEDURE

3. Fill in the child's name and date.
4. Check the appropriate screening performed and results. Indicate referrals when applicable.

HEALTH INTERVENTION ACTION PLAN

Health Requirements/Missing Health Requirements:

PROCEDURE: FSW staff and Health Team will implement the following:

1. FSW will inform parent of all Health components required during Parent Orientation and document parent notification in Child Plus.
(Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).
2. Beginning September 15th of each school term, Family Service Staff will initiate sending Parent Missing Information notifications every two (2) weeks for six (6) weeks and document in Child Plus under each individual requirement.
 - Missing information notifications will require:
 -  Offering assistance with funding when qualified, making appointments, obtaining insurance, etc.
 - 1st notification will be a parent missing information notification letter.
 - 2nd notification will be a personal contact either by phone call or in person.
 - 3rd notification- preferred method by phone call or in person notification. If difficulty is met with personal contact then a parent missing information

notification letter is required. (Two Sided Document)

3. FSW staff will give parents two (2) weeks to respond to the last Missing Information notification.
 - FSW staff will submit an email to the Health Coordinator and/or Family Services Coordinator notifying them of the students whose parents have not responded.
4. Health Coordinator and/or Family Services Coordinator will continue with Parent Notifications by:
 - Sending informative letters regarding the importance of annual physicals to educate parents on the importance of knowing their child's health status.
 - Making phone calls to inform parents of required physical; work and assist parents in obtaining the required physical and its components by offering assistance with funding when qualified, making appointments, obtaining insurance.
 - Monthly Missing Information requests will continue to be sent to parents; when no response from parent or missing information has been received. Monthly requests must be sent until missing requirements have been received.
5. FSW are required in August and November during Home Visits to inform parent/s of the following:
 - a. Missing Health Components (i.e. initial dentals, 6 month dentals, Physicals and or missing physical components.
 - b. Home Visit contact notifications must be documented on Home Visit form, listing all notices given.
 - c. FSW must document Home Visit notification in Child Plus in the Home Visit note section.
6. Monthly monitoring for Notification and Documentation Compliance by the FSW Coordinator and Health Team will be initiated on September 30th of each year and will continue monthly until end of school term.

TIMELINE CALENDAR (Standard 1302.42 (a))

POLICY

Two specific timelines are indicated by the performance standards; 45 days and 90 days. Timelines are determined based on the child's entry into the center. The Timeline Calendar is designed to predetermine dates to assist staff with identifying deadline dates for physical exams, dental exams, and other screenings.

PROCEDURE

1. The Timeline Calendar should be used by the staff when reviewing the Health records for the campuses.
2. The Timeline Calendar should be updated annually by the Health Component Team.

VISION SCREENINGS (STANDARD 1302.42 (b)(2))

Recognizing the important relationship between vision and the learning process, the 68th Texas Legislature passed the Special Senses and Communication Disorders Act of 1983, Chapter 36, Texas Health and Safety Code helps identify those children in need of professional vision and hearing examinations. All preschool and school health-screening programs aim to detect those problems, which could limit the child's educational opportunities.

POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board. All children enrolled will receive a vision screening within forty-five (45) days of enrollment into the program. The Vision and Hearing trained staff will do these screenings. The Health Management team will assist as needed and requested. Vision screening is not a complete full examination. Its goal is to detect those children who may have a visual problem and who should be further evaluated by an ophthalmologist or an optometrist.

Staff designated at each campus will be vision certified by the Texas Department of Health. This certification will be renewed every five (5) years or when indicated by the state training board. The Health Coordinator will arrange for these training through Region 8 Education Service Center.

A record of vision screening should be completed and kept by Head Start/Early Head Start for any child who is required to be screened. It should contain distance acuities for both eyes, observed signs or symptoms, any other vision results, date of screen and name of screener.

Indication of physical injury to the eye will always warrant professional examination. Referral for examination by an eye care professional is indicated when there are signs and symptoms of a visual problem, whether the child passes or fails any of the vision screens.

A screening program will not be effective unless it has the follow-up components, diagnostic evaluations, treatment when indicated, and educational consideration.

PROCEDURE: SPOT Screener

A SPOT Screener is a portable Auto refraction Device used to quickly and easily identify refractive errors and ocular misalignment. Early detection and treatment of vision problems are critical to help prevent permanent vision loss. The American Academy of Pediatrics now recommends photo screening for children aged 12 months to 5 years.

1. After you power on the screener the Home screen will appear. Select age range and enter personal data for child to be screened.
2. Select GO and begin screening process. Follow the instructions as they appear on the screen until screening is completed.
3. The SPOT Screener will tell you if the child passed/failed complete exam required
4. Print a copy of examination results to put in the child's file and a copy to send to the vision exam.

Referral Criteria for Vision Screening

1. If the child fails the SPOT screener, then he/she will need to be referred to an Ophthalmologist or Optometrist within one month of the referral date.
2. This information should be documented on the Referral Form as well as in the health record.

Refer the child when:

1. He/she FAILS the second distance acuity screen.
2. He/she repeatedly FAILS either muscle balance test.
3. He/she shows signs or symptoms of a vision problem.
4. He/she FAILS any other professionally recognized, age appropriate vision test.
5. The outcome of the eye care Coordinator's evaluation should be provided to Head Start/Early Head Start.

NOTE: Photophobia, nystagmus, and poor ocular fixation observed during this test are also reasons for referral to an ophthalmologist RECORDING

RESULTS:

Complete the Vision portion of the Vision and Hearing form.

HEARING SCREENINGS/OAE(STANDARD 1302.42 (b)(2))

TONE POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board.

The Health Coordinator will arrange for training's through Region 8 Educational Service Center. Head Start/Early Head Start will perform Pure Tone screening for hearing testing in children ages 3-5 years and children ages 1-3 will be tested using the OAE. The Health Management team will assist as needed and requested. Results are recorded on the Vision and Hearing record form and filed in the child's file in the licensing section. A copy will be provided to the Health Coordinator.

PURE-TONE SWEEP-CHECK SCREENING

The purpose of sweep-check screening is to screen many children in a relatively short period of time, in an attempt to identify those who may have a hearing problem and those who apparently do not.

1. Frequencies to be screened are; 1000, 2000, and 4000 HZ at intensity of 25 dB HL This screening intensity is just outside the upper limit of normal hearing.
2. In noisy settings, where all the sweep-check frequencies cannot be heard at 25 dB HL, screening should be suspended rather than set the HL dial at a level higher than 25 dB
3. As much as possible, each child is screened individually in a quiet setting, although they may be conditioned as a group.
4. The child should be instructed to respond generally by raising his/her hand for each screen tone given at a set intensity of 25 dB HL.
5. The screener should demonstrate to the child first without placing the headsets and a setting of 60dB HL (loud enough to be heard without being placed on their heads) and preset the tone for one to two seconds.
6. When the screener is sure the child understands the instructions, the earphones

- should be placed securely on the child's head and screening begin.
7. Set the HL on 25dB and leave it there for the entire sweep check screening to test the right ear.
 8. Set the frequency selector on 1000 Hz and present the tone for one to two seconds.
 9. Record the child's responses on the screening form using a plus (+) for each frequency heard and minus (-) for any frequency with no indicated responses.
 10. Repeat steps 7-10 for frequency 2000 and 4000 for each ear.
 11. A CHILD IS CONSIDERED TO HAVE FAILED THE SWEEP-CHECK SCREEN IF HE/SHE FAILS TO RESPOND TO ANY ONE OF THE THREE FREQUENCIES IN EITHER EAR.
 12. RESCREENING:
 - a. Each child who fails the initial screening should be re-screened with another sweep check within 3-4 weeks.
 - b. On the second screen, a failure of one frequency in either ear requires an extended recheck. (see TDH screening book)
 - c. If a failure of one frequency occurs, when performing the extended recheck, a referral is required.

PRECAUTIONS TO OBSERVE:

1. Do not let the child watch you operate the audiometer's presentation controls.
 2. Do not look at the child when the tone is presented (use peripheral vision to observe the child).
 3. Do not present the tone when there is a noise which you suspect would interfere with the child's hearing the tone.
 4. Do not give any clues as to when the tone is presented; control eye, head, and, or other body movement, reflections, shadows, etc.
 5. Do not establish a rhythm in tone presentations; vary the time intervals between the tones
- HEARING REFERRAL PROCESS FOR FAILED PURE TONE SCREENINGS**
6. Children who fail the initial hearing screen will be re-screened within 3-4 weeks.
 7. Children failing the second hearing screen must be referred for follow-up by a Health Care Professional within ten (10) days of the second failed screening.
 8. Family Service Worker/s must notified parents per the Hearing Referral form of the required follow-up.
 9. Family Service Worker/s must document referral information on the Hearing/Vision form and forward a copy to the Health Coordinator.
 10. Family Service Worker/s must perform follow-up contacts with parents monthly to obtain follow-up information and document contact attempts on the Health Request/Results form.

HEARING/VISION REFERRAL PROCESS TIMELINE

INITIAL (1st) SCREEN— required within the first 45 days of school entry.

- Pass—No further testing required
- FAIL—Re-screen required within 3-4 weeks
 - Pass—No further testing required
 - Failed x 2 screens—Parent notification of referral required

Results documented in Child Plus. Re-screens must be scheduled on Child Plus calendar.

M-62 ANNUAL REPORT

POLICY

Community Services of Northeast Texas Head Start will comply with all Department of State Health Services requirements regarding Vision/Hearing State reports.

1. The M-62 should contain completed screening and follow-up information for all children screened and/or evaluated within the school year; that means the report should show whether or not every child referred was seen by an eye care Coordinator
2. The vision screening annual report, the M-62, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-62 to the Texas Department of Health by June 30th of each year.
3. It is the responsibility of the Campus Director to ensure completion and admittance of the annual report by the due date. A copy of the report will be provided to the Nutrition Coordinator.
4. The Vision/Hearing screening annual report, the M-52, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-52 to the Texas Department of Health by June 30th of each year.
5. The initial vision and pure tone is done within 45 calendar days of the child entering the campus.

OTHER TESTS POLICY

Based on community health problems, other selected screenings when appropriate will be done (i.e. sickle cell anemia, lead poisoning, and TB. etc.) However, children who are enrolled in the Texas Health Step program should receive a sickle cell anemia, anemia and lead poisoning screening during their physical assessment from their medical provider. If the child is determined to be "High Risk" screening should be performed if it has not been completed previously. Results should be provided for Head Start/Early Head Start files

FURTHER SCREENINGS PERFORMED

1. Anemia
2. Measurements (height/weight)
 - a. (Refer to Nutrition Section for Policy and Procedures)

BLOOD PRESSURE

POLICY

All Head Start children regardless of insurance type are required to follow the Texas Department of State Health Services EPSDT schedule for required health screenings. All Head Start/Early Head Start children must have a blood pressure reading within the first ninety (90) days of school entry.

DENTAL EXAMINATION (1302.42 (b) 1 (ii))

POLICY

All children enrolled must receive a dental examination every 6 months and adhere to as required by the Texas Department of State Health Services Medicaid EPSDT schedule. Although a child may be receiving treatment, the second dental examination is due 6 months after the initial dental exam date.

APPOINTMENT SCHEDULE FOR DENTAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a dental exam and if the family has a primary Care Dentist. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a dental home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "dental home" is established and documented using the Medical/Dental Provider Form. i
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to due date, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
 - a. Request for an appointment time and to notify staff (with in week of receiving letter) of their child's scheduled appointment time.
 - b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the dental exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the dental appointment.
9. Family Service must inform parent/s a completed dental exam should indicate what was performed at the time of the dental appointment, such as cleaning or fluoride treatment as well as any follow-up treatments that may be needed and whether the child is complete or not.
10. Family Service Worker/s must assess exam forms the dentist signature and date of service.
11. Family Service Worker/s must perform monthly parent contacts for all dental non-compliance and document all contacts on the Health Request/Results form and/or on the Family Contact form sheet.
12. Family Service Worker/s will refer dental non-compliance to the Health Coordinator after three (3) failed attempts.
13. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

PHYSICAL EXAMINATION (Standard 1302.42 (b)(1(i) (Minimum Standard §746.611))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of State Health Services Medicaid EPSDT schedule and Child Care Licensing requirements that all children enrolled must receive a physical examination annually.

APPOINTMENT SCHEDULE FOR PHYSICAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a physical exam and if the family has a Primary Care Physician. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a medical home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "medical home" is established and documented using the Medical/Dental Provider Form.
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to known due date of physical, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
 - a. Request for an appointment time and to notify staff (within week of receiving letter) of their child's scheduled appointment time.
 - b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the physical exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the physical appointment.
9. Family Service must inform parent/s: Head Start/Early Head Start mandates our children receive a Texas Health Step physical following the Texas Medicaid EPSDT schedule.
 - a. Parents informed to ask their PCP for Hemoglobin and Blood Lead Test results.
10. Family Service Worker/s must assess exam forms (Child Health Record) for the following:
 - a. The physician signature and date of service. (Date must reflect current status)
 - b. Medical treatments received during exam as well as chronic health conditions.
 - c. Hemoglobin and Blood Lead Test results
 - d. Blood Pressure and Height/Weight findings.

11. Family Service Worker/s must perform bi-monthly(monthly) parent contacts for all physical non-compliance and document all contact dates on the Missing Information form and in Child Plus under the physical event notes.
12. Family Service Worker/s located on Head Start/Early Head Start stand-alone campuses must (within the first 5 days of entry) ensure parent/s complete and sign the required Minimum Standard Parent statement which verifies their child has received a physical with in the past 12 months and is cleared to attend daycare or school.
13. Family Service Worker/s will refer physical non-compliance to the Health Coordinator after three (5) failed attempts.
14. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

TUBERCULOSIS SKIN TESTING

TB TESTING FOR CHILDREN (Standard 1302.42 (b)(2))

POLICY

All children must have a completed TB questionnaire upon enrollment. Family Service staff is responsible for interviewing the parent/s or guardian/s to answer the questionnaire and determine TB risk. Referral procedure is to be followed for any "Yes" response noted on the TB questionnaire.

REFERRAL PROCEDURE:

14. Parents are notified per Health Request form of required referral and assessment by their child's Physicians, local Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions, to determine if a TB test is deemed necessary.
15. Any newly identified positive reactions will be monitored and/or referred for further testing/ evaluation by the assessment provider (PCP, local Health Department or Health Care Professional)
16. Family Service Workers are required to follow-up with the assessment provider to obtain results of the TB "High Risk" referral and document all correspondence.
17. Any suspected or diagnosed cases of TB are to be reported to the local Health Department. Family Service Workers are required to contact assessment provider to ensure the TB reporting has been completed.
18. Children who have received treatment for latent TB infection or were deemed a positive reactor must be assessed annually by their PCP, the Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions.
19. Written clearance for school attendance is required from the child's assessment provider.
20. The Health Coordinator is notified of any positive TB skin tests or diagnosed cases.

ADVERSE REACTIONS

In highly sensitized individuals, strongly positive reactions including vesiculation, ulceration or necrosis may occur at the test site. Any child having a reaction at the site of the injection must be referred to the assessment provider performing the test. Strongly positive reactions may result in scarring at the test site.

Immediate erythematous or other reactions may occur at the injection site. The reason/s for these infrequent occurrences is presently unknown.

The result is read @ 48 to 72 hours after administration. Induration is considered in interpreting the test. Since a positive tuberculin reaction does not necessarily indicate the presence of active tuberculosis disease, individuals showing a positive reaction should be subjected to other diagnostic procedures.

Those individuals giving a positive tuberculin reaction may or may not show evidence of tuberculosis disease. Chest X-Ray examination and microbiological examination of the sputum in these cases are recommended as a means of determining the presence of absence of pulmonary tuberculosis.

TB TESTING FOR EMPLOYEES-{PS 1304.52(j)(1)}

Refer to Personnel Policies & Procedures—Policy # 183

TB TESTING FOR VOLUNTEERS

(Refer to Volunteer Handbook)

IMMUNIZATION RECORD & SCHEDULE (Standard 1302.429B)(1)(I)

POLICY

IMMUNIZATION REQUIREMENTS

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code. All Campuses are required to maintain a record of the immunization status of individual children during the period of attendance for each child admitted. The record must be made available for inspection at the Campus. All immunization records will be check by Management staff prior to the child starting to school.

Parents of students that attend Head Start/Early Head Start in licensed classrooms will be notified that a delay in enrollment or attendance will be enforced if they do not provide an Up to Date immunization record for their child. Students will be excluded if they miss required doses as they become due.

Parents of students, who attend Head Start/Early Head Start in ISD classrooms, will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

All immunization records must be validated by physician signature or health clinic stamp. The month, day, and year must be indicated on the record.

PROCEDURE

1. All parents must be notified when a child's immunizations are due. Family Service Worker/s will notify parents of immunizations during enrollment (first notice) or as they become due during the year. It is the parents' responsibility to provide all updated immunization documents in order for the new dates to be recorded in the child's record. These documents are returned to the parents after a copy has been placed in their permanent file and they are recorded in Child Plus.
2. Staff requests the parent to get the immunizations at a community clinic/private provider.
3. Staff must give the parent an Important Notice/Missing Information form to notify the parent of which immunizations are due.
4. Staff will notify parents of immunizations at least 1 month before the due date.
5. If the child is overdue (more than 10 days) the parent has 10 working days to have his/her child immunized. If the parent has not complied by the second notice (10days) the child must be excluded from school attendance until he/she has received the needed immunizations.
6. Children are excluded from receiving the required immunizations on an individual basis for medical contradictions or religious conflicts. Children in these categories must submit evidence for exclusion from compliance.

MEDICAL CONTRADICTIONS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit or certificate signed by a physician, duly registered and licensed to practice medicine in the United States. The affidavit or certificate must state that it is the opinion of the physician that the required immunizations would be injurious to the health and well-being of the child or any member of the family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date it is signed by the physician, and it must be renewed every year, in order for the exclusion to remain in effect.

RELIGIOUS CONFLICTS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit signed by the parent or guardian stating that the immunization conflicts with the tenets and practice of a recognized church or religious denomination of which a child is an adherent or member. However, this exemption does not apply in times of an emergency or outbreak declared by the commissioner of health or local health authority.

DOCUMENTING HISTORY OF VARICELLA (CHICKENPOX) ILLNESS

Amendment to 97.67

All histories of Varicella illness must be supported by a written statement from a physician or the child's parent or guardian containing words such as: "This is to verify that (name of child) had Varicella disease (Chicken Pox) on or about (date) and does not need Varicella vaccine, or by serologic confirmation of Varicella immunity. Family Engagement Coordinator may also write this statement to document cases of Chicken Pox that they may observe. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child's parent or guardian, evidence. Otherwise, varicella vaccine is required.

*Varicella requirement effective August 1, 2000:

INSTRUCTIONS FOR DOCUMENTING PRIOR ILLNESS

A written statement from a physician, school nurse or the child's/student's parent or guardian containing wording such as:

This is to verify that (Name of student) had Varicella disease (Chicken Pox) on or about (DATE) and does not need Varicella vaccine.

Parent Signature

Date

Relationship to Student

TRACKING PROVISION OF HEALTH SERVICES (Standard 1304.42 (C)(3)(D)(2))

POLICY

The purpose of the tracking procedure is to monitor student files to determine which services the child needs, document any allergies, health problems or parent concerns, ensure that the immunization requirements are met and etc.

Monitoring tools include: Program Monitoring Form, Health Coordinator Monthly Report form, Child Plus Data System, and PIR monitoring form.

PROCEDURE

PROGRAM MONITORING FORM

1. Program monitoring performed monthly on at least 10% of student files and at one or two campuses per month.
2. Monitoring performed per Health Coordinator.

3. Monitoring findings documented and reported to Family Service Staff verbally and or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Program monitoring report must be submitted to the Program Monitor by the 5th of each month.

Nutrition Coordinator/Family Engagement Coordinator MONTHLY REPORT FORM

1. Health Coordinator Monthly report obtained per data collected from Child Plus data base reports and from data collected when 100% file review is performed.
2. Monitoring performed per Health Coordinator.
3. Report findings documented and reported to Family Service Staff verbally or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Health Coordinator Monthly report must be submitted to the Program Monitor by the 5th of each month.

PIR MONITORING FORM

1. PIR monitoring begins with in the first forty-five (45) days of school enrollment.
2. PIR monitoring performed per Health Coordinator /Family Services Administrator and Health Coordinator. Report findings documented and reported to Family Service Staff verbally or written.
3. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
4. PIR monitoring involves 100% student file reviews and occurs two times during school year.

CHILD PLUS DATA BASE

1. Community Services of Northeast Texas Head Start/Early Head Start utilizes the Child Plus computer data base record-keeping system.
2. Information data entry is performed primarily by the Family Service Staff and assisted by the Health Team and the Nutrition Manager whenever need is indicated.

FOLLOW-UP/TREATMENT (Standard 1302.42 (D)(1)(2)(3)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow the mutually agreed upon treatment plan, which will include the goals, supports and services the family may need. Family Service Worker/s will document on the Family Partnership agreement Family goals and needs and will document all health related needs the Health Section Family Contact section and will document all health related needs the Health Section in Child Plus.

INTERNAL REFERRAL POLICY & PROCEDURES

Any new or reoccurring health problems should be documented on the Agency Referral Form and given to the Health Coordinator or the Health Coordinator/Family Services Administrator to disseminate to the appropriate health care professional.

The treatment plan should be obtained and documented and the FSW must ensure that services are being provided in a timely manner and properly documented.

EXTERNAL REFERRAL POLICY & PROCEDURES

When a child is being referred to a Coordinator who is not contracted with the Agency, the responsible staff (Family Service Worker/s) must ensure that the child is not eligible for Medicaid, CHIP or any other "spend down" programs.

Once it is determined that the child is not eligible for any other resources, the Family Service Worker/s or other support staff must record information such as the date, name of contact, organization contacted, and the results of the contact on the Health section progress notes. This record serves as documentation of your efforts to access funding sources. This information is then passed to the Health Coordinator to facilitate the payment of Head Start/Early Head Start funds for the needed or requested health services.

The referral process will require documentation reflecting efforts to obtain services with contracted providers. If services are not available, all efforts should be made to reflect an establishment with either a contracted provider or an agreement should be arranged for payment of services provided with that health provider

REFERRAL PROCEDURE

As soon as a child has been identified as having a health problem, the information must be shared immediately with the parent.

1. The parent will also be given an Important Notice/Missing Information Form that will indicate the recommended follow-up plan.
2. The parent will also have the opportunity to comment on any concerns or observations he/she may have regarding the child's health.
3. Once the parent and staff have shared observations; the staff along with the parent will make a decision regarding the child's follow-up plans for further evaluation and intervention.
4. Health Coordinator must be notified of findings, follow-up plans and interventions scheduled. Health Coordinator is available to assist with parent conferences and explanations of health related issues.

DOCUMENTATION PROCEDURES (Standard 1302.42 (C)(3)(D)(1,2,3)

POLICY

In order to ensure the Health Component activities are in process of completion or are complete, it is the responsibility of the Family Service Worker/s, Nutrition staff, and Health Component staff to document their work efforts pertaining to the health content area. Documentation is required in the Health Section of Child Plus in the appropriate areas of

activity.

ABSENCES

If a child is absent from the Campus for scheduled screenings, the Family Service Worker/s must document on the appropriate form, and make a notification in the health section progress notes what services the child missed. It is the responsibility of the Family Service Worker to arrange for the child to receive the health services.

REFERRALS

Referrals for either in-house or out-of-agency institutions should be documented on the health section progress notes including the name and title of the person assessing the child. This information should also be documented on the referral form and a copy sent to the Health Coordinator.

The FSW should perform follow-up on referrals within two to three (2-3) weeks to ascertain the current status for the child. This effort should also be documented and dated in the health section progress notes.

The referral form is filed in the Health Section of the Child's file.

The parent is primarily responsible for obtaining a copy of the follow up record from the provider for the child's file. If the record is not returned with a treatment plan then the Family Service Worker/s should document the completed/closure process of the referral in the Health Section of Child Plus in the appropriate areas of activity.

TREATMENT PLAN

All health problems should be addressed and/or closed by the appropriate documentation procedures enacted in the Health Section of Child Plus in the appropriate areas of activity.

If a child is already receiving health services from a Coordinator, outside the agency, this should be documented in Child Plus in the health section progress notes in appropriate areas of activity (monitoring for heart murmurs, vision services, etc.) The staff confirms services per conversation with parent or with the agency. No further documentation is needed until the end of the school year (May). Documentation must reflect either a continuation of services or services no longer needed via follow-up with parent or agency.

If a child is receiving services from the Disabilities or Mental Health Services component, the staff should indicate this on the health section progress notes - "Disabilities or Mental Health Services is assisting the child or family with the health concern. Any further information will be available in the Disabilities Services folder."

When a treatment plan prescribed (antibiotics, antihistamines etc.), for a child enrolled in Head Start/Early Head Start, the FSW should document closure based on the recommended guidelines per the providers directions (2-3 weeks or 1 month). If there is evidence that more treatment is needed, the FSW should contact the parent or provider for instructions (another prescription, referral, etc.)

If a case has been identified, a medical case for which there is no further treatment should be documented by the FSW in Child Plus in the health section progress notes in appropriate areas of activity

EXAMPLES OF DOCUMENTATION

Ex.: Medicine consumed. No signs or symptoms (illness-state signs and symptoms or diagnosis present at this time.

Ex: ringworm resolved in 1 month or no further evidence of ringworm of the head.

Ex: Doctors Appointment kept. No further treatment need for condition.

Ex.: appointment scheduled to see child

CONFIDENTIALITY OF RECORDS (Standard 1303.21)

POLICY

All information obtained on a child enrolled in Head Start/Early Head Start will be treated in a confidential and professional manner. Health information will only be released when written permission from a parents/ guardian is obtained.

Public Law 96-46 (Buckley Amendment) requires the following:

- All records should be kept in a safe and secure place.
- A "Custodian of Records" should be named for each Campus where records are maintained.
- Each person who handles or transmits records should be trained concerning the provision of the law.
- A listing of all individuals who have a legitimate educational interest and have access to the records should be posted.
- A record of all individuals who have reviewed the records will be posted.

Records may be transmitted if:

1. A written request of the parent/guardian is obtained
2. Transportation or forwarding of any requested child health records to other schools/agencies that the child seeks/needs for future enrollment in another program/educational institution, etc.
3. Educational records must be made available to state and federal officials in order to meet legal requirements for evaluation purposes. Such persons will identify themselves to the agency and supply evidence to the appropriate authority.
4. State or federally approved organizations conducting studies for these educational agencies must conduct the study in a fashion whereby personal identifiable information is not disclosed. After the completion of the study all such information should be destroyed.
5. Educational records can be inspected and requested by the parent(s) or guardian(s). Parents generally have information rights when the student is under age.
6. Information can be disclosed to the appropriate persons in an emergency, and this person must have this information in order to protect the health or safety of the student or other person.
7. Parents have the right to request that the record be amended through a hearing process within a reasonable period of time.
8. The Open Records Acts requires that citizens have the right to inspect records, and obtain copies at a reasonable price. If the "Custodian of Records" cannot determine if the Open Records Act applies to a specific request within ten (10) days of the request, an Attorney General's "Open Record Decision" must be requested. If there is not a request for a decision, the material is presumed to be open.

NOTIFICATION OF CHILD ENROLLMENT (Refer to Family Service Section)

In the event that a child has entered the Campus and the Family Service Worker/s has not

been informed, staff should document in the Child's record and in Child Plus:

1. Date of notification or date child was first observed to be on the Campus.
2. Entry date of child
3. Date when "Parent Permission" is obtained for health services/screenings

CONSENT FOR TO RELEASE RECORDS (Standard 1302.41 (b))

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder with copies of the following submitted to the Health Coordinator:

1. Physicals
2. Dentals
3. Medication information including physician's orders for health procedures.
4. Height/Weight and Vision/Hearing information.

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder and results documented in Child Plus in their designated event area and copies of the following submitted to the Health Coordinator :)

1. **Physicals with noted medical conditions/concerns
2. **Allergy Action Plans (Food & Insect Sting)
3. **Asthma Action Plans
4. **Seizure Action Plans

Medication information including physician's orders for health procedures

FAMILY PARTNERSHIP *(Refer to Family & Community Partnership Policies & Procedures)*

This section is located in the "Social Services" area of the child's folder. Family Service Worker/s should address three (3) areas of concern.

COMMUNITY PARTNERSHIP

CSNT Head Start/Early Head Start will work with community resources such as Health Care Providers and Dental Providers to establish Inter-Agency Agreements/MOU's between entities to collaborate agreements to best serve Head Start/Early Head Start children and families.

PARENTAL/GUARDIAN CONCERNS

If the parent(s)/guardian(s) voice any health concerns related to the child, the staff should document what the concern was and how Head Start/Early Head Start will assist them.

HEAD START/EARLY HEAD START CONCERNS

If the child is identified to have a health problem during the screenings and exams, the staff should document how Head Start/Early Head Start will treat and or assist parent/guardian and child.

NO CONCERNS

If, there have not been any health problems identified, (parent/health services), the staff should document that the performance standards will be provided for the child.

CHECK-IN-PROCEDURE

Purpose: Every day, a trained staff member shall conduct a Health Check of each child. This health check shall be conducted as soon as possible after the child enters the campus. This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. Necessary information to complete the daily health check shall be gained by direct observation of the child, asking parent, and conversing with the child. Parent shall be immediately notified of concerns identified during the daily health check. Documentation of findings shall be noted on Health Alert Form, with assigned copy forwarded to Health Coordinator.

POLICY

Children need to be assessed daily in order to detect possible child abuse and to prevent the spread of communicable diseases. The Daily Health Check is performed by Head Start/Early Head Start staff on each child upon entering the campus. (Refer to the Check In and Out Policy and Procedure found in the Education section). Daily Health Checks are completed daily with health concern findings documented on the Health Alert form. CDC guidelines followed and implemented for parent notifications and exclusions.

(Copies are provided as follows: Original placed in the child's file and a copy sent to the Health Coordinator and parents/guardians.) Accidents involving children and occur during Head Start/Early Head Start hours must be documented on the Accident report form on back of Health Alert form. Accidents involving student who require professional medical or when warranted the required Child Care Licensing Incident form must be completed per protocol.

During "Daily Health Check" staff must inspect any backpacks, etc. of entering children only for any inappropriate or dangerous items such as guns, knives or other items that could be used as a weapon. If these items are discovered during the inspection the Campus Director should be immediately notified and he/she must notify the police and make parent/s aware of the incident.

PROCEDURE

The following is a recommended guideline for the check in procedure for children in Head Start/Early Head Start.

1. Ask the parent about the child's last 24 hours.
2. How was he/she last evening? Did he/she sleep okay?
3. Ask the child how he/she feels this morning?
4. Document daily any concerns from the previous day
5. Observe the child for any change in behavior (sluggish, crying, or sleeping)
6. If the child has complaints, inquire to the parent as to the reason for these complaints and ask if a doctor has seen the child.
7. Rule out a fever. If a rash is present, request a FSW member to assess the child.
8. Check eyes for swelling, redness or drainage.
9. Assess the head for any bruises, patches, or nits.
10. Look at extremities and hands for sores, swelling, and rashes.
11. Observe for fast breathing. If the child is a known asthmatic, ask when the last treatment was done.

12. If the parent brings the child to the campus, it is their responsibility to sign the child in and indicate the status of the child. If they do not indicate the child's status it will be assumed the child was in good condition. '
13. If the child is picked- up at the home by a Head Start/Early Head Start vehicle it is the driver/monitors responsibility to assess the child before accepting that child. If the child is in poor condition, the child should not be picked up and parent informed of need for further assessment.
14. If during assessment a problem is indicated, document findings in Child Plus under the Health Note section of the Health Information tab.

After assessing the child:

1. If the child appears well, allow the child to go to classroom
2. If the child has a symptom, review Communicable Disease or Symptoms and document concerns.
 - a. Fill out form if minor or major symptoms/concerns are present.
 - b. Determine if the child goes home or stays.
 - c. Parent signs form.
3. If the child stays, another assessment will need to be done.
 - a. Copy of form needs to be given to the Campus Director.
4. Never look under a child's clothing unless the child says or acts in a manner that invites initiative. You MUST have another staff member present when looking under a child's clothing.
5. Always provide the check in staff with a list of names of children who were excluded from the campus during the day.
6. When a child is sent home in need of medical attention, he/she must provide documentation from the health care provider or exhibit no further signs/symptoms of illness.
7. In the case of ringworm of the scalp, a physician's return to school release is required.

SIGN IN / OUT PROCEDURE

It is the parent/guardian's responsibility to sign their child out on the Check -In form located at each center. All spaces must be filled in. If the Parent indicates a concern, a meeting must be arranged with the Center Director in order to address the concerns.

COMMUNICABLE DISEASES (Standard 1302.47 (b)(4)(A)(7)(3)

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.

Each campus is required to have a chart posted where every staff person can readily survey for information when needed.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency

policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

Head Start/Early Head Start stand-alone campus staff must refer children with symptoms of communicable disease to the Campus Director during the morning, or as soon as the symptoms are noted. If the Campus Director is not present, the designated staff person should follow recommended guidelines for class and/or care of injured child or staff.

Head Start/Early Head Start staff must confirm reports of communicable disease and require a physician's release to return to school to ensure exclusion criteria is met. Staff must inform parent/s of exclusion criteria during pick up of student.

An exception may be made if medical clearance or symptoms have been resolved. In the event of an unusual communicable disease or need for special epidemiological consideration, the Health Coordinator should be notified.

Any child with a temperature of 100.0 degrees F must be sent home and fever free for 24 hours, as specified per the Centers for Disease Control and the Department of State Health Services Communicable Disease Guidelines for Schools and Childcare Centers.

Children with chronic reportable disease, e.g. Hansen's disease (Leprosy), Hepatitis B, HIV, AIDS, or other infection under medical management, may attend the campus in their usual instructional setting with approval of the attending physician. Disabilities Services will need to be informed of the child's condition. Confidentiality must be stressed and maintained.

REPORTING COMMUNICABLE DISEASE

POLICY

Community Services of Northeast Texas, Head Start/Early Head Start will adhere to the Texas Communicable Disease Prevention and Control Act (TCDPCA), which requires this Agency to contact the affected person's Primary Care Physician to ensure the confirmed communicable disease case, has been reported to the determined entity set forth by the TCDPCA.

PROCEDURE

Head Start/Early Head Start staff must confirm reports of communicable disease by contacting the student's parents for a physician's diagnosis of the disease and require a physician's release to return to school to ensure exclusion criteria is met.

Staff must inform parent/s of exclusion criteria and reporting requirements of certain communicable diseases during pick up of student/s.

EXCLUSION/S (Standard 130.47 (b)(7)(iii))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of Health Communicable Disease (Rule §97.7) exclusion requirements and Child Care Licensing Minimum Standard exclusion requirements and shall continue exclusion until the readmission criteria for the conditions are met.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion and re-entry guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

PEDICULOSIS (Head Lice) Screening

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Center Pediculosis guidelines and will adhere to the following. (ISD campus classrooms will follow their ISD guidelines)

1. Parents are notified of infestation and informed of CSNT Pediculosis procedures.
2. Treatment must be implemented by parents/guardians.
3. CSNT Pediculosis procedures are as follows:
 - a. Pediculosis Referral Letter and initial treatment form given to each parent/guardian at time of pick up and/or sent home with student at end of day.
4. Short-term exclusion will be implemented with active infestation of lice noted after treatment has been received.
Active infestation = live bugs
5. Watch for signs of head lice such as frequent head scratching and check all children for lice and nits when indicated.
6. Bag items such as stuffed animals and hats for 2 weeks to bring infestation under control.
7. Teaching staff should maintain two set of these items and rotate usage.
8. Wash all linens in hot water and vacuum all carpets and questionable areas or items if frequently used.
9. Teach and encourage families to treat the child, siblings and all adults who live in the same household
10. Remember, all lice killing products are PESTICIDES. If suggesting lice products, inform parents/guardians to carefully follow the directions and use with caution.
11. Encourage parents/guardians that Manual Removal of nits is the best option when lice removal products are unsuccessful.
12. HIPPA requires confidentiality. Encourage parents/guardians to inform teachers.
13. Protect our children's self-esteem by monitoring our words and attitudes.

PEDICULOSIS SCREENING PROCEDURE

Poor Self-Esteem disease prevention and control:

A screening area must be used and secured for privacy. Arrange with your Campus Director for items you may need to partition a room if necessary and for all notification/scheduling of classes.

1. Teachers should accompany classes to screening area and remain until screenings complete.

2. Provide appropriate literature to each teacher.
3. Teachers are to notify their class of pediculosis screenings, informing them that staff will be examining their hair and scalp.
4. Teachers should use this opportunity to discuss personal hygiene and pediculosis control with their students.

Suggestions to the teacher for student health education may include the following information:

1. Avoid sharing brushes and combs or wearing another person's hat or scarf.
2. Avoid touching your head to another person's head.
3. Avoid hanging your hat or scarf on a public hat rack.
4. Avoid putting your head on another person's pillow.
5. Avoid wearing another person's coat or clothes.
6. Avoid putting your clothes in another person's locker.
7. Avoid wearing another person's hair ribbons.
8. Thorough cleaning of personal articles, i.e., combs/brushes, clothing and bedding

HEAD START/EARLY HEAD START (STAND ALONE) CAMPUSES RE-ENTRY CRITERIA

1. Students must be brought to school by parent/guardian. Parent/guardian must bring signed initial treatment form along with the empty treatment container.
2. Students must be examined before re-entry to class.
3. (Upon re-entry exam, if active infestation noted student must return home with parent)
4. Parents/guardians are informed of required 2nd treatment and given 2nd treatment form at time of 1st re-entry.
5. Students must be brought to school after second treatment given.
6. Parent/guardian must bring empty treatment container and signed 2nd treatment form at that time.
7. (Upon second treatment exam, if active infestation noted- child must return home with parents)
8. Physician's statement does not indicate clearance to return to class, student must show no signs of active infestation.

CHILD ABUSE REPORTING (Standard 1302.47(b)(5)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of Family and Protective Services guidelines and a requirement for child abuse reporting and providing annual training to all CSNT Head Start/Early Head Start staff.

POISON INGESTION & DRUG OVERDOSE (Standard 1302.47(B)(7)(i))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of State Health Services guidelines regarding Poison Control. Children having ingested potentially fatal toxic substances are to be considered medical emergencies

until proven otherwise.

PROCEDURE

1. Telephone the Poison Control Center.
2. Poison Control will tell you the toxicity of the substance in the amount ingested and will give staff direction until EMS arrives.
3. Supply them with all on the subjective and objective information you have obtained.
4. Telephone 911 when indicated and or when directed Poison Control or parent/s.
5. Supply them with all on the subjective and objective information you have obtained.
6. Contact parent/s as per protocol.

TOOTH BRUSHING (Standard 1302.43)

{Refer to the Nutrition Policies and Procedures}

POLICY

Community Services teaching staff will promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Component team.

PROCEDURE

1. Staff will wash hands and don gloves.
 - a. Staff will wash hands and change gloves when cross contamination occurs.
 - b. Do not leave tooth brushing area with gloves on.
2. Apply a "pea size" amount of toothpaste on wax paper or paper cup (one per child) the child then applies to tooth brush (staff is to assist the child if needed.) Do not touch the open end of the toothpaste container to toothbrushes.
3. Child should be instructed to wash hands and allowed to brush their own teeth. Staff will provide assistance and instruction when needed.
4. Each child will utilize their toothbrush to manipulate the toothpaste on the individual toothbrush.
5. Child should be instructed to rinse/clean their toothbrushes before they are sanitized.
6. Toothbrushes must be sanitized after each use during the school day and left in the sanitizer unit.
7. Staff must dry toothbrushes with clean paper towel before placing in sanitizing unit
8. Staff must legibly label each toothbrush with child's name and place with bristles facing UV light and close lid. Sanitizing cycle takes ten (10) minutes.
9. Sanitizer units must be unplugged at the end of each day and plugged back in upon arrival the next school day.
10. If sanitizing unit must be transported to sink to perform tooth brushing, unplug from unit, not the wall.
11. Toothbrushes must be replaced every 3 months, after any contamination or appropriate illness requiring a new toothbrush, which may include but not limited to mouth sores or ulcers.

HANDWASHING (Standard 1302.47 (b)(6)(i))

POLICY

The practice used to prevent the transmission of communicable diseases by using good hand washing techniques and/or gloves when indicated.

Staff, volunteers, and children must wash their hands with soap and running water for the following.

1. After diapering or toileting.
2. Before food preparation, handling, consumption, or other food related activity (setting the table).
3. Whenever hands are contaminated with blood or other bodily fluids: and
4. After handling pets or other animals.

Staff and volunteers must also wash their hands with soap and running water:

1. Before and after administering medications;
2. Before and after treating or bandaging a wound (non-porous gloves should be worn if there is contact with blood or and/or body fluids)
3. After assisting a child with toileting.
4. After smoking

HANDWASHING PROCEDURE:

1. Have necessary supplies on hand: running water, soap and disposable towels.
2. Turn on the faucet
3. Scrub hands with soap, preferably liquid, and water for at least 10 seconds.
4. Rinse hands well under running water. Leave the water running/
5. Dry hand with a paper towel/
6. Turn off the faucet with the paper towel, instead of with bare hands.
7. Discard the paper towel in the trash can.

Keep the children's hands washed; especially before they eat or drink, and after they use the toilet. If they're too young to do it themselves, YOU wash their hands for them. Teach children to get into the habit of hand washing to help control the spread of disease.

MEDICATION ADMINISTRATION (Standard 1302.47 (b) (4) (c) (7) (iv))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide annual medication administration training for all designated staff and will adhere to the following Medication requirements to ensure safe administration of medications to children and will work in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start/Early Head Start classrooms are located on their campus.

Head Start/Early Head Start classrooms located on ISD campuses- Staff must sign out students who are required to receive medication during Head Start/Early Head Start class time and then take to the ISD nurse to receive medication. Once medication is received, Head Start/Early Head Start staff must sign student back into the Head Start/Early Head Start classroom and monitor student for any adverse effects or behavioral changes and notify nurse and parents and document on "ISD Medication Monitoring Form" each time medication has been given.

Head Start/Early Head Start only campuses will follow the following guidelines to ensure safe administration of medication.

1. A physician's order/directive is required for all Routine and PRN medications, medical procedures (i.e. tube feedings, catheterizations), and Over the Counter medications including topical creams.
2. Dietary supplements (i.e. liquid thickener). (See Nutrition Content Policy & Procedures)
*If the prescribed medication is a dietary supplement or alters student's diet, refer and/or contact the Health Coordinator and the Nutrition Manager.
3. Medication received through Emergency Room visit/s requires the following:
4. Physician's ER discharge directive required for any medications that may need to be administered during school hours. If a follow up with the child's primary care physician cannot be immediately obtained, Head Start/Early Head Start staff will assist parent/s with obtaining a medical home and a follow-up appointment.
5. Medications which warrant administration longer than fourteen (14) days (i.e. Inhalers or EPI Pen's), parents will be notified of the required Physician follow up visit and a standing physician directive for school administration.
6. If a follow-up appointment is required and is not received, parent/s will be notified that 911 will be contacted for assistance in the event that a child needs the required medication.
7. Prescribed Medications: Any prescribed medications brought into the facility by the parent or the legal guardian, must be dated and kept in the original container provided by the pharmacist, with the child's first and last name, the date of the prescription was filled, the name of the health care provider who wrote the prescription, the medication expiration date; and the specific, legible instructions for the administration and storage of the medication.
8. PRN medications: Medications administered "as needed" must have specific directions for administration, including minimum time between doses, maximum number of doses and criteria for administration.
9. A Medication Administration Form must be completed and maintained on an ongoing basis by Head Start/Early Head Start staff to include the following: Medication checklist, signed parental consent, special instructions and possible side effects, and administration log documenting the name of the medication, dose, date, time and signature of the staff member assigned to administer medication, and staff comments and observation notes.

PROCEDURE

1. Staff must inform parents of required physician's order/directive for all medications and or medical procedures (i.e. tube feedings, catheterizations), and dietary supplements (i.e. liquid thickener).
2. To ensure all precautions and safety measures have been met before medication acceptance, staff must complete a Medication Checklist section of the Medication Administration Form with the parent. Staff must count medication and note on Medication Form the amount of medication received, date and initial. The checklist is completed upon acceptance of the medication, is signed by the staff member, and is included on the Medication Administration Form.
3. The Parent must complete and sign the top portion of the Authorization to Administer Medication section of the form giving Head Start/Early Head Start permission to administer their child's medication and verifying their child has received at least two doses of the medication and has had no adverse reactions.
 - a. This section is used to document the administration of the medication. Staff will use this section to record date, time and dosage of medication. Staff will document any changes in the child's behavior or allergic reactions by checking the appropriate box and completing a Health Alert form if needed. This

- information will be reviewed with the parent and attached to the Medication Administration Form.
4. Staff will assist the parent in consulting with the physician if there are consistent administering problems.
 5. Staff will ensure that safety measures are observed when preparing to administer medications as follows:
 - a. Read medication labels when accepting medication.
 - b. Read medication label a second time and compare with the Authorization to Administer Medication Section.
 - c. Read medication label a third time and compare with the Authorization to Administer Medication section before administering any medication to the child
 - d. Adhere to the "FIVE RIGHTS" to administering Medications:
 - i. The Right Child
 - ii. The Right Medication
 - iii. The Right Dosage
 - iv. The Right Time
 - v. The Right Route
 6. Staff should closely monitor a child for at least an hour after administering medication for any changes in the child's behavior. If a noticeable change does occur, staff should immediately contact the child's parent/guardian. If the parent/guardian cannot be contacted the Emergency Procedures will be followed.
 - a. When the child exhibits behavior changes, staff must document changes on the observation section of the Medication Form.
 7. All expired medications or medications belonging to a child that is no longer enrolled will be disposed of in the following manner:
 - a. Parents/guardian/ must be notified to pick up any remaining medication/s left at school.
 - b. Liquid medications not picked up by parents/guardians will be poured into cat litter and mixed with water and tablets/capsules will be crushed and placed in cat litter and water by a designated staff member while in the presence of another staff member. Once the water/medication mixture has been absorbed by the litter, the litter will be double bagged and disposed of in a regular trash receptacle. Both staff members must sign and date the disposal section of the Medication Administration Form.
 8. The student medication record must be kept in the Medication Notebook until the end of the school year.
 9. The Campus Director will be responsible for administering, handling and storing of all medications.
 10. The Family Service Worker will be responsible in the absence of the Campus Director.
 11. The Lead Teacher will be responsible in the absence of the Campus Director and the Family Service Worker.
 12. All medications (including staff, volunteers and child) will be stored separate and out of reach of children in a locked cabinet. If the medication requires refrigeration, it must also be kept in a locked refrigerated container and kept separate from food items.
 13. To ensure staff remain familiar with the EPI PEN administration process; (designated) staff is required to practice EPI PE administration one day a month and document on monthly training log.

MEDICATION INFORMATION:

Refer to each campus Medication Book for specific information regarding medication or contact the Health Coordinator for further assistance

SPECIAL SITUATIONS

POLICY

Head Start/Early Head Start Performance Standards for children with disabilities requires 10 % enrollment of children with disabilities in any of the following diagnosed by a diagnostician or physician. Such as: mental, hearing, speech/language, visual, emotional, orthopedic, autism, traumatic brain injury, and any other impairment. Many of these disabilities are life lasting and may be life threatening.

The Education Coordinator of Head Start/Early Head Start and its delegate agencies ensures that children with special needs are enrolled by collaborating recruitment/enrollment efforts with Education, Transition, Health, and Social Services/Parent Involvement (SSIP) staff members.

Special situations frequently occur for medically challenged and other children enrolled in Head Start/Early Head Start campuses. Special situations may be associated with the death of a parent or guardian; divorce; separation from parents; or any societal event that may affect a child. Often these children are referred to Disability/ Mental Health Services in order to assist the child and family to move forward through their situation. However, any situation pertaining to child abuse/neglect is everyone's responsibility. Head Start/Early Head Start will adhere to the state law and the policy previously presented.

PROCEDURES

1. Medical procedures are often needed for medically challenged children.
2. Often these procedures may be a temporary situation for any given child. This section outlines and/or described in generic formation the delivery of health care service for medical procedures for any child. These procedures are design to include all Head Start/Early Head Start staff and each procedure will be revised by the Family Engagement Coordinator and Education Coordinator for individual educational plan (IEP) for children enrolled in Head Start/Early Head Start campuses when indicated.
3. The Family Service Worker/s of the child should schedule an interdisciplinary meeting. For special situations or procedures, it may be the Education Coordinator or Family Empowerment Coordinator. Members present may include staff from the different components as well as parents), Campus Director, etc.
4. For special procedures, the initial instruction, training and demonstration will be provided by the caregiver (Parent or guardian) of the child.
5. The Family Service Worker will notify the Family Engagement Coordinator when assistance is needed with contacting the child's Primary Care Provider.
6. Family Engagement Coordinator will obtain Physician's Directive when medical procedures are needed if indicated.
7. The Family Engagement Coordinator will be present or obtain Health Care Professional to be present to clarify the procedures and to determine the scope of capability for Head Start/Early Head Start staff.
8. A decision for admittance into the campus will be determined at the initial meeting.
9. An IEP and protocol will be written specifically for the child's procedure and placed in the child's folder (health section) within 2-3 weeks following the initial meeting. A second meeting will be held to discuss the protocol, which should explain the "step by step procedure" to those individuals involved with performing the task.
10. The Campus Director will verify and monitor staff performance at regular intervals throughout the year.

SEASONAL FLU PREVENTION POLICY (1302.47 (b)(7) (iii))

The guidance is designed to decrease exposure to regular seasonal flu and H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in CSNT Head Start/Early Head Start Campuses. It outlines conditions of short-term exclusion and admittance to protect the health of the affected child, other children, and staff. Effective use of hygiene procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs.

1. **Stay home when sick:** Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever of 100 degrees or greater, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
2. **Conduct daily health checks:** Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child. He or she should look for changes in the child's behavior, a report of illness or recent visit to a health care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms. (refer to Daily Health Check Procedure)
3. **Separate ill students and staff:** Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill children and staff wear protective gear such as a mask.
4. **Hand Hygiene and Respiratory Etiquette:** Wash hands frequently with soap and water when possible following program's Hand Washing Procedure, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
5. **Routine Cleaning:** Staff must routinely clean areas that students and staff touch often, areas and items that are visibly soiled should be cleaned immediately, with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (such as, toys and play areas). Staff must follow the CSNT Head Start/Early Head Start Procedure for Cleaning and Sanitizing Tables and Surfaces and the Procedure for Cleaning and Sanitizing Toys.
6. **Early Treatment of high-risk students and staff:** People at high risk for influenza complications who become ill with influenza-like illness should speak with their healthcare provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

EXTREME WEATHER CONDITIONS (1302.47 (b) (7) (i))

CSNT Head Start/Early Head Start recognizes the value of time spent outdoors for children and the benefits that active play affords in the fight against childhood obesity. When properly clothed, children can participate in safe, vigorous play in an outdoor environment in most weather conditions.

1. During periods of extreme heat or cold, CSNT Head Start/Early Head Start campuses will monitor weather conditions using the Child Care Weather Watch chart and determine when safe outdoor learning activities and play can be permitted.
2. Head Start/Early Head Start Campus Directors must assess the humidity and heat

index levels (in their local area) daily and refer to the Child Care Weather Watch chart to determine if weather and conditions permit any outdoor activity.

3. Staff must use discretion and caution as to whether or not to take children outside and/or for how long. Each campus will have some discretion due to different conditions on the playground and age of children.
4. When campuses have determined temperature range is in the "yellow" zone, staff must keep outside time short (going outside 2-3 times a day at shorter intervals). Children will not be outside during threatening weather such as severe snowstorms, thunderstorms, windstorms or bad air quality warnings.
5. To maintain Head Start/Early Head Start performance standard compliance, Head Start/Early Head Start teaching staff must provide required activities indoors.

GUIDELINES FOR CHRONIC HEALTH CONDITIONS Standard (1302.46)

Community Services of Northeast Texas Head Start/Early Head Start adheres to and follows all physicians' directives regarding children health concerns and conditions.

ASTHMA

Asthma is a chronic inflammatory disease of the lungs causing episodes of difficult breathing. The airways are super-sensitive to many different things or "triggers."

The main signs and symptoms include

1. Coughing
2. Wheezing
3. Shortness of breath
4. Chest tightness

Triggers:

1. Allergens --Pollens, mold, dust mites, animal dander, cockroach allergen
2. Irritants --Smog (ozone), smoke (tobacco, wood), chemical odors and sprays
3. Infections -Colds and upper respiratory tract infections
4. Exercise and sleep-related airway changes
5. Abrupt weather changes
6. Gastro esophageal reflux --upset stomach, spitting up
7. Strong emotions -laughing, crying, playing

When an asthma attack is occurring, the muscles surrounding the airway spasm and tighten. This is called a bronchospasm. The lining of the airways become inflamed and swollen. This is known as airway inflammation. Excess mucus is produced, and the airways become plugged with mucus.

Asthma episodes are prevented and controlled by appropriate medications and an asthma action plan. An asthma action plan is prepared by the doctor to help guide decisions about the type and dose of medication needed day to day. The plan is based on the severity of signs and symptoms of asthma and daily peak flow readings (if applicable).

HYDROCEPHALUS

Hydrocephalus is an excessive accumulation of cerebrospinal fluid (CSF) in the brain ventricles (cavities), which causes increased pressure within the brain. Hydrocephalus

usually is treatable with surgery. The most common surgery is insertion of a narrow tube (shunt) into a ventricle to divert fluid away from the brain. The tube is passed under the skin and attached to a tube in the abdominal cavity (or occasionally the heart). The shunt is permanent and will require periodic surgeries to replace, usually when it stops functioning or needs to be adjusted for the child's growth. Hydrocephalus is a chronic condition, not a disease. Early identification and intervention may help compensate for known deficiencies and stimulate development of the child's abilities.

Many children with hydrocephalus have normal intelligence and physical development. However, they are at risk for delays in cognitive, motor and sensory development, such as hand-eye coordination and walking skills.

SIGNS AND SYMPTOMS frequently seen with untreated hydrocephalus and shunt malfunctions:

1. Abnormal enlargement of the child's head
2. Bulging or tense soft spot (fontanel), dilated scalp veins.
3. Vomiting and nausea
4. Feeding difficulties (poor oral-motor coordination)
5. Irritability
6. Sleepiness, lethargy
7. Downward deviation of the eyes
8. Seizures
9. Change in academic performance
10. Complaints of headache, coordination problems and/or vision changes

CAUSES: Hydrocephalus may be acquired or congenital:

- Acquired hydrocephalus may be caused by head injury, meningitis, intraventricular hemorrhage or brain tumor.
- Congenital hydrocephalus is caused by genetic factors during pregnancy and frequently is seen in children with spina bifida.

SICKLE CELL DISEASE and BETA THALIASSEMIA

PROBLEM: Malformation of red blood cells caused by a genetic factor. This results in an almost constant anemia. The red blood cells tend to form into sickle shapes and break down rapidly. The most common complication is pain, which may be severe enough to require hospitalization.

MEDICATION: The usual treatment for painful episodes is pain medication.

Teachers and Center Directors must make themselves aware of the types of medication being used and how each medication is given.

- Note: Campus Directors and/or Teachers may give pain medication to a sickle cell child based on written instructions from the child's physician. As with all other medications, follow Medication administration policy.

SPECIFIC PROCEDURE: Contact the Campus Director, parent, immediately when a painful episode occurs, begin pain medication, encourage fluids and rest. Never leave the child alone and keep the child as comfortable as possible.

SICKLE CELL DISEASE

In sickle cell disease, the red blood cells contain abnormal hemoglobin called hemoglobin S. In sickle cell anemia, the individual inherits a sickle cell gene from each parent. In other forms of sickle cell disease, the individual inherits the sickle cell gene from one parent and abnormal hemoglobin from the other parent. The condition must be distinguished from

sickle cell trait. In which the individual inherits only one sickle cell gene from one parent and a normal hemoglobin gene from the other parent. With sickle cell trait, the individual's health usually is not impaired.

Hemoglobin S causes the red blood cells to become deformed in shape or "sickle." The abnormal shaped cells do not flow smoothly through the capillaries, or smaller blood vessels. They may clog the vessels and prevent blood from reaching the tissues. This blockage causes anoxia, or lack of oxygen, which makes the sickling worse. This can lead to sickle cell pain Hemolysis or premature destruction of red blood cell also occurs. This leads to chronic anemia. Sickle cell trait and sickle cell disease occur predominately in people of African descent and in individuals from parts of Italy, Greece, Arabia and India. About one in every 10 black Americans has sickle cell trait.

SIGNS AND SYMPTOMS

An individual with sickle cell disease may have symptoms of anemia, such as being more easily fatigued and having less stamina and endurance. Fever is a sign that may indicate that infection is present. Jaundice (yellowish eye color) is associated with the rapid breakdown of the red blood cells. The child's growth may be delayed.

WHAT ARE THE RISKS

There is virtually no risk from sickle cell trait, but a man and a woman who both have sickle cell trait may produce a child with sickle cell disease.

TREATMENT

Acute pain is the most common problem. This is treated with pain medications, extra fluids and rest. It is extremely important that the individual do everything to maintain good health, and obtain prompt treatment for fever. Also, the individual should see a physician regularly who is familiar with the disease. Special precautions may be necessary before any surgery.

BETA THALASSEMIA

Beta thalassemia is a blood disorder affecting the formation of the red blood cells. The majority of the red blood cells produced in this condition are destroyed constantly within the circulation. These red blood cells are smaller in size. Due to the small size and the constant destruction of the red blood cell, anemia is one of the features of the disorder. Other features include changes in the facial bones and delayed growth. Beta thalassemia occurs primarily in people of Mediterranean and Asian origin. It is also presents in people of African, Southeast Asian and Middle Eastern ancestry. The most severe form of the disorder is Thalassemia Major. Thalassemia Major occurs if an individual inherits the beta thalassemia gene from both parents. If the beta thalassemia gene is inherited from only one parent, the individual will have beta thalassemia trait, which rarely causes symptoms. The treatment of thalassemia major includes regular blood transfusions.

HEMOPHILIA (FREE BLEEDER)

PROBLEM: Hemophilia is a genetic disorder in which one of the clotting proteins in the blood is decreased or absent, resulting in excessive bleeding. Hemophilia A is a deficiency of the factor VIII clotting protein and hemophilia B is a deficiency of factor IX. Bleeding most commonly occurs in the skin, muscles and joints. Life-threatening bleeds may involve the head, abdomen or neck. Any trauma to the head, neck or abdomen should be evaluated immediately.

SIGNS AND SYMPTOMS:

1. A bubbling or tingling sensation into a joint.
2. Warmth, pain, stiffness and/or swelling.
3. Refusal to bear weight or favoring a joint or limb.

MEDICATION: Bleeding episodes are promptly treated with factor concentrates, which are

administered intravenously. These infusions replace the clotting protein that is deficient or absent. Some children receive infusions of factor concentrates on a regular basis (Le. 3 times a week) to prevent bleeding episodes whereas others receive treatment for the bleeds as they occur. Prompt treatment of bleeding episodes is essential. Parents or an authorized health care professional should administer the medication.

GENERAL PROCEDURE:

1. If a medical crisis occurs, get the child to a doctor immediately.
2. Contact the Center Director, parent, Family Engagement Coordinator and Education Coordinator immediately.
3. Keep the child quiet and resting until medical assistance has been obtained. A child with hemophilia should have periodic check-ups with a pediatric hematologist, which is a Coordinator in children's blood disorders.

CHILDREN WITH HIV / AIDS

Because of the seriousness of the issue, children with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Disease Syndrome (AIDS) will be addressed separately from the other health policies. Children tested positive for HIV or children diagnosed with AIDS will be permitted to enroll into the Head Start/Early Head Start campuses. Head Start/Early Head Start will adhere to the Communicable Disease Chart for Schools and Child Centers recommended by the Texas Department of State Health Services.

Appropriate services will be provided based on the medical practitioner's recommendations. Head Start/Early Head Start campuses will provide the least restrictive environment for that child. The Education Coordinator will provide rules and guidelines of IFSP/IEP implementation. Campuses will not need to take any special precautions to protect other children beyond their routine procedures for cleaning up body fluids (UNIVERSAL PRECAUTIONS) after any child has an accident. These provisions generally allow for the attendance of a child with HIV / AIDS with the following exceptions:

1. Children who are biting
2. Children who have open sores
3. Incontinence
4. Behavioral problems (scratching)
5. Communicable diseases, etc.

If a HIV child exhibits the exceptions described (above), the child will be placed immediately on hold. A meeting should be held by the Education Coordinator and all involved support staff to discuss a plan of action for intervention. The parent will be informed of the plan and re-admittance permitted for the child (if possible) once the accommodations have been made.

Children with HIV / AIDS will need protection if there is an outbreak (communicable) of measles or chicken pox since the child is unable to fight off or be protected by vaccines against such diseases. Those children with HIV will be exempt from school during this time for their protection.

PROCEDURES

All children diagnosed with disabilities must be pre-staffed by the Education Coordinator. An Admission/Review and Dismissal (ARD) committee will discuss the child's status and determine placement before a child enrolls into a Head Start/Early Head Start campus. The committee will consist of the parent (and medical provider if possible or paper work),

Education Coordinator, Campus Director, and Family Engagement Coordinator. If it is determined that a risk of transmission exists (per ARD and medical doctor) then the child will not be enrolled or will be removed from the classroom until one of the following occurs:

- An appropriate program adjustment, alternative or special education program can be established.
- The physician/health authority determines the risk has abated and the child can return to the classroom.

A decision to remove a child from the classroom for his/her own protection (situation involving communicable diseases) shall be made in accordance with the Texas Department of Health guidelines; however, only an ARD committee can change the placement. The ARD committee and/or a group of professionals who are knowledgeable about the child's condition shall make any decisions regarding restriction, participation, and hygiene. This committee may consult the local authority, parent and physician in making such decisions.

All health information will be kept separate from the child's standard file in the Disabilities File.

GENERAL QUESTIONS AND ANSWERS RELATED TO HIV / AIDS

What is HIV?

- HIV is the acronym for human immunodeficiency virus. This is a retrovirus that causes AIDS.

What is AIDS?

- AIDS is the acronym for acquired immunodeficiency disease syndrome. AIDS is a disease that has a long incubation period manifested by various opportunistic infections.

How can it be transmitted?

- HIV a virus that is spread by
- Blood-to-blood contact (blood transfusions, open wound contact with another person's blood (indirect transfusion)
- Intimate sexual contact with persons infected with the virus
- IV drug use with an HIV infected needle/syringe
- From mother to the unborn child
- To date, HIV is NOT spread by casual contact (shaking hands, hugging, etc.)

Can my child catch HIV from adults or other children?

- Children like adults can only catch this disease from intimate sexual contact or blood-to-blood contact with a person who has AIDS virus infection. The children who are known to have the disease received the infection from exposure to their mother's blood during pregnancy or in the course of childbirth, from a blood transfusion, or from blood products used in treating hemophilia.

Are there certain precautions that will be taken if a child with HIV is present in the school?

- Schools will not need any special precaution to protect other children beyond their routine procedures for cleaning up body fluids after any child has an accident or injury. The child with AIDS/HIV will need protection if there is an outbreak of measles or chickenpox, since the child is unable to fight off or be protected by vaccines against such disease.

Isn't there the possibility that the AIDS/HIV child can cut him/herself and not inform anyone? After all, a four-year-old cannot understand how serious the implication of this could be. What if the child bleeds in the bathroom and doesn't tell anyone?

- There is no risk of spread of infection from the blood of a child with HIV / AIDS

unless the blood is inoculated into another person through a cut that is open to their bloodstream. Teachers monitor activities on the playground and children are taught to report any accident that may occur. Children will often seek care if they are injured, even for minor cuts.

What about spit/saliva? Are you 100% positive that this can't transmit HIV?

- From everything that has been studied, there has been no documentation of transmittal of the disease by saliva even in the intimacy of the family setting.

With all the cold germs that children carry, wouldn't it be a risk to the HIV child to be exposed to these germs?

- Most children with HIV / AIDS are under medical treatment to protect them as much as is possible from common germs. It is not considered appropriate to deprive any child with an immune deficiency of normal socialization with other children. Those who are too ill to tolerate childhood infections will not be sent to school.

CATHERIZATION

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will provide medical procedures prescribed for students and will obtain health care professionals or aids certified to perform catheterizations.

PROCEDURE

Clean intermittent catheterization may be provided upon receipt of a physician's standing order and parental request indicating that catheterization is necessary for school attendance. Students should be taught self-catheterization as early as possible in order to develop independence.

Students who need clean intermittent catheterization may be on a training regimen, have no bladder control or have residual urine.

The purpose of catheterization is to empty the bladder, reduce the incidence of urinary tract infections, prevent bladder distension, remove residual urine and prevent urinary leakage.

OSTOMY CARE

POLICY

An ostomy pouch remains secure from one to seven days. Emptying an open-ended pouch may need to be done at school. Change of a pouch at school is usually needed only because of a leakage and should be done to control leakage, protect and inspect skin, to control odor and to provide comfort and security. Irrigation should be done at home.

PROCEDURE:

1. Assemble equipment in appropriate private location.
2. Position student, lying or sitting position.
3. Remove ostomy pouch. Gently peel pouch away from skin, using skin safe solvent

- as necessary
4. Place absorbent material over stomach to absorb drainage. It is important to protect the skin from irritating drainage. Absorbent material remains in place until you are ready to attach pouch.
 5. Empty ostomy pouch into toilet.
 6. Save reusable pouch or discard disposable pouch. Know whether pouch is reusable or disposable.
 7. Rinse out reusable pouch over toilet, Send home in a suitable container.
 8. Discard empty disposable pouch in waste receptacle
 9. Clean skin thoroughly but gently with washcloth, soap and water; dry thoroughly.
 10. Apply skin barrier according to skin condition and type of pouch.
 11. Cut or mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as a flange pouch. Failure to cover all skin surrounding stoma will cause leakage and skin breakdown.
 12. Prepare pouch for application; cut to fit if necessary and apply additional adhesive if necessary
 13. Inner flange of pouch should be 1/8 inch (3 mm) larger than the stoma. Cut to fit as needed.
 14. Place pouch securely over skin barrier
 15. If pouch is open-ended, secure open end according to package instructions.
 16. Cut strips of tape 1 inch longer than flange of pouch. Apply half on skin and half on flange to completely seal to skin.
 17. Window Pane outer flange of pouch with hypoallergenic tape and attach belt if used, and record procedure on log.

TRACHEOTOMY CARE

EMERGENCY CLEANING OF INNER CANNULA

POLICY

This procedure is used only when a mucus plug is present and there is not enough time to follow the procedure for care and cleaning of tube and stoma. This procedure is also used when you need to maintain airway by keeping inner cannula open; to relieve labored or interrupted breathing; to investigate signs of restlessness and/or apprehension.

PROCEDURE

1. If child is on a respirator, determine breathing tolerance when he/she is off the equipment.
2. Assemble supplies on a small disposable tray and wash hands per protocol.
3. Position child with tracheostomy area exposed.
4. If ventilation is needed during cleaning, the following may be done:
 - a. Plug tracheostomy opening and child ventilates by gloss pharyngeal breathing (PB)
 - b. Attach Elder Demand Valve or Amby bag to fit outer cannula.
 - c. Place the correct size adapter into outer cannula and secure with spring or rubber band
 - d. Check that the child is being adequately ventilated
 - e. Be sure to suction thoroughly
 - f. Two persons may be needed to complete this procedure
 - g. Auscultate to determine adequate aeration in all lobes of the lungs. Postural

drainage and percussion may be needed to dislodge mucus plugs.

5. Set out three paper cups
6. Fill one cup with hydrogen peroxide and one with sterile saline
7. Put on gloves
8. Unlock and remove inner cannula
9. Place inner cannula in paper cup filled with hydrogen peroxide
10. Soak inner cannula in peroxide. This removes mucus by bubbling action
11. Cleanse inner cannula, using pipe cleaners and/or plastic drinking straw
12. Place inner cannula in cup with sterile saline or water
13. Allow cannula to soak for a brief time
14. Remove cannula from cup and pour sterile saline over it until it is thoroughly clean
15. Shake out excess moisture and place cannula in clean cup
16. Suction outer airway according to appropriate suctioning procedure, if necessary
17. Replace inner cannula and secure in place
18. Attach respirator if removed prior to cleaning
19. Dispose of all supplies and wash hands
20. Record procedure in log

CAMPUS ACCIDENT REPORT (Standard 1302.47(b) (7) (c))

The Campus Accident Report is used to report any accident (severe or non-severe) that occurs either at HEAD START/EARLY HEAD START campuses or HEAD START/EARLY HEAD START sponsored activities. This form is usually filled out by the Teacher in charge of the child during the time of injury.

INSTRUCTIONS FOR CAMPUS ACCIDENT REPORT FORM

1. Fill in the Campus name.
2. Fill in child's name (first, middle, last)
3. Fill in birth date (month, day, and year)
4. Fill in age.
5. Fill in parent(s) or guardian(s) name, address (Street number, street name, city, state, zip) and telephone number including area code.
6. DESCRIPTION OF ACCIDENT
 - a. Fill out, in the appropriate spaces, the date, time, location and nature of injury.
 - b. BE VERY SPECIFIC & DETAILED.
7. OTHER CHILDREN/ADULTS INVOLVED
 - a. Check off the appropriate answer. If "Yes", write a detailed explanation.
8. PERSONS CONTACTED REGARDING INJURY
 - a. Check off the appropriate answer(s). Write the full name (first and last) including a contact number for that person.
9. MEDICAL SERVICES PROVIDED (FIRST AID, AMBULANCE, HOSPITAL)
 - a. Write in the specific services the child received.
10. Have teacher or person in charge of the child at the time of injury.
11. Date and sign the Campus Accident Form.
12. Have Campus Director Date and sign the Campus Accident Form.

IF CHILD IS TAKEN TO EMERGENCY ROOM/CLINIC OR TREATED FOR DENTAL EMERGENCY

Submit the following to the Family Engagement Coordinator:

1. Two (2) Copies of the Campus Accident Report
2. One (1) Copy of the Insurance Claim Form
3. One (1) Copy of the Hospital/ clinic Or Dental Invoice
4. Original Copies of the Preceding Forms

PROCEDURES FOR CHILD WITH MINOR INJURIES

1. Notify the parent/guardian about the accident.
2. Complete the Campus Accident Report Form
3. Copy - Parent/Guardian
4. Copy – Family Engagement Coordinator
5. Copy - Child's Health Folder

EMERGENCY ACCIDENT PROCEDURES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

1. PRIORITIES TO CONSIDER IN AN EMERGENCY
2. BASIC EMERGENCY ACTION PLAN
3. EMERGENCY ACCIDENT PROCEDURES POSTED
4. ADHERE TO THE FOLLOWING PROCEDURES FOR A CHILD(REN) SEVERELY INJURED OR MINOR INJURIES AT HEAD START/EARLY HEAD START CAMPUSES AND/OR HEAD START/EARLY HEAD START SPONSORED ACTIVITIES.
 - Designated staff trained in First Aid/CPR must remain with the child.
 - Cover the child with a blanket to prevent shock.
 - Keep the child quiet and calm.
 - Apply direct pressure to pressure points or to bleeding area with latex- gloved hands.
 - Perform CPR if necessary

DESIGNATED HEAD START/EARLY HEAD START EMPLOYEE

1. Designated employee should telephone an Emergency Ambulance if needed - Dial 911.
2. Designated employee must notify the child's parent/s or guardian of the emergency and instruct parent/guardian to meet the child at the emergency room or clinic.
3. Designated employee must notify the Campus Director
4. Instruct the Paramedic to transport the child to the nearest hospital.
5. Bring the child's Health Record and Insurance Claim Form to the Emergency room or clinic.
6. If parent/guardian or emergency contact person(s) is not available, then use the Services Permission Form for authorization for the child to receive emergency medical attention.
7. Notify the Family Engagement Coordinator and Head Start Director for any major emergency.
8. Notify Child Care Licensing Representative per protocol.

DENTAL EMERGENCY FIRST AID (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted

Dental Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

THE DENTAL EMERGENCY FIRST AID FORM SHOULD BE:

1. Posted at each Campus in the following locations.
2. Main Bulletin Board and each Classroom.
3. Posted in a location visible to all Head Start/Early Head Start staff; parents and volunteers.
4. Posted in languages of staff members and the population being served.
5. Read thoroughly by Head Start/Early Head Start staff at the beginning of the school year (August) and reviewed periodically by all campus staff, to ensure comprehension.

IN THE EVENT OF A DENTAL EMERGENCY

1. The Campus Director should notify the Family Engagement Coordinator immediately.
2. Designated employee should telephone the child's parent/s or guardian/s immediately.
3. Designated employee should telephone the child's dentist if applicable for instructive care.
4. The child's complete folder, as well as the insurance claim form needs to be taken to the dentist's office.
5. If the emergency is severe and requires immediate attention, the Campus Director or designated employee needs to transport the child to the dentist's office and another designated employee must notify the child's parents. In addition, the child's complete folder, as well as, the insurance claim forms, needs to be taken to the dentist's office.
6. The Family Engagement Coordinator will meet all parties involved at the dentist's office if applicable.

In the event of an accident involving the tongue, lips, cheek or teeth:

1. Attempt to calm the child. All incidents should be handled quickly and calmly; a hysterical child is likely to complicate the treatment and cause further trauma.
2. Wearing latex gloves, check for bleeding.
 - a. If the child is Bleeding:
 - i. Stop bleeding by applying pressure to the area.
 - ii. Wash the area with clean, cool water
 - iii. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.

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

1. Calm the child.
2. If injured area is dirty, wash gently with clean, cool water.
3. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
4. Take child and wrapped tooth to dentist immediately.

If teeth are loosened in an accident:

1. Rinse out the child's mouth with clean, cool water
2. Do not attempt to move the teeth or jaw.
3. Take the child to the dentist immediately.

If tooth is knocked into the gums:

1. Do not attempt to free or pull on the tooth.
2. Rinse out the child's mouth with clean, cool water

3. Take the child to the dentist immediately.

If the tongue, cheeks or lips are injured:

1. Rinse affected area with clean, cool water
2. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
3. Take the child to the dentist or a physician if bleeding continues or if wound is large.

If in the event of any soft tissue injury, as in the case where the Tongue or lips become stuck to an object and the tissue tears:

1. Cover the affected area with gauze.
2. Stop the bleeding by direct pressure with latex gloved hands.
3. Take the child to the dentist or a physician.
4. If tooth is knocked out wrap it in a damp paper towel and take it with the child to the dentist.

MINOR FIRST AID GUIDELINES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

(Foot injuries may require modified footwear) (Footwear modifications found in Health Policy & Procedures, section XVII G & Family Service Area Section VII # 10)

ACUTE MEDICAL PROCEDURE CHART

These medical procedure charts have been designed to aid staff in managing potentially dangerous or troublesome situations in the Head Start/Early Head Start Centers. The steps are presented in concise situation outline without unnecessary details that can be distracting during an emergency.

WHEN A MEDICAL SITUATION OCCURS:

1. Remain calm. Take a deep breath. Read these instructions. With all health situations, except cardiac arrest or respiratory failure, one or two minutes spent getting the situation under control will improve your effectiveness.
2. Look up the major problem in the Contents. If a serious emergency occurs that you cannot find listed, the best procedure is to obtain emergency or medical assistance, unless you are very familiar with the problem and its management.
3. Provide only the care outlined in these charts unless you are a health care professional trained in emergency procedures or you receive instructions for additional care from a health care professional.
4. Use common sense with these charts; only you know your particular situation. The primary rule of first aid is to cause no further injury.
5. Most important during any medical emergency -. Remember the ABCs: Make sure the airway is unobstructed. Make sure the person is breathing. Check for circulation and the pulse.

{These Procedures are meant to be comfort steps used to sooth the child until he/she is picked up by the parents/guardians.}

BITES—ANIMAL & HUMAN

SIGNS AND SYMPTOMS:

In the presence of a puncture and/or open wound, e.g. tear or laceration of the skin, bleeding, pain, soreness, redness or swelling may be present at the wound site.

HEALTH CARE:

1. Wash the wound thoroughly and repeatedly with soap and water for at least 10 minutes and rinse well.
2. Apply sterile dressing if needed.
3. If bleeding heavily, apply direct pressure with the palm of the hand over the wound dressing.
4. Take the child for medical treatment.
5. If possible take the child's immunization record with date of last tetanus vaccine.
6. If animal bite, contact the City Health Department Animal Control with the following information to aid in the capture of the animal:
 7. Child's name, address, race, sex, age, and telephone number.
 8. Time of the incident.
 9. Description of the injury site.
 10. Emergency care administered.
 11. Description of the animal and the owner's name and address, if known.

****NOTE: DETAIN ANIMAL IF POSSIBLE. DO NOT KILL ANIMAL ****

BITES & STINGS (INSECTS)

SIGNS & SYMPTOMS:

Emergency Allergic Reaction: Breathing difficulty or wheezing, faintness, hives, blotches, red, swollen eyes, nausea/vomiting, and diarrhea.

Serious allergic reactions: Occur within 5 - 10 minutes.

Localized Reaction: Local irritation with a swelling, redness, or itching at the sting site may occur. Associated pain or swelling of a joint or body part may be present.

HEALTH CARE:

1. Treat as an Allergic Reaction, if the child has a history of any allergic reaction symptoms to insect stings.
2. Keep the child quiet and calm.
3. Wash the sting site with soap and water.
4. Keep the area below heart level if on an extremity.
5. Apply cold compresses for 15 -20 minutes.
6. Do not squeeze the stinger out.
7. If there is a stinger in the skin, remove it with tweezers.
8. Observe the child for any allergic reaction. If necessary, seek medical care.
9. Do not give anything by mouth if unconscious.

BLEEDING (CUTS & ABRASIONS)

SIGNS AND SYMPTOMS:

1. Cut or scrape of the skin with bleeding and pain.
2. Foreign material such as grass, dirt, rocks, etc. may be present in the wound.

HEALTH CARE:

1. Reassure the child and have him/her lie or sit in a comfortable position.
2. Wash the wound thoroughly with soap and water and rinse repeatedly to cleanse area of any foreign material for at least 10 minutes. Do not remove imbedded material, e.g. glass, from the wound.
3. Cover the wound with a sterile dressing if needed.
4. If bleeding heavily, apply direct pressure with the palm of the hand on the wound dressing.
5. Take the child for medical care if:
 - (a) The child's tetanus immunization is not up-to-date
 - (b) The wound is very deep, dirty, or has foreign matter imbedded.
 - (c) There are signs of infection, e.g. redness, swelling, soreness. etc.
6. If "scab" formed do not remove. Maintain good hygiene. Keep area dry/ cover with adhesive bandage if necessary.

BLEEDING (NOSEBLEED/FOREIGN OBJECTS IN THE NOSE)

SIGNS & SYMPTOMS:

Spontaneous bleeding occurs from the nose which may be related to a head or face injury or changes in the environmental humidity.

HEALTH CARE:

1. Have the child sit in an upright position, leaning slightly forward and breathing by mouth.
2. Have the child or assist the child to pinch the nostrils together firmly with thumb and forefinger using soft thick tissues or cloths. Do not squeeze hard enough to cause damage or pain.
3. Apply constant pressure for 5 - 10 minutes.
4. Have the child continue to breath by mouth and avoid talking, physical activities or blowing nose for one hour.
5. The child should have medical care if you suspect a fracture of the nose, or if the bleeding is uncontrolled.
6. Treat the child for shock if there is excessive bleeding or suspected fracture.

FOREIGN OBJECTS IN THE NOSE

SIGNS AND SYMPTOMS:

1. Complaint of obstruction of the nostril.
2. Other symptoms may be nasal drainage or swelling of the nose.

HEALTH CARE

1. Have the child to blow the nose moderately into a tissue or cloth with both nostrils.
2. Seek medical care, if foreign material does not come out.

BLISTERS

SIGNS & SYMPTOMS

Pain with collection of fluid under the skin, usually as a result of the skin being irritated or rubbed

HEALTH CARE:

1. Leave blisters unbroken and wash area gently with soap and water.
2. Apply adhesive bandage to protect from irritation.
3. Complete Health Alert/Accident Report if incident occurred at school.

MODIFIED FOOTWEAR CRITERIA

{Styles of footwear will vary and depend upon type of injury-Socks required for sandals}.

1. Child may wear type of modified footwear as deemed necessary per parent. (Per Campus Director discretion, policy may be modified)
2. Head Start/Early Head Start staff will monitor child's injury site for signs and symptoms of infection. (S/S infection-redness, warmth, swelling and intense pain)
3. Staff will monitor child's ambulatory status daily and notify Campus Director of any changes noted.
4. A physician's statement is required to continue to wear the modified footwear after 5 days. {Note: If the blister is broken, treat as open wound}

BRUISES

SIGNS & SYMPTOMS

A bruise is an injury as the result of a blow to the body, which does not break the skin, but causes pain, swelling and discoloration. Redness of the skin at the injury site may be present initially. This may become blue, black then brownish yellow.

{Note: If large or unusual bruising, notify Health Coordinator}

HEALTH CARE:

1. Medical care is necessary if there is a large injury site, related head injury or deformity over a bone or joint.
 - a. Treat a deformity as for a fracture.
2. If bruising seen immediately following an injury; apply a covered ice compress to the injury site to reduce swelling and bleeding into the tissue.
3. Elevate injured arm or leg to reduce swelling if present.
4. Inform Child Protective Services if violence or child abuse is suspected.

BURNS

SIGNS AND SYMPTOMS:

1. First-degree burns have redness of the skin, pain and may be mild, with swelling at injury site.
2. Second Degree burns have deep reddening of the skin. Skin has a glossy appearance, blisters; leaking fluid from possible loss of skin.
3. Third degree burns have loss of all skin layers and is painless with possible white or charred skin.

HEALTH CARE: (Applicable only per Physician's Directives)

1. For first or second-degree burns, soak in cool (or running) water or use cold wet compresses to burn area for 10 - 15 minutes
2. Do not apply cold water or wet compresses to third degree burns.

3. If possible, leave first degree burns uncovered, or cover with sterile moist dressing.
4. Cover all second or third degree burns loosely with sterile dressing.
5. Do not break or open blisters of burns.
6. Do not use butter, oil, etc. on burns.
7. Seek medical care for extensive burns and all third degree burns.

CONVULSION (SEIZURES)

SIGNS AND SYMPTOMS:

The exhibiting of involuntary jerking of muscles, possible loss of bowel and bladder control, possible loss of consciousness, or cessation of breathing

HEALTH CARE:

1. Do not move the child unless it is an unsafe area.
2. Remove potentially harmful objects (e.g. furniture) from the area.
3. Do not restrain the child or try to put anything into the child's mouth or between the teeth.
4. Do not give the child anything to eat or drink.
5. Time the seizure and document.
6. If this is a first time seizure (no history)-call 911.
7. Give rescue breathing (artificial respiration) if the child stops breathing for more than 2 minutes.
8. After the seizure stops, apply cool cloth to the child's face and provide an area for undisturbed sleep.
9. If the seizure lasts longer than 5 minutes, becomes worse, or different, or is followed by another seizure, call EMS (911) and obtain emergency medical assistance.

EARACHES

SIGNS AND SYMPTOMS:

Complaints of pain or drainage from the ear and/or feeling of fullness in the ear canal voiced. Child may have other symptoms, i.e. hearing loss, "cold", injury to the ear or head, nausea, vomiting or abdominal pain or object in the ear. Fever may or may not be present.

HEALTH CARE:

Make child as comfortable as possible by having him/her lie down with the head turned to the earache side.

Advise parent/guardian to seek medical care.

FOREIGN OBJECTS IN THE EAR

SIGNS AND SYMPTOMS:

Complaints of ear pain and/or feeling of fullness in the ear canal voiced. Other symptoms may be hearing loss and a history of placing an object in the ear canal.

HEALTH CARE:

1. Make the child comfortable and provide reassurance.

2. Do not attempt to remove anything from the ear canal. Only a physician should remove foreign objects in the outer ear.
3. Advise parent/guardian to seek medical care.

SORE THROAT

SIGNS AND SYMPTOMS:

Complaints of pain or soreness of the throat when swallowing, speaking or eating voiced. Additional symptoms may include nasal drainage, enlarged neck glands, fever, cough, headache, hoarseness, or injury to the mouth, throat, or neck.

HEALTH CARE:

1. Take the child's temperature. If she/he does not have a temperature of 100.4 or above, the child may go to the Campus.
2. If child does have temperature of 100.4 or above, keep him/her at home. Seek medical care if necessary.
3. Have child rest quietly, encourage fluids.

SPLINTERS

SIGNS AND SYMPTOMS:

Foreign material embedded in the skin usually relating to a minor injury. Other symptoms may include redness, swelling and/or pain at the injury site.

HEALTH CARE:

1. Grasp splinter with tweezers and remove, if splinter can be easily removed (splinter part is above the skin surface).
2. Clean area with soap and water after removal and apply dressing.
3. Clean the area with soap and water, and apply dressing,
4. If splinter is deeply imbedded and splinter part is not above the skin surface.
 - a. Obtain medical care.
 - b. Do not attempt to remove the splinter.

STOMACH

SIGNS AND SYMPTOMS:

Complaints of abdominal pain or discomfort voiced. May have related cramping, bloating, gas, diarrhea or constipation, nausea and vomiting. Causes of upset stomach (nausea and vomiting) usually are not serious. Ask the child about other symptoms or conditions and about amount, consistency, and color of vomit. Fever may or may not be present.

{Ask about additional signs and symptoms - i.e., headache, earache, sore throat, injury to chest, head or stomach, diabetes, high temperature, dietary intake, and stressful events}.

HEALTH CARE:

1. Assist child to become more comfortable by lying down on side with knees bent to relax stomach muscles.
2. Take the child's temperature when the nausea/vomiting subside.

VOMITING / THROWING UP

SIGNS AND SYMPTOMS:

The voluntary or involuntary emptying of the stomach contents through the mouth.

HEALTH CARE:

1. Identify the contents of the vomit (food, blood, etc.)
2. If blood is present, call the Emergency Medical System (EMS)
3. Give nothing to eat or drink until vomiting stops.
4. Allow the child to rest and check the child for improvement.
5. Seek medical evaluation based on symptoms if necessary.
6. Keep the child calm until assistance arrives.

FIRST AID SUPPLIES (Standard 1302.42(b) (1) (6))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide adequate First Aid supplies following Child Care Licensing guidelines.

Base first aid kit (Red or Navy) – HS/EHS

Campuses Vehicle first aid kit (Red or Navy) -
HS Vehicles

Classroom first aid kit (red/navy) – HS/EHS classroom/playground (Stand Alone Campuses only)

1. All Head Start/Early Head Start campuses will have a base first aid kit. The custodian and/or Campus Director (applicable for ISD classrooms) will monitor and re-stock the base first aid kit on a weekly basis or when significant inventory depletion has occurred. Extra supplies will be located in the campus storage room.
2. Each kit has a supply checklist which is to be completed weekly. Copies of completed checklist must be submitted to the Nutrition Coordinator by the 10th of each month.
3. Each HS Vehicle will be equipped with a first aid kit furnished with first aid supplies to be taken on the vehicle the driver of the vehicle will be responsible for re-stocking the first aid supplies from supplies available from the base first aid kit.
4. The Campus Director is responsible for maintaining an inventory count and submitting a supply request to the Nutrition Coordinator as inventory needs occur. Responsibilities include, but not limited to, checking kits weekly to ensure protocol is met, reordering needed supplies, checking the expiration dates and replace any used or out-of-date supplies as needed.

SUPPLY CHECK LIST:

BASE FIRST AID KIT (CAMPUSES)

This form lists the items required in the base first aid kits. These items may be acquired from the Nutrition Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape	Antiseptic spray	Disposable gloves	Self Adhesive Wrap	Sterile
Gauze	Tweezers	Bandage scissors	CPR Mask	Kleenex Packets

CLASSROOM FIRST AID KIT (Stand Alone Only)

This form lists the items required in the classroom's first aid kits. These items may be acquired from the center base first aid kit or Nutrition Coordinator/Family Services Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive bandages Travel Size Eye Wash CPR mask Sterile Gauze Pads
Thermometer Self-Adhesive Wrap Disposable gloves First Aid book
Adhesive tape

VEHICLE FIRST AID KITS

This form lists the items required in the vehicle first aid kits. These items may be acquired from the base first aid kit or the Nutrition Coordinator/Family Services Coordinator . A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape Antiseptic spray Travel Size Eye Wash Disposable
gloves Kleenex Packets Gauze pads Bandage scissor
CPR Mask Tweezers Adhesive bandages Self-Adhesive
Wrap Cotton ball Thermometer Probe Covers
First Aid book

BLOODBORNE PATHOGENS: Standard 1302.47 (b) (6) (iii)

POLICY

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910, 1030, the following Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.

The purpose of the Exposure Control Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees of the Head Start/Early Head Start to blood and other potentially infectious materials.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) which causes AIDS.

Exposure Incident means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of any employee's duties.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Potentially infectious materials means:

1. Any body fluids: including but not limited to semen, vaginal secretions amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any open skin, tissue or organ (other than intact skin) from human (living or dead);

3. Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV.

Regulated waste means:

1. Liquid or semi-liquid blood or other potentially infectious materials
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps
4. Pathological and microbiological wastes containing blood or other potentially infectious materials.

EXPOSURE DETERMINATION

POLICY

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

CATEGORY I -Exposure anticipated in normal routine of job: Family Engagement Coordinator.

CATEGORY II - Only occasional exposure anticipated in normal routine of job: Campus Director, Teacher, Teacher Assistant, Custodian, and Family Service Worker.

CATEGORY III - No exposure anticipated in normal routine of job: However, exposure may occur if emergency is encountered: Receptionists, Education Coordinator, Bus Drivers, Cooks, Cooks Assistant, Nutrition Coordinator, Family Engagement Coordinator, Mental Health Providers, Speech Pathologist.

METHODS OF MINIMIZING EXPOSURE

POLICY

Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

The following controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

The Campus Director will review and monitor:

- (a) Maintenance personnel to ensure daily, weekly and monthly duties and inspections are performed.
- (b) Teaching staff to ensure good hygiene practices are maintained.
- (c) Cooking staff to ensure safe meal preparations are being performed.
- (d) Track and submit request for sanitation supplies when indicated.

Hand washing facilities

1. Hand washing facilities are readily available for use by staff in individual classrooms, or

- a central restroom area.
- 2. Where hand-washing facilities are not readily accessible, hand sanitizer is available and must be out of the reach of children.

WORK PRACTICE CONTROLS

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to blood borne pathogens. Many of these practices have been in effect as part of the Infectious Control Program.

Hand washing

- Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water as soon as feasible following child contact and immediately following any procedure.
- Removal of contaminated personal protective equipment:
 - (a) Any employee wearing personal protective equipment shall remove the equipment upon
 - (b) Leaving the work area and shall place the equipment in area or container designated for
 - (c) Storage, washing, decontamination, or discarding.
 - a. Contaminated personal protective equipment will be double bagged in the trash and placed
 - (d) In appropriate garbage receptacles.
 - a. Unused equipment will be returned to appropriate storage containers in each classroom or
 - (e) Other designated areas.

Eating, drinking, and hygiene:

1. Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur.
1. Smoking is also prohibited in work areas.

Minimizing splashing, spraying:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of droplets

Handling laundry:

1. Contaminated laundry, which includes laundry that has been soiled with blood or other potentially infectious materials, shall be handled with caution.
2. Contaminated laundry shall be removed and cleaned as soon as possible, using soap and water at a hand washing facility.
3. While wearing latex gloves, care shall be taken not to splash blood tinged droplets into mucous membranes.
4. Further laundering shall be done as soon as possible and, in a manner, to prevent contamination.

Contaminated equipment:

1. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
2. Permanent items such as furniture, toys, etc. which become contaminated shall be decontaminated immediately using gloves and a bleach solution of one part bleach

solution to ten parts water, or other designated disinfectant. If using a bleach solution, it must be mixed daily to ensure that it meets OSHA standards.

3. Soiled cleaning cloths and gloves that contain infectious materials shall be disposed of in a separate trash bag, which shall be closed tightly and then placed in regular trash and carried to outside container immediately.

Handling regulated trash and regular trash:

1. The Maintenance personnel at each campus will be responsible for bagging all trash at the end of the day, and at any other times.
2. Gloves must be worn while collecting the trash and or regulated trash/waste.

Overseeing work practice controls:

The Campus Director is responsible for overseeing the implementation of work practice controls.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal protective equipment will be provided to employees in the following manner:

1. Micro-shields will be provided for CPR. They will be located in each fanny pack and the first aid kit.
2. Latex gloves will be provided for use prior to any first aid exposure. They will be located in each classroom, first aid kit, and fanny pack. The employer will provide various sizes of gloves as needed and. hypo allergenic gloves for those sensitive to powdered gloves.

GLOVES

1. Gloves shall *must be worn when an employee anticipates contact with blood or other potentially infectious materials including mucous membranes
2. The employee will make an effort to avoid picking up a child to comfort him/her without first evaluating and anticipating possible exposure to blood before handling or touching contaminated items or surfaces.
3. All employees cleaning up feces, vomitus or other potentially infectious material must exercise Universal Precautions by wearing gloves.

MASKS, EYE PROTECTION, AND FACE SHIELDS

Masks in combination with eye protection devices, such as goggles or glasses with solid-side shields, or chin-length face shields, are to worn whenever splashes or sprays may generate droplets of infectious materials such as in the case of suctioning fluids, or brushing teeth of the physically and developmentally disabled.

RESUSCITATION MASKS

Resuscitation masks, such as micro-shields, shall be worn in situations where CPR is anticipated or initiated.

ACCESSIBILITY

1. Appropriate personal protective equipment is available in various sizes.
2. Hypoallergenic and powdered gloves available in various sizes.
3. Personal protective equipment is available in designated areas

CLEANING, LAUNDERING, DISCARDING, REPAIRS:

So that personal protective equipment is not contaminated, the Head Start/Early Head Start adheres to these practices:

1. Non-disposable or re-usable personal protective equipment is to be inspected by the Campus Director or designated employee to repair or replace when indicated.
2. The Campus Director or designated employee will clean, launder, and decontaminate reusable personal protective equipment as needed (at no cost to the employee).
3. Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as regulated waste is discarded per double bagged containers. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

HOUSEKEEPING CONTROLS: Standard 1302.47(a)(b)

Maintaining the Head Start/Early Head Start Campus in a clean and sanitary condition is a critical part of this plan.

1. Cleaning schedule:
 - a. Each employee is required to ensure that work areas as assigned (on ISD campuses) are maintained in clean and sanitary conditions.
 - b. Each classroom teacher/teacher assistant, as assigned (on ISD campuses) Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses, shall maintain and implement schedules for regular cleaning and decontaminating work areas.
 - c. Maintenance personnel on Head Start/Early Head Start Campuses will clean/disinfect classrooms and restrooms daily.
 - d. Diapering/changing areas are maintained and sanitized after each use by assigned personnel.
2. Decontamination will be accomplished by utilizing disinfectant materials acquired by CSNT per its purchasing protocol. Examples of materials used are: Cleanworks #3, Cleanworks #4, Aero Class Cleaner, Phenomenal Hospital Grade Spray and Clorox Disinfectant Wipes/Spray.
3. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
4. Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses will wipe down/spray toys weekly and when/if there is evidence of visible blood, sinus drainage, etc. using a designated disinfectant.

5. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: Maintenance personnel (Head Start/Early Head Start Campuses and/or assigned staff on ISD Campuses) will do so on a weekly basis.
Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses must inspect weekly and decontaminate all bins, pails, cans and similar receptacles.
6. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. A brush, dustpan, forceps and/or tongs are available for picking up contaminated glassware.
7. Broken glass shall be placed in a plastic/boxed container labeled to identify contents and discard per contaminated waste protocol. CSNT Head Start/Early Head Start will use a "Vomit/Blood Absorbent" substance to clean up vomit, and/or blood spills.
8. The school Maintenance personnel will be contacted and responsible to clean up the spills.
9. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded, if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
10. Contaminated laundry shall be handled as little as possible. Employees who handle contaminated laundry shall wear protective gloves and any other protective equipment that may be considered necessary.
11. Contaminated laundry shall be bagged at the location where it was used. Wet contaminated laundry, which presents a reasonable likelihood of soaking, or leaking from the bag or container shall be placed and transported in bags or containers, which prevent leakage of fluids.
12. Laundry at this facility may be cleaned by employees using universal precautions if a contamination occurs.
13. Laundry will not be sent off site and paid for by the employer at this time.
14. Completion of the following Duties Checklist must be completed by assigned Head Start/Early Head Start staff and copies sent to the Nutrition Coordinator by the 10th of each month.
 - Daily/Weekly/Monthly Duty Checklist—Completed by Head Start/Early Head Start Custodial staff only.
 - Daily/Weekly/Monthly Duty Checklist not required for Campus Directors whose classrooms are located on ISD campuses.
 - Campus Director Building & Playground Monitoring Form (Head Start/Early Head Start only) completed by Campus Director
 - Campus Director Building & Playground Monitoring Form (ISD) completed by Campus Directors whose classrooms are located on ISD campuses.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver, which uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

POST-EXPOSURE VACCINATION (*De minimis Classification*)

OSHA will consider it a de minimis violation - a technical violation carrying no penalties - if employees who administer first aid as a collateral duty to their routine work assignment are not offered the Hepatitis B vaccination until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccinations to certain employees within 24 hours of possible exposure rather than offering pre-exposure vaccination. Collateral duty means resounding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. The de minimis classification for failure to offer Hepatitis B vaccination in advance of exposure would NOT apply to personnel who provide first aid at a first aid station, clinic or dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Procedure to merit the de minimis classification:

1. Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during, which the incident occurs.
2. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as a determination of whether an exposure incident, as defined in the standard, has occurred. The Campus Director will be the person to determine if a true exposure incident occurs.
3. The first aid incident report must be signed off and dated by that person. If a determination has been made that a true exposure incident occurred, then the employee must be provided the Hepatitis B vaccinations, and post-exposure follow-up.
4. Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
5. First aid providers must receive training under the blood borne pathogens standard that covers the specifics of the reporting procedures.
6. All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occur, must be offered the full immunization series, as soon as possible but in no event later than 24 hours. If an exposure incident as defined in the standard has taken place; other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

The employer at this named facility, Community Services of Northeast Texas Head Start/Early Head Start, has determined to offer Hepatitis B vaccinations under the following manner:

CATEGORY I

1. Employees will be offered the vaccinations pre-exposure.

CATEGORY II & III

1. Employees will be offered the vaccinations post-exposure.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the Center Director first, then the Family Engagement Coordinator who will inform the Safety Director.

If an exposure incident occurs, then the employee must complete an Occupational

Exposure Incident Report (form 101). Exposure incidents are also recorded as work-related injuries and on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure follow-up.

Procedures for Follow-up:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employer shall offer the exposed employee blood collection and testing. The employee has the right to refuse either or both. Any blood test shall be performed by an accredited laboratory at no cost to the employee. The designated accredited laboratory this facility will use is:
GOOD SHEPARD MEDICAL ASSOCIATES
402 N. KAUFMAN
LINDEN, TEXAS 75563
(903)756-5581
5. The employee will be offered the option of having his/her blood collected for testing of his/her HIV /HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The exposed employee shall be offered a medical evaluation of any reported illnesses within twelve (12) weeks of the exposure incident and counseling at no charge to the employee.
7. Healthcare Professional's evaluation: The employer shall provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen (15) days of completion of the evaluation. Such evaluation shall be included in the employee's medical record, and, in keeping with confidentiality, the opinion shall be limited to the following information.
8. The Health care professional's determination of administering the Hepatitis B vaccination and whether or not the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
9. The designated healthcare professional that this facility chooses to use is:
GOOD SHEPARD MEDICAL ASSOCIATES
402 N. KAUFMAN LINDEN, TEXAS 75563
(903) 756-5581

MEDICAL RECORDKEEPING

Confidential medical records are kept on an employee involved in an exposure incident. The

Family Engagement Coordinator and the Human Resources Director shall be responsible for setting up and maintaining medical/health records which shall include:

1. Employee's Name and Employee ID and or Social Security (if required) Number.
2. A copy of the employee's Hepatitis B vaccination status (including dates of vaccinations, and signed consent of declination forms).
3. Copies of the evaluation of the examination, medical testing and follow-up procedures took place as a result of the exposure incident.
4. A copy of the healthcare professional's written opinion.
- 5.

STORAGE:

Medical records regarding an employee's exposure incident shall be kept for the length of employment, plus three (3) years.

CONFIDENTIALITY:

Employee medical records are confidential and are not to be released except with the employee's written consent or in accordance with federal and state law.

Employee medical records shall be maintained separately from the employee's personnel file.

SIGN & LABELS

The most obvious warning of possible exposure to blood borne pathogens is biohazard labels. CSNT Head Start/Early Head Start will use double bagging for all regulated trash/waste such as vomitus and blood and apply labels clearly marked "Regulated Waste/Trash" and immediately transport to outside waste receptacle.

The Nutrition Coordinator is responsible for setting up and maintaining this program. The labeling program includes:

- a. Containers of regulated waste.
- b. On labels tagged to contaminated equipment, the employee shall also indicate which portions of the equipment are contaminated.

INFORMATION & TRAINING

The employer recognized that having informed employees is important when attempting to prevent or minimize occupational exposure to blood borne pathogens. Employees who have a potential for exposure to blood borne pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with blood borne pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee, who is changing tasks or job classifications, will be given the additional training.

RESPONSIBILITIES

The Family Engagement Coordinator and the Nutrition Coordinator are responsible for developing the training program. The Family Engagement Coordinator and the Nutrition Coordinator shall monitor the effectiveness of the training program through monitoring or employee work practices.

TRAINING TOPICS

The training program shall include the following:

1. OSHA standard for Blood borne Pathogens
2. Epidemiology and Symptomatology of blood borne diseases

3. Modes of Transmission of Blood borne Pathogens
4. Exposure Control Plan (i.e. Points of the Plan, Lines of Responsibility, how the plan will be implemented, etc.)

Procedures which might cause exposure to blood or other potentially infectious materials at this facility:

1. Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
2. Personal protective equipment available at this facility and who should be contacted.
3. Post Exposure evaluation and follow-up
4. Signs and labels used at the facility
5. Hepatitis B vaccine program at the facility

Program methods and schedule.

Training presentations make use of the following techniques:

1. Classroom atmosphere with personal instruction.
2. Professional presentations by individuals trained in the specific programs being presented.
3. Training manuals and handouts.
4. Audio-visual materials.
5. Time is allotted for a question and answer session.

TRAINING RECORDS

1. The Head Start/Early Head Start Office Coordinator shall maintain employee-training records, which shall include:
 2. Dates of training sessions and copies of materials covered.
 3. Names and job titles of the trainers and their qualifications.
 4. Names and Employee ID number of the employees in attendance.
 5. The employee must attend the full session; no partial attendance of sessions will be permitted.
 6. Training records shall be on file for three years from the date of the training programs.
- Training records are available upon request of the employee or if requested by an OSHA officer. If the employer should cease to do business and there is no employer to take over the business, the clinic must notify OSHA at least three months prior to discarding of the records.

PROGRAM MANAGEMENT

Refer to Human Resource

ANNUAL TRAINING AND REVIEW:

This plan shall be reviewed annually and updated as necessary. This review and updating shall include, but is not limited to:

1. Review of tasks and procedures in which exposure might occur.
2. Additions and changes to job classification

AVAILABILITY OF PLAN TO EMPLOYEES:

1. A copy of this exposure control plan must be available to all employees at any time.
2. The plan is located in the Campus Director's office under Health Policies & Procedures.

RESPONSIBILITIES:

The designated employee is responsible for the overall implementation of the plan, which shall include:

1. Implementation of the plan
2. Annual review and updating
3. Acting as a liaison during OSHA inspections
4. Overseeing the training of all employees with potential occupational exposure facility to bring the employee(s) into compliance (e.g. employee discipline for not following Universal Precautions, etc.)
5. Yearly posting, in the month of February, of the OSHA 200 log, in an employed work area.
6. The training outline is located in the Exposure Control Plan book.

EMPLOYEE RESPONSIBILITIES:

1. Knowing what tasks they perform that may result in occupational exposure
2. Attend the training program
3. Conduct their tasks in accordance with designated work practice controls

TRANSITION PROCEDURES

Refer to the Education Section

POLICY

The transition process usually occurs towards the end of the school year in the month of April. The transition process involves all content areas. The Family Empowerment Advocates are responsible for completing the Health Summary, which will be included in the Transition Packet. Family Engagement Coordinator will monitor the completion of the summary.

All Health Summaries should be ready for distribution by the end of April.

HEALTH SUMMARY

The information from the Health Summary is obtained from the child's Health Record, the Immunization status form and the Dental Health Form. This form must be signed by the Family Service Worker/s distributing the Health summary and also signed by the parent/guardian.

- Original - Included in Transition Packet
- Stamped copy - Child's Health Record

HEALTH SUMMARY FORMS (INSTRUCTIONAL):

1. Child's name and birth date.
2. Child's address.
3. Parent/guardian's name.
4. Campus child enrolled in.
5. Campus's address.
6. Campus's telephone number.
7. Enrollment date.
8. Termination date (the last day of school)
9. Physical examination findings (i.e. well child or any abnormalities detected along with the treatment plan and the completion date).
10. Screening (date and the results).
11. Immunization (list in chronological order).
12. Other (utilize for other immunizations not listed i.e. Varicella).

RE-ENROLLMENT PROCEDURE

The FSW schedules re-Enrollment during the spring. The purpose of reenrollment is to re-enroll eligible second year students for the upcoming program school year.

1. All of the information obtained from the child's Health History form must be updated during re-enrollment.
2. If there are any changes, the updated information will need to be recorded with the date.
3. If there are not any changes, you will need to indicate "no changes" the date and your initials at the bottom of each form in black ink.
4. Inform the parent/guardian that the child will be receiving the same preventative and acute services he/she received throughout the school year.
5. The parent/guardian will need to mark the box stating:
"I give permission for my re-enrolled child to receive the above listed services."
6. The parent/guardian will need to sign and the Services Permission form in the space indicated "Signature of Parent or Legal Guardian or Re-enrolled Child."
7. The parent/guardian needs to be made aware of any services that are needed over the summer, i.e. immunizations, physical/dental examinations, follow-up treatment etc.

Give the parent/guardian the appropriate paperwork to be completed and instruct the parent/guardian to return the paperwork with him/her when school reconvenes in August.

INTRA RELATIONSHIPS WITH OTHER COMPONENTS

The Health Component staff will work in collaboration with all the components of Head Start/Early Head Start. Due to the time constraints for the performance standards and availability of equipment, Family Service Worker staff will work together in "team" format to obtain the following requirements within the screening time line:

1. Health screenings results to include-anemia and blood lead test results, height/weight measures and
2. Vision/hearing screens.
3. Obtaining Dental and Physical exam results.

FAMILY ENGAGEMENT/EMPOWERMENT

Refer to Family Services Section

In addition to other duties, the Family Service Worker/s is also responsible for recruitment, enrollment and case management for the families of Head Start/Early Head Start. A Family Service Worker is required during enrollment to inform parents of the health standards and requirements. Due to the fact that the Family Engagement Coordinator has multiple campuses, it is expected that Family Empowerment Meetings be scheduled in such a manner, which would allow the Family Engagement Coordinator and the Nutrition Coordinator to be present. For any given case with a health problem or concern, the Health Coordinator will be informed of the status weekly and immediately of any changes made to the child's care.

NUTRITION

The Nutrition Coordinator, Family Empowerment Advocates, and the Family Engagement Coordinator will work collaboratively to obtain height/weight within the 45 day entry time line for returning and newly enrolled children at Head Start/Early Head Start.

If a health concern is identified with the initial screenings an in-house referral should be

processed between the components. Health concerns relating to height, weight or anemia level should adhere to the guidelines or referred to the child's Primary Care Physician for follow-up evaluation.

The Family Service Worker/s will notify the Nutrition Manager, Teaching staff and Cooks of all children with food and other known allergies, supplying each area with a compiled Allergy list of all students on campus. The allergy list will include food and medication as well insect bite allergies and other known allergy information supplied to campus staff per parents.

DISABILITIES/MENTAL HEALTH

Refer to Disabilities/Mental Health Section

The Health Component will assist Disabilities/Mental Health services per request pertaining to history, physical or other health services provided by the Health component or received by Head Start/Early Head Start children. The Health component will assist within its scope of practice or delivery of service.

Services to include:

1. Health information for staff and parents
2. Provide skills training for staff or parents upon request by obtaining certified trainers. (Health Care Professionals)
3. Medical interpretation.
4. Writing protocols (Health Considerations) for health concerns of procedures by assisting to obtain or obtaining written physician's directives for medical treatments/prescriptions.

EDUCATION

The Family Service Worker/s will notify teachers and Education Coordinators of children with hearing/vision and medical problems.

The Family Service Coordinator and the Education Coordinator will participate in IEP planning for children identified with special needs to facilitate assistance with the transition in Head Start/Early Head Start.

TRAINING: Standard 1302.47 (a)

The Family Engagement Coordinator and the Nutrition Coordinator will be kept informed and abreast of all Head Start/Early Head Start standards and procedures as so published the Standard Operations of Procedure Manual.

The Nutrition Coordinator and the Family Engagement Coordinator will attend Head Start/Early Head Start and Health conferences (meetings, classes, and trainings) to keep up to date with the most current medical and health practices for Head Start/Early Head Start and its surrounding health community.

The Nutrition Coordinator and/or Family Engagement Coordinator will implement appropriate changes for Head Start/Early Head Start once approved by administration and advisory boards and will provide health trainings to all staff where indicated.

The Nutrition Coordinators will request that CPR & First Aid training be scheduled as well as Vision/Hearing training classes and will assist the Family Empowerment Coordinator with providing health education trainings for parents at each campus as time permits.

The Family Engagement Coordinator and the Nutrition Coordinator will participate in Family Empowerment Advocate meetings when indicated and as schedule time permits, with prioritization for health concerns implemented.

Family Service Worker/s training will enable them to perform most screenings with minimum guidance from the Nutrition Coordinator.

Family Service Worker/s or other designated Head Start/Early Head Start staff will be certified for Vision/Hearing screenings. They will adhere to and follow the Head Start/Early Head Start performance guidelines and health manual for these tasks.

Family Service Worker/s should attend other health training to maintain performance efficiency.

STANDARDIZED HEALTH TRAINING SERVICE

There should be consistent health/Mental Health and safety trainings established throughout the agency and throughout the school year. The Health staff should present these trainings during annual pre-service trainings and new hire orientations.

GENERAL SAFETY PRACTICES 1302.47(b)(10)

Safety Environments, Equipment, and Materials

Health staff will monitor each location serving children for safe environments including completing the Health and Safety Screener located in the Child Plus Database System at least once per year. Safety monitoring must be completed prior to each new school year starting. The Child Health & Safety Screener must be completed no later than December 31st. The fifth year of the five year project period the Child Health and Safety Screener will be completed within 45 days of the start of the new school year. The Head Start Director will notify and discuss this with Health Staff prior to the Screener being completed.

The Health Staff will implement, oversee, and monitor child abuse

See Human Resources for Background Check Procedures (No staff will be allowed access to children until they have cleared all of their background checks including physicals and required health screenings).

Health staff will monitor that all locations are mitigating child exposure to lead at each facility including water coolers in classrooms, filters on water supplies accessed by children and collecting water reports from each water district where a Head Start Campus is located. These reports will be collected at the beginning of each new school year no later than October 31st.



Disabilities & Mental Health Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards*

(Standards 1302.50 - 1302.53)

(Standards 1302.70 - 1302.72)

(Standards 1302.20 - 1302.24)

(Standards 1302.60 - 1302.63)

Revised 7/28/2025

During a state of emergency triggered by the Federal, state and/or local governments these administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.

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I. Introduction

Community Services of Northeast Texas, Inc. (CSNT) provides Disability and Mental Wellness services to children and families in accordance with Head Start Program Performance Standards 45 CFR 1301 - 1305.

Mental Health is a positive state, not just the absence of mental illness. Head Start's vision regarding mental wellness is to build collaborative relationships among children, families, staff, and mental health professionals in order to enhance awareness and understanding of mental wellness. This is all done by encouraging development, self-control, respect, relationships, building trust, fostering independence and even supporting and respecting the home language, culture, and family composition.

Under the legislation of IDEA provisions of special education services, interagency collaboration and program coordination for state and federal programs, e.g., Department of Education are required.

Community Services of Northeast Texas, Inc. Head Start will assist in the responsibility in monitoring of guidelines, training activities for parents and staff, working with the school districts and outside agencies, and serving on community boards whose mission is to work with children with identified needs. Any questions or concerns should be directed to the Head Start Director and/ or Education Coordinator at the main office.

II. Identification of Needs and Assessments

A. Disabilities (Standard 1302.12 and 1302.14(b))

Selection and Enrollment

Head Start

The Head Start Program must maintain procedures established for selection and enrollment of children with disabilities. Through the year, the Family Engagement Coordinator plans collaboratively with staff to locate, recruit, and enroll children with *identified* needs, if the child meets Head Start requirements; and the program has space even if the ten percent enrollment is already met.

Texas Education Agency (TEA) (Standard 1302.60-63)

(a) Special education services. To be eligible to receive special education services, a student must be a "child with a disability," as defined in 34 Code of Federal Regulations (CFR), §300.8(a), subject to the provisions of 34 CFR, §300.8(c), the Texas Education Code (TEC), §29.003, and this section. The provisions in this section specify criteria to be used in determining whether a student's condition meets one or more of the definitions in federal regulations or in state law.

(b) Eligibility determination. The determination of whether a student is eligible for special education and related services is made by the student's admission, review, and dismissal (ARD) committee. Any evaluation or re-evaluation of a student shall be conducted in accordance with 34 CFR, §§300.301-300.306 and 300.122. The

multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following:

- (1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or
- (2) A licensed or certified professional for a specific eligibility category defined in subsection (c) of this section.

B. Procedure

1. Head Start ensures children enrolled are not denied due to severity or type of disabilities.
2. Staff provides a variety of placement options for children with special needs, such as dual enrollment, half-day placements and full inclusion.
3. The Mental Health Advocate works collaboratively with the Family Engagement Coordinator to make sure slots are available in order to meet ten percent of our enrollment are eligible children with special needs.

C. Assessments (Screening & Evaluation)

1. After enrollment, each child is screened for developmental skills in the areas cognitive, motor, speech, emotional, and social.
2. A health history is taken on each child, parents arrange for vision, hearing and physicals to be completed.
3. The Mental Health Advocate at each campus assists each family in completing an acceptance packet for students that will be enrolled in Head Start. The Mental Health Advocate notes any health, education, social or parent concerns, attended ECI, if child has an IEP, and refer them to the proper content Specialist for further services, if needed.
4. Children receive screenings/assessments within forty-five days of enrollment. (ECI E-DECA)

Note: Enrolled children that fail initial screenings and Non-English speaking children can be allowed to become familiar with the classroom environment for three weeks before a re-screened is completed by the appropriate staff. Since the screening tool is in English, translators are used when needed, to determine eligibility for further services

III. RTI (Response to Intervention)

Appropriate Professionals and Licensed Education Agencies, such as Speech Pathologists, Diagnosticians, and Therapist evaluate children to determine eligibility for services upon receiving referral form. Disability will be referred as soon as parent consent is obtained to the appropriate agency. This information will be documented on the referral form.

A. Referral Form

As documents are collected, they are placed in a yellow folder. All information is entered into Child Plus. They are then copied and given to the ISD representative.

B. The Referral Process

C. Staff Responsibilities

See Job Descriptions for the positions listed below:

Education Coordinator

Family Engagement Coordinator

Mental Health Advocate

Campus Director

Teacher

D. Special Services File

1. A copy of the child's goal sheet listed on the IEP is obtained from the LEA during the ARD meeting. This documentation is kept in the child's green folder located behind the child's file in a locked file cabinet. This information is also uploaded into Child Plus database system.
2. The remainder of the ARD documentation is kept with the LEA and can be viewed by authorized staff, when needed.
3. Classroom staff keep a folder in the classroom with a copy of the goals and objectives from the IEP.
4. Teachers use the Individualization Plan to document individualization for students that have an IEP. Child Plus ID numbers are used for confidentiality of individual children.

IV. Mental Health Services

The primary focus of the Mental Health content area of the CSNT Head Start Program is to provide a full range of mental health services. The Mental Health Professional addresses this area initially, by evaluating each Head Start Campus to ensure that the environment is free from stress. Also, to ensure the children's activities are age appropriate, and they have a good relationship with their caregivers and peers.

A. MENTAL HEALTH SCREENINGS (Standard 1302.32 (a) and 1302.45)

Procedures

1. Mental Health Professional conducts classroom observations of all Head Start children, at a least once a year in the fall. Observation reports are used to assist staff in creating a nurturing, positive classroom environment. Intervention recommendations for children with special needs or atypical behavior are provided after an in-depth evaluation has been completed and parent approval has been obtained. Community Services Head Start staff are expected to be involved in the

- assessment of mental health needs.
2. Mental Health Professionals provide information that assist staff and parents in understanding normal child development and common problems in children, when needed. Some of the areas where information is given include classroom management, child development, communication skills, and handling of stress. The second level of intervention is focused on children exhibiting severe inappropriate emotions and behaviors. The classroom staff refers children with atypical behavior to the Mental Health Advocate.
 3. Upon referral, the Education Specialist or the Mental Health Professional observe and offer suggestions on how inappropriate behaviors can be remedied.
 4. If the behavior persists, the Mental Health Professional completes an in-depth evaluation and Behavior Management Plan. In order to avoid erroneous diagnosis, the Mental Health Professional must observe the child properly in his/her normal environment (classroom and home, if possible); and used unbiased multiple diagnostic instruments. Information is kept in a blue folder behind the child's file in a locked file cabinet.
 5. The Mental Health Professional provides ongoing professional training and assistance to campus staff and parents, when needed.
 6. The behavior goals are developed by the Mental Health Profession with input from the Head Start Staff at the parent meeting.
 7. Meetings are held periodically with staff and parents to provide discuss progress for children with special needs.
 8. The Education Coordinator monitors the implementation for progress, problems, or concerns on an on-going basis.
 9. Mental Health Professionals conduct evaluations of children needing further assessments in the following areas: Physical, Coordination, Sensory, Emotional, Sensory, and Social Development.
 10. Classroom strategies are given to teaching staff by professionals and/or providers for children with atypical behavior or development

B. SEVERE EMOTIONAL/BEHAVIORAL DISORDER (Standard 1302.45 and 1302.60-63)

Procedures

1. If a child scores below average on social/self help skills on the DAIL 4, E-DECA or parent/staff has concern for behavior; the child's behavior is carefully monitored in the classroom by Education Coordinator and Mental Health Professional. Efforts to rule out class management issues are made by providing behavior guidelines or tips to be used in the classroom by the Education Spec/class teacher.

V. Health Impairment/Diagnostic Evaluation (Standard 1302.45 and 1302.60-63)

Procedure

1. Only children diagnosed with severe health conditions and functional limitations from appropriate Medical or Health Practitioners will be enrolled for special services.

2. Children are not enrolled for special services without a diagnosis and a physician sided action plan. Children reported with health impairments, such as asthmatic, epileptic, or other health condition cannot be enrolled for special services without diagnostic reports from authorized professionals.
3. To secure diagnostic reports for Health impairments, children are referred to the Family Engagement Coordinator. Parent consent must be obtained before information is exchanged.

VI. The Goals of Individual Services

Disabilities (Standard 1302.45 and 1302.60-63)

A.

Implementation of special services by Community Services Head Start Program are in accordance with the Head Start Program Performance Standards 1302.61-1302.63.

Goals:

- To ensure re-screening of children with low developmental screening scores, using Dial 4, when referred by Education staff.
- To provide special education or related services necessary to foster the maximum development of each child; and to facilitate participation in the regular Head Start Program, unless the services are being provided by the local education agency (LEA) or some other agency.
- To develop inter-agency agreements with the LEA'S and other agencies in carrying out the following activities for children with special needs: Child Find; procedures for services; ARD meetings; resource sharing; and other mutually agreed upon items.
- Individual differences of children by providing a supportive environment. To coordinate educational activities that will be suitable for each child's developmental level.
- To utilize the existing community resources (when available) to the greatest extent relative to the needs of the individual child.
- To enroll and maintain at least ten percent of Head Start enrollment as children with identified needs in the following categories, according to the grant, as required by 45-CFR 1308; and Texas Education Code, Title 19, Part 2, Chapter 89, Rule §89.1040

(c) Eligibility definitions.

1. CSNT Head Start will follow the provisions set forth by IDEA and the Texas Education Code Chapter 89. Adaptations for Special Populations Subchapter AA. Commissioner's Rules Concerning Special Education Services. Within these regulations, the 13 conditions that designate a disability are listed along with eligibility criteria.

B. Mental Health

Mental Health services are provided in accordance with the Head Start Program Performance Standards in 45 CFR 1301 - 1305. There is a three-level approach to the service delivery: (1) mental wellness services; (2) intervention services to children with emotional and/or behavioral problems; and (3) services to children with other identified needs.

Goals:

- Assist all children participating in the Program with emotional, cognitive and social development toward the overall goal of social competence coordination with the Education Program and other related activities.
- Provide staff and parents with an understanding of child growth and emotional/social development, appreciation for individual differences in a supportive environment.
- Work toward prevention of; and early intervention, when a child exhibits emotional/behavioral challenges, which interfere with the child's social development, and develop a positive attitude toward mental health services.
- Utilize community resources to the greatest extent possible to serve children with problems that prevent them from coping with their environment.
- Provide children with identified needs necessary mental health services, which will ensure that they are offered an opportunity for all available benefits with their families through participation in the Program.
- Provide ongoing training to staff to improve prevention and intervention skills for children with identified needs and their families.

VII. Diagnostic Criteria for Reporting

Before a child is formally enrolled for special services, the Mental Health Advocate ensures appropriate certified or licensed professionals who work with these children must have diagnosed all children reported in the following categories. See section (definitions) for identification.

VIII. Implementation of Special Services and Mental Health Program (Standard 1301-1305)

Mental Wellness Methods for Children

The following methods are used to provide mental health wellness to all Head Start children.

Classroom Mental Wellness

Mental wellness is implemented in the classroom through the implementation of Conscious Discipline. Conscious Discipline is a part of the curriculum and effective teaching practices.

Mental Health Professionals

1. Mental Health Professionals observe classrooms once a year and provide technical assistance to classroom teachers on classroom management.
2. Mental Health Professionals provide training to staff on Mental Health topics, as needed.
3. Parents complete E-DECA Questionnaire upon enrollment. The screener is evaluated and discussed with the parent.
4. When indicated, children will receive follow-up observations that may lead to a referral.

Mental Health for Staff

1. Agency contract with Community Health Core to provide Adult Mental Health Services to staff.
2. Community Health Core provides staff intake and referral to needed services.
3. Community Health Core provides staff trainings on Mental Health a minimum of twice per year.

A. Mental Health for Parents

1. At enrollment, parents are told of the types of mental health services

- available in Head Start.
2. Parents are given a Parent Handbook during orientation and Mental Health Advocates assist them with accessing any services needed through local resources.

B. Records (Standard 13.20-24)

Throughout the school year, the Mental Health Advocate keeps records of evaluations, assessments, referrals, follow-up reports, contracts, training agendas and sign in sheets, including mental health records, in locked file cabinets at the Campus and through the Child Plus Database System. Confidentiality of records is maintained at all times. CSNT Head Start follows FERPA or IDEA where applicable. (See **FERPA implementation in the Standard Operating Procedures**)

IX. Admission, Review, Dismissal (ARD) (Standard 1302.60-63)

The Mental Health Advocate arranges ARD meetings in collaboration with the LEA and the Education Coordinator for children diagnosed to discuss child's Admission, Review, and Dismissal from special services. This meeting is to be conducted for children with identified needs, at least once a year or as needed for the following reasons:

1. To discuss the child's specific assessment results, strengths, and weaknesses
2. To officially enroll the child into the special services program.
3. To dismiss the child from the special services program

X. Social Services/Parent Involvement

1. Children with disabilities are included in the full range of services provided to all Head Start children and their families, as required by HSPPS 1302.60-63). Mental Health/Disabilities Specialist ensures all services identified on the Individualized Education Plans are provided. The Mental Health Advocate completes and uses the Family Partnership Agreement (FPA) to identify family needs, and refers the families to available resource services in the community.
2. HSPPS require involvement of parents for children with special needs and that parent needs are met by the Mental Health Advocate.
3. The Mental Health Advocate ensures that:
 - a. Information on child/parent development is provided.
 - b. Support to families entering from infant/toddler programs is provided.

- c. Opportunities to observe activities in the classroom and suggestions for home follow-up activities are provided.
- d. Parents are given some information on parent's rights and available community programs/resources.
- e. Parents are encouraged to volunteer at the Head Start Campus.
- f. Ongoing coordination of recruitment, referrals, staffing and case management of children families.
- g. Community Healthcore will provide parent trainings a minimum of two times a year.

XII. Staff Responsibility

See Human Resources Job Descriptions

XIII. Transition (Standard 1302.70-72)

- A.** staff will follow transitions procedures to ensure a smooth transition for children with disabilities into Head Start, and from Head Start to the next placement:
- Identifying the agencies serving infants/toddlers, and establishing the transition procedures into Head Start.
 - Establishing transition procedures from Head Start into the school districts.
 - Conducting inter-agency staff and parent training and site visits.
 - Preparing child program summaries for transition

Staff are involved with the children, families and local education agencies to assure continuity of services after children leave the Head Start Program, as required by HSPPS. Appropriate steps may be taken to continue collaborative agreements with local education agencies to facilitate special services efforts. Periodic contact with the family and school should be made to determine how children have adjusted and progressed.

B. Public School Transition

Eligible children with identified needs are transitioned into public schools by the Disabilities Specialist. Transition activities begin in spring of each year. Listed below is the transition plan for children with disabilities.

1. The Education Coordinator and support staff and public school officials, plan field trips to kindergarten class after January. The trip consists of a tour of school, lunch at school, and interaction with kindergarten children, *if available*.

2. A transition meeting is held with parents of children with special needs who are eligible for transition into public school. The Mental Health Advocate and support staff inform the parents of their continued rights of free and appropriate education and any special services parents deemed necessary.
3. Mental Health Advocates and classroom staff notify parents of the date and time of kindergarten enrollment. If parents or guardians want information released to the School District, they must sign *Consent to Release of Records* Form.
4. Eligible children are properly reevaluated by the local education agency to ensure appropriate placement. Parents are educated and guided by local education agency staff when choosing placements.

Once a child with special needs has been transitioned into the public school of his /her choice, the Head Start program ends services for that child. Head Start maintains collaborative inter-agency agreements with the school districts, outlining the responsibilities of Head Start. When required information is received by the school district, Head Start is informed of the child's placements.

Early Childhood Intervention (ECI) and Early Head Start Transition

Children birth to three years old with identified needs are transitioned from the early childhood programs into Head Start after their third birthday.

1. Referrals are made by ECI and Early Head Start six months prior to the child's 3rd birthday and the following information is needed:
Application/enrollment forms, proof of income diagnostic reports, IFSP, and completed progress reports.

The Mental Health Advocate notifies parents/guardians of children who do not meet Head Start poverty guidelines in writing. They are usually advised to check with their school districts- Child Find for enrollment.

XIV. Disability & Mental Health Folders (Standards 1303.20-24)

Files containing special education documents are maintained at the Campus in a locked file for each child. All document transfers must follow the policies set forth by CSNT through the Family Education Rights and Privacy Act and guidelines followed by IDEA. Concerns and updates are documented in the Child Plus database system under Disability/Mental Health.

A. Documents contained in the Special Services Folder:

(In the following order)

1. Checklist
2. Confidentially Sign in Sheet
3. Child Find
4. Referral Form
5. Campus Intervention Team Information
6. Data Intervention Form
7. Documentation of Student Classroom Intervention
8. Intervention Team Conference Summary Sheet
9. ARD Summary
10. IEP/Goal Sheet
11. ARD Committee Sign in Sheet
12. Progress Report
13. Other

B. Staff Responsibility for Special Services Files

1. Mental Health Advocate creates the Special Services file(s) located at the Campus as well as inputting information into the Child Plus Database System, as appropriate.
2. Special Services Files contain consent forms, screenings, evaluations, IEPs, and copies of information sent to other Head Start staff, as well as any other documentation pertaining to the child's special needs.
3. Education Coordinator and Family Engagement Coordinator monitors files and tracks implementation of services for children receiving special services. Mental Health Advocates also monitor and track their progress in obtaining services for children.
4. Only authorized staff will have access to information concerning children receiving special services.

C. IEP Folders (Green)

1. Green folders are created for children with a diagnosed disability.
2. The green folders are kept in a locked file cabinet at the Campus. The goals from the IEP, progress of how the child is meeting those goals and information on implementation of special services are kept in these files.
3. Teachers document classroom implementation of goals on the individualization plan.
4. The Mental Health Advocate ensures that teachers have a copy of the IEP goals and assist in concerns and questions. The Education Coordinator will monitor this during Classroom Observations.

5. Goals are documented on individual children through the Individualization Plan.
6. Yellow folders are used to indicate the beginning of the CIT Process.
7. Blue Folders are used for Mental Health information.

XV. Community Partnerships (Standard 1302.53)

Relevant services are provided for children with identified needs through Collaborative and Interagency Agreements. The Family Engagement Coordinator maintains these agreements annually or as the need arises.

XVI. Campus Intervention Team: Step-by-Step

Parent/Teacher/Campus Director has a serious concern regarding a student's academic progress/abilities/and or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. MHA/Campus Director contacts the HS Disability/Mental Health Spec. that they will be starting the Intervention Packet. The MHA / Teacher will obtain the parents signature on the completed Campus Intervention Team Information Sheet. The teacher will start collecting information concerning student progress.
2. MHA will schedule a meeting with Parent, Teacher, Campus Director, D/MH Spec., Ed. Spec to discuss student's academic progress/behavior. MHA will inform team members with time/place for the meeting.
3. The teacher will bring to the meeting - DAIL 4 Screening, Class work, Daily Notes, Documentation of Student Classroom Interventions, Min. 10 days
4. The MHA will bring to the meeting – e-DECA, Copy of Vision & Hearing Screening, completed Campus Intervention Team Information form and any other information in students file that would be beneficial.
5. The Campus Director will assist Teacher and MHA in securing/obtaining needed information to conduct meeting.
6. The purpose of the meeting is to discuss students' academic progress/behavior.

7. At the meeting, the committee jointly reviews testing scores, class work, daily notes, classroom observations, interventions that have been used/ documented, and community resources, if they would be beneficial.
8. The committee will complete the Education Consideration/Recommendations form and or develop a behavior management plan. The decision made by the committee will decide a plan to follow –no further intervention is needed, intervention will continue, information will be sent to LEA/Private provider, select additional interventions to be used. If ISD is in attendance all information gathered will be given to them. It will be noted as a ARD and the “Notice of Procedural Safeguard” will be presented to the parent/guardian. And a copy “A Guide to the ARD Process” will be given to the parent/guardian. A signed sheet noting these booklets received by the parent will be placed in the student’s file. Upon the parent’s signature, (ISD form “Consent for Assessment/Evaluation”) the school time - 60 days- will start.
9. If a behavior management plan is developed, a private provider/or community resource will be contacted if the team decides that would be more beneficial to help the child or family be successful. The parent will have the option to carry the child to their office or we may offer services rendered at the campus.
(Students receiving intervention/services from Mental Health providers are not counted in the 10 % disability)
10. The Education Spec. will also complete a Classroom Observation form.
11. The MHA will contact the Parent, Teacher, Campus Director, Ed. Spec., D/MH Spec and ISD personnel (if they would like to attend) for a meeting. MHA will inform team members with time/place for the meeting.
12. Teacher provides work samples, and documentation for the interventions that have been completed.
13. The MHA will bring to the meeting the green folder containing information from the first meeting.
14. The team reviews documents and all pertinent information that have been completed to achieve success.
15. The team determines what was effective as well as if there should be additional interventions tried and or use of additional community resources that would be beneficial.
16. The D/MH Spec. will contact the ISD Diagnostician, and /or appreciate school personnel to give the information collected. If the school personnel

are in attendance this will be noted as a Pre-ARD and the “Notice of Procedural Safeguard” will be presented to the parent/guardian. And a copy “A Guide to the ARD Process” will also be given to the parent. A signed sheet noting this process will be placed in the student’s file.

17. The ISD will conduct the ARD *before* the end of 30 days after testing is completed.



Non Federal Share Operating Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.2 – 1303.5)*

Revision 12/8/2020

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INTRODUCTION

The following policies and procedures are intended to provide an overview of the in-kind activities of CSNT Head Start/Early Head Start Program. The primary purpose of the in-kind policies and procedures is to document how the Program is gathering and documenting in-kind in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

These policies and procedures have been approved by the Governing Board and the Policy Council. All Head Start/Early Head Start staff are to comply with these policies and procedures when gathering and documenting in-kind.

Grant Requirements

The Head Start Grant requires that 20 percent of the total grantee budget be submitted as non-federal share. This means that 20% of the total HS and EHS Budgets must come from donations made by the communities within the Program service area, donated supplies, or donated services. This non-federal share must follow the following guiding principles:

- The good or service is reasonable, allocable and adequately documented. (Basic Cost Principles, reference HSPPS, OMB Circulars 2 CFR Part 200 & 45 CFR Part 75.)
- The good or service supports an activity that is included in the Operating Policies/Operating Manuals and covered by the Head Start Program Performance Standards.
- The good or service is something on which the program could legally and appropriately spend Federal dollars.
- The good or service is something on which the program would normally spend Federal dollars.
- The service is performed by the donor for the program, not by the program for the recipient (especially important when evaluating if parent volunteer hours are allowable.) Cash is converted to a good or service. (Cash becomes nonfederal share when it is spent on an allowable program cost and is recorded as non-federal share when the goods or services are purchased, not when the cash is received.)
- Any program income generated and approved for use by the program must be generated and used in the budget year during which it is generated and is not counted as non-federal share.
- The amount of non-federal share generated equals or exceeds the amount specified in the grant application (usually 20 percent of total budget obligation, less if approved by a waiver, more, if more was included in the grant proposal and approved in the grant award.)

- The good or service was provided during the applicable project period.
- To the extent possible, non-federal share is generated and documented proportionate to the expenditure of the Federal funds.
- Source documentation exists in sufficient detail to support the claim of the good or service as non-federal share.
- Services are valued similarly to the wages and benefits paid for a similar service performed by program or agency staff.
- Where no similar service function or job exists in the program or agency, services is valued based on documented wage and benefits rates for similar services performed in the community at large.
- Value lies in the service performed, not in the person performing the service.
- Goods are valued at a rate consistent with their market value in the service area.
- Discounts for goods or services are claimed only if those discounts are not available to the general public.
- Valuations for donations of space are supported by up-to-date, written professional appraisals.
- Time spent by parents or other volunteers on fundraising is not claimed as non-federal share.
- Funds used for non-federal share match in one program are not used for match in another program.
- Except in special circumstances where allowed by statute, federal dollars cannot be used for match for other federal funds. (Statutes allowing federal funds to be claimed as part of a matching requirement include the Community Development Block Grant and the Indian Self Determination and Education Assistance Act.)

In-Kind Responsibilities and Timing

In-kind will be gathered monthly. All Program employees are responsible for gathering in-kind. All acquired in-kind must be documented and submitted to the Data Coordinator located in the Management Building (HSMB). Each Campus Director is responsible for totaling and submitting their campus in-kind to HSMB by the 5th of each month. All administrative in-kind will be collected by the appropriate staff and submitted to the Data Coordinator by the 5th of each month.

The Chief Executive Officer, Head Start Director and appointed Finance Staff will be responsible for maintaining a current and accurate Real Estate Appraisal or Real Estate Broker's Opinion for all CSNT Head Start/Early Head Start properties. This document must include the listed property, actual square footage, monthly rental amount based on fair market value, actual monthly rental amount paid by the Program, and the in-kind difference. This document must be dated and signed by a real estate agent.

Responsibilities of the Data Coordinator:

- At the beginning of each program year, the Data Coordinator will provide each Campus Director with total amount of monthly in-kind to be collected by each classroom.
- To make sure all Staff have a correct understanding of In-kind Policies and Procedures.
- Provide campuses with correct up to date in-kind forms.
- Provide campuses with updated YTD in-kind totals by the 15th of each month.

Responsibilities of the Education Coordinator:

- Provide campuses with in-kind take home activities by the 30th of each month for the following month.

Additional responsibilities of the Data Coordinator:

- Make sure that in-kind is received from campus by 5th of each month.
- Make sure all in-kind is properly documented and signed.
- Calculate total program in-kind each month and report to assigned Finance Staff and Head Start Director by the 10th of each month.
- Keep proper In-Kind Documents for program monitoring.

Duties assigned to staff in the process of in-kind collection:

<u>STAFF MEMBERS</u>	<u>ASSIGNED DUTIES</u>	<u>TIMING</u>
Teaching Staff	Collect and document classroom in-kind	Monthly
Campus Directors	Collect and total in-kind for campus	Monthly
Campus Directors	Submit in-kind to HSMB	By 5th (month)
Other Staff	Submit in-kind to HSMB	By 5th (month)
Data Coordinator	Collect campus in-kind	By 5th (month)
Data Coordinator	Total and track all in-kind	Monthly
Data Coordinator	Submit in-kind report to Chief Finance Officer	By 10 th of month

Data Coordinator	Create campus in-kind report for Program Director	By 10 th of month
Assigned Finance Staff	Enter in-kind into budget	By 15 th of month
Assigned Finance Staff	Create Budget Report	Before PC monthly meeting

In-Kind Home Activities (Paper Copies)

The Education Coordinator will provide the teaching staff with in-kind home activities by the 30th of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the teacher's responsibility to get the home activities to the parents. It is also the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Education Coordinator for approval before being sent home with child as in-kind home activities. All in-kind homework must be turned in along with other campus in-kind by the 5th of each month. Home Activities should include a complete and signed volunteer timesheet with corresponding home activity attached to the back of timesheet. All timesheets must be complete with time, services performed, totals and signatures in order to be counted.

In-Kind Home Activities (Parent Powered Home Activities)

The Family Engagement Coordinator along with the Family Empowerment Advocates will monitor that parents are receiving home activities sent from Parent Powered by the 30th of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the Family Empowerment Advocate's responsibility to contact the parents and encourage them to complete the home activities. It is the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Education Coordinator for approval before being given to the parent as in-kind home

activities. All in-kind home activities must be turned in along with other campus in-kind by the 5th of each month. Parent Powered Activities should include a completed activity and documented in the Parent Powered App. All activities must be complete within the time allotted, services performed, totals and signatures in order to be counted.

In-Kind Monitoring

Each Campus Director will be responsible for monitoring the amount of in-kind collected for their campus. It is the Campus Director's responsibility to make sure all in-kind submitted to the Data Coordinator is the signed correct forms with the corresponding documentation attached. Any in-kind submitted to the Data Coordinator with missing information, signatures or is unexplainable will be sent back to the campus for correction.

In-Kind Reviews

Monthly In-kind Reports will be reviewed periodically as a part of the ongoing monitoring of the Program. Policy Council Budget Reports will also be reviewed on a regular basis as a part of the monitoring/tracking process. Campus In-kind Reports will be tracked by the Data Coordinator and submitted to the Head Start Director by the 10th of each month. The Quality Assurance Coordinator will monitor this as part of their monthly Progress Report to the Director.

The results of reviews will be discussed openly with staff when a finding has been documented. The resolution of any findings will be considered a joint effort between the campus staff and administrative staff. All findings should be corrected within 45 days of the original notification unless otherwise documented.

In-Kind Forms

Attached forms are to be used when documenting and tracking in-kind. Completed forms should accompany all submitted in-kind. Any in-kind questions should be directed to the Data Coordinator through the Campus Director.



Nutrition Operating Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1301 -1305)*

And

The 2019 CACFP Guidelines

(Revised 5/28/2024)

(Revised 8/29/2024)

(Revised 7/28/2025)

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CHILD NUTRITION

Performance Standard: 1302.42 (b), 1302.44

Policy:

- a. Child Wellness is promoted by providing nutritious meals and snacks that will supplement and complement those served at home. Nutritional services assist families in meeting individual nutritional needs, and establishment of good eating habits that will nurture health development and promote lifelong well-being. Nutritional services include identification of individual nutritional needs, the design and implementation of nutritional services programs, meal service, and family assistance with nutrition and food safety and nutrition.

Procedure:

1. Identification of each child's nutritional needs:
 - b. Nutritional and Medical assessments are completed, as a part of the Acceptance Packet.
 - c. Emergency Information including medications taken by the child, food drink or medication allergies, special diet and religious restrictions, is obtained as a part of the Acceptance Packet and is updated throughout the year.
 - d. Physician statement is obtained for special diets, food/medication allergies or food intolerances.
 - i. Height and weight is conducted upon the first 45 days of entry into the program.
 - ii. A second Height and Weight is done for those children below the 5% and above the 95%.
 - iii. Hematocrit and/or Hemoglobin will be assessed during the first 45 days of beginning class.
 - iv. Documentation of HCT from the physician's office or WIC will be acceptable and should be filed in the child's file.
 - v. For those children with no documentation,
 1. Family Empowerment Advocate will inform the parents of the need for the documentation of HCT/Hemo., following the THStep Periodicity Schedule.
 2. If no documentation of HCT/Hemo. is obtainable, Family Empowerment Advocate will assist the parents in getting the procedure completed. Refer to Referral and follow-up Procedure.
 3. If a child is less than 5 years old and not enrolled in the WIC Program, Family Empowerment Advocate will make a referral (follow referral Procedure). If the family denies or drops WIC, Family Empowerment Advocate will obtain a 'Denial of Services' form.

Nutritional Services:

- a. A Registered Dietician will be consulted for approval on new menus.
- b. Menus will reflect cultural and ethnic preferences by providing multi-cultural items.
- c. A variety of healthy foods including bread/grains, vegetables, fruits, meat/meat alternatives and milk/ milk products will be served.
- d. Modifications will be made for those children with disabilities that require special diets.
 - i. The Nutrition Coordinator, Family Engagement Coordinator, and Registered Dietician will coordinate with the child's medical provider to make these modifications.
- e. CACFP will be the primary source of reimbursement for meals

Meal Service:

- f. Children attending full day settings will receive 2/3 of their nutritional needs through meals and snacks.
- g. All children arriving at the campus in the morning will be offered a breakfast.
- h. Foods will be high in nutrients, low in fat, sugar and salt
- i. Meal and snack periods will be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met (refer to CACFP guidelines).
- j. Teaching staff will provide dental hygiene in conjunction with a meal (refer to Oral Hygiene Procedures).
- k. Teaching staff will promote dental hygiene by modeling and participating in dental hygiene.
- l. Food is not used as punishment or reward
- m. Children are encouraged, but not forced to eat or taste foods.
- n. Family style meals will be observed with teaching staff eating the same meal as the children. (No more than two teaching staff should eat with the children).
- o. Sufficient time will be allowed for eating.

Family Assistance:

- p. Parents will be provided with education in good nutrition, using:
 - i. One-on-One consultation,
 - ii. Parent meetings
 - iii. Coordination of community services
 - iv. Periodic handouts
 - v. Menus
 - vi. Other nutrition information
- q. Nutritious foods will be provided at parent functions
- r. Referrals will be made to a Registered Dietician, as needed.
- s. Education Coordinator and Nutrition Coordinator will coordinate nutrition and dental curriculum for the classroom.
 - i. Education Coordinator will ensure:
 - 1. implementation of curriculum
 - 2. Documentation of curriculum in lesson plans

- t. Family Engagement Coordinator will collaborate with the Nutrition Coordinator to provide
 - i. Opportunities for parent involvement and
 - ii. Education of families in good nutrition and dental practices
- u. Family Engagement Coordinator will ensure:
 - i. Family Advocates are providing assistance to the families to meet their individual needs
 - ii. Documentation is in the child's file; including each family of the WIC program and ensuring services are being provided and followed-up.

Safety:

Food safety and nutrition will be deferred to kitchen nutrition policy and procedure.

CLASSROOM NUTRITION ACTIVITIES

Performance Standard: 1302.31 (1) (2) (e)

Policy:

Classroom Nutrition Activities will be offered in conjunction with curriculum on a weekly basis. A Food Experience will be offered in conjunction with the curriculum on a monthly basis.

Procedure:

1. Lead Teacher will review the curriculum and pick a nutrition activity two per month that coincides with the educational concepts for the month.
2. Education Coordinator will pick a nutrition food experience for the classrooms that will be done on a monthly basis.
3. Lead Teacher will document in Lesson Plan of the Food- Related Activity
4. Food experiences will be implemented in the classroom curriculum (Refer to Education Policy and Procedure).

FIELD TRIP POLICY

CACFP: 4173

Policy:

When a classroom field trip is scheduled, the Lead Teacher must make plans for the children to eat sack lunches. All field trips lunches must have approval from the Nutrition Coordinator.

Procedure:

1. Field trip is tentatively scheduled.
2. Campus Director completes a field trip request form
3. Campus Director sends completed form to Education Coordinator for Approval
4. Education Coordinator Approves Field Trip and sends to Nutrition Coordinator for Approval

5. Nutrition Coordinator reviews to make sure we are in compliance with USDA Regulation.
6. Nutrition Manger returns to Education Coordinator for final approval.
7. Cook will prepare lunches for all children the morning of the field trip and pack in an ice cooler.

BIRTHDAY PARTY POLICY

Policy:

All birthdays will be observed one day a month.

Procedure:

1. The Campus Director will designate one day a month that all birthdays in the campus will be observed that does not fall on a child's birthday.
2. The Campus Director will inform the Cook if there are any children having a birthday each month.
3. The Cook will cook a cake or cupcakes for all the campus children in honor of the birthday children.
4. Campus Directors on ISD Campuses will purchase small cupcakes using their petty cash or at a local store that we have a charge account with.

FOOD EXPERIENCES

Policy:

Food served to the children must be nutritious and provide variety, in adequate amounts to ensure growth and development. Food experiences may be conducted in the classroom under the instruction of the teaching staff. All children on Child Care License Campuses must be offered breakfast, lunch, and 1 snack. Foods served will be high in nutrients, low in fat, sugar, and salt. Children will be encouraged but not forced to eat. Children with special diets must have foods provided to meet their needs. All staff, children and volunteers must follow good hand washing practices. Staff and volunteers must promote effective dental hygiene in conjunction with meals.

Procedure:

1. Registered Dietician consultant will review and approve menus for each school year.
2. Children on Child Care Licensed Campuses will be served breakfast, lunch and PM snack each day.
3. The children on Independent School Districts will receive their requirements at breakfast and lunch.
4. Campus staff provides Family Style meal environment providing encouragement, but not forced, to eat or taste food.
5. Physician statement will be obtained for special dietary needs.
6. Consulting Dietician will review and approve special menus as needed.

7. All staff will follow proper hand washing techniques (Refer to hand washing procedure).
8. Teaching staff will ensure proper tooth brushing in conjunction with a meals (Refer to Oral Hygiene Procedure).

MEAL TIME

Performance Standard: 1302.44 1302.31 (2) 1302.90 (c) 1 (d)

Policy:

Children learn appropriate eating patterns and meal time behavior. Meal time provides a range of opportunities that support the development and socialization of children.

Procedure:

1. Meals are served family style with the children as helpers setting the table. They are responsible for cleaning up spills, scraping their plates, putting their trash in the garbage can.
2. Children are encouraged to taste all foods but not forced to eat anything. Teachers model appropriate family style behaviors, including tasting all foods. Teacher's plates have to look like the student's plates; they receive the full-balanced meal to be eaten with the children. No more than two teaching staff should eat with the children. Teaching staff are not allowed to eat the meal at a later time.
3. No other food will be allowed in the classroom unless it is for a cooking or nutrition activity.
4. Food is not used as reward or punishment.
5. If dessert type foods (fruit) are served, they may be eaten at any time during the meal.
6. Conversation is encouraged during mealtime.
7. Trays will be used later in the year for transitioning students.

CANDY POLICY

The subsequent outline should be followed regarding candy/sweets:

1. The parent committee must vote on whether or not candy may be given to the children on special occasions and holidays. *(This must be voted on and documented prior to any candy being distributed).*
2. If the parent committee votes **unanimously** that the children may receive candy, the following stipulations must be followed. *(If even one parent votes "no candy" the entire campus will be prohibited from distributing candy).*
 - i. Candy must be donated by the parent committee. *(Head Start will not purchase candy at any time for any reason).*

- ii. Candy may **not** be consumed on the premises of the Head Start Campus at any time. *(Not even on special occasions, holidays or field trips)*
- iii. Candy may not be consumed on the Head Start Bus. *(Not even on special occasions, holidays or field trips)*
- iv. Head Start Children who attend field trips to the Nursing Home where candy is provided may consume a reasonable amount of candy provided the parent committee has approved it.
- v. If candy/sweets are consumed at any time for any reason, the children must immediately brush their teeth.
- vi. Classroom Nutrition Activities that include candy/sweets in the lesson plan will be substituted with more nutritious items to complete the activity. *(Example: If the activity calls for M&M's or Skittles to be used for "eyes" use raisins or grapes instead of the suggested candy. BE CREATIVE. Example: If a Cookie is listed in the ingredients, it might be replaced with a round Ritz cracker or a sugar free cookie.)* Please document any substitutions in the comment column of the Monthly Lesson Plan for Child Nutrition Activity form.

Performance Standard: 1302.43

Policy:

TOOTHBRUSHING

Community Services Teaching Staff will promote effective dental hygiene in conjunction with at least one meal a day. Toothbrushes will be replaced every three (3) months or when indicated. Ordering tooth brushing supplies will be provided by the Health Component Team.

Procedure:

1. Children are required to brush their teeth after one meal a day.
2. Child should be instructed to wash hands and instructed to brush his/her own teeth. Staff will provide assistance and instruction when needed while using Health precautions.
3. Each child will be given a plastic cup with which the teacher will dispense a pea size of ADA approved toothpaste on the bottom of the cup.
4. Each child will utilize his/her toothpaste to manipulate the toothpaste on the individual toothbrush.
5. Afterwards the child will rinse his/her mouth with water using the plastic cup.
6. The cup must be discarded after use.

7. No more than two children at a time should be at the sink brushing his/her teeth.
8. The other children can participate in other activities while waiting.
9. Toothbrushes are air dried and stored in the sanitizer unit.
10. The teacher should print child's name on their toothbrush.

FOOD ALLERGIES AND DIETARY RESTRICTICION POLICY

CACFP: 4113

Performance Standard: 1302.42 (b) (4)

Policy:

A doctor' statement is needed for any child who has a medical condition or is prohibited from the intake of certain foods, including milk. This statement must be in the child's file.

Procedure:

Doctor's Statement Received:

1. The Family Empowerment Advocate will obtain the diet history to determine allergies or special diet.
2. The Family Empowerment Advocate will request a doctor's statement from the parent.
3. The Family Empowerment Advocate will explain to the parent that substitutions will not be made until doctor's statement is received.
4. The Family Empowerment Advocate will explain to the parent that the doctor must document substitution on the statement.
5. Receive statement.
6. The Family Empowerment Advocate will document the necessary changes in the child's file; notify the Campus Director, the teacher, the cooks, and the Family of the child's restrictions and substitutions.
7. The child's dietary restrictions will be posted in each classroom, the Campus Director's office, and the kitchen.
8. A milk allergy will be changed by the Nutrition Coordinator.
9. The licensed dietician will make the necessary changes to the meals to coincide with USDA Regulations only if it changes the menu.
10. Meals may be claimed.

Procedure for Personal or Religious Reasons:

1. Ask parent to submit a doctor's, pastor, or parent statement
2. Give parent a copy of Head Start Menus
3. Explain to parent those substitutions will be made
4. The licensed dietician will create a new well balanced menu.
5. Eliminate the food from the child's diet.

6. Meals are claimed.

MENU PLANNING PROCEDURE

Performance Standard: 1302.91 (8) (iii))

Policy:

Parents and appropriate community agencies are involved in evaluating the agencies' nutritional services.

Procedure:

The Nutrition Coordinator Cooks and licensed Dietician will review menus annually.

1. The Campus Cooks, Nutrition Coordinator and information from parent surveys are used to create, review, and revise menus.
2. Licensed Dietitian will approve menus.
3. The menu must meet USDA regulations
4. Menus will be submitted to the Policy Council for approval.
5. Menus will be submitted to the Board Members for approval.
6. Menu will be posted in the Classroom on the Campus.
7. Each Parent has an opportunity to receive a menu.

CHILD NUTRITION ASSESSMENT

Policy:

The Family Empowerment Advocate maintains the Nutritional Assessment Form. This record contains documentation on diet history. The Family Empowerment Advocate must update this information yearly.

Procedure:

1. The Family Empowerment Advocate assists the parent during orientation.
2. Through orientation with the parent, assess how often the child consumes foods in each category.
3. The staff member completing the form signs the form along with the parent. By signing the form, the person is verifying that the information is accurate to the best of their knowledge.

ANEMIA TESTING

Performance Standard 1302.42(b)

Diminished oxygen-carrying capacity of the blood: a decrease in hemoglobin in the blood (Mosby, 1994)

1. **Upon enrollment a copy of the physical is required if the child does not have a physical the parent is to be informed prior to the appointment that a physical is needed at the time of the appointment.**
2. All children enrolled must have results for Hemoglobin and/or Hematocrit within 90 days of entering the classroom. These results must be on or after their 18 month date of birth. (This is required by THStep Periodicity Schedule)
3. If the child is on the WIC Program these results may be obtained from there. As with all other health information, it is the parent's responsibility to provide Family Advocates with this information.
4. Any child that does not have this lab within the timeline will have hemoglobin and/or Hematocrit screenings within forty-five (45) days of entry into the campus. The child is to be referred to their physician for completion of the lab. It is the goal to detect those children who have low hemoglobin levels and who should be further evaluated by the Nutritionist or child's physician.

Due to wide range of conditions (dietary geographical, etc.) which affects normal values, it is recommended that each laboratory establish its own normal range.

GROWTH ASSESSMENT

Performance Standard 1302.42 (b)

Policy:

Children will be weighed and their heights will be measured upon the first 45 days the program year. The results will be graphed on the appropriate growth chart. The Family Empowerment Advocate is responsible for recording this information in Child Plus and printing out the growth charts and sending a copy and the BMI parent letter home for the parents. The Family Empowerment Advocate is responsible for filing the growth chart and the BMI parent letter in the nutrition section of the child's file. It is the Family Empowerment Advocates responsibility to inform the Nutrition Coordinator if a child's health section is missing a growth chart.

- a. Weight/Height ratio-over 95th% percentile weight and ratio inappropriate (e.g. 50th% percentile height and 98th%percentile weight)
- b. Growth percentile – significant drop in % percentile
- c. Unexplained weight loss
- d. Children using a mobility device, such as a wheelchair, are difficult to measure properly. They will need assistance to get on and off the scales.
- e. Check scales for accurate balance

- f. Have the child remove shoes, coats, extra sweater, and heavy pocket items.
- g. Have the child place a paper towel on the scale or height platform before assessing and remove it afterward if they are not wearing socks.
- h. Record weight to the nearest pound $\frac{1}{4}$ pound; height to the nearest $\frac{1}{8}$ inch.

OVERWEIGHT / UNDERWEIGHT/ SHORT STATURE

Policy

If, it is determined to be overweight, underweight or short in stature he/she will be referred as follows:

- a. The child is “medically sound,” (based on the history, family assessment, and physical exam), refer to the Nutrition Coordinator for family counseling and education.
- b. If the child is determined to have a health problem, a referral will be sent to the Health Manager and the child referred to their PCP for evaluation.

Referral Procedure:

1. All children identified by the Family Empowerment Advocate or other staff member as being overweight or underweight will be referred to Nutrition Coordinator for the evaluation.
2. Any children identified as being 2 standard deviation (SD) (200%) above the 95% percentile or below the 5% percentile (20%) should be referred to the Nutrition Coordinator.
3. Short stature will also adhere to the 2 (SD) percentile chart and referred to the Nutrition Coordinator.
4. If the child is determined to have a health problem a referral will be made to the Health Manager and the child’s PCP.

NUTRITION NEWSLETTER

The Nutrition Coordinator will provide each campus with a monthly Nutrition Newsletter. The Family Empowerment Advocate will distribute the nutrition newsletter to each child’s family every month. The newsletter will be available in both English and Spanish if needed. This is documented in Child Plus.

CLEANING AND SANITIZING POLICY

Performance Standard: 1302.47 (b) (1), (6) (iii)

Policy:

Staff will ensure the appropriate cleaning and sanitizing of all food service areas to prevent growth of bacteria in all areas following recognized guidelines, including those from USDA, for food safety and sanitation.

Procedure:

1. **Clean.**
2. Hand and surfaces often with hot soapy water. Hands are to be washed in the hand sink, not the food prep sink.
3. Wash, rinse and sanitize cutting boards, dishes, utensils, and countertops after each use.
4. Rinse all fresh fruit and vegetables before serving them.
5. Clean kitchen surfaces with sanitizing solution and paper towels.
6. Carts should be cleaned and sanitized after each time used.
7. Washing dishes by hand you must use the three compartment sink and follow the proper procedures and use sanitation tablets.
8. Washing dishes in a mechanical dishwasher, the water should reach 165°F.
9. Air dry all kitchen equipment.
10. Floors must be swept and mopped at the end of each work day.

FOOD SAFETY AND QUALITY

Policy:

Cook will ensure that foods are served at proper temperatures and are of acceptable quality following but not limited to the CACFP guidelines, for food safety and sanitation.

Procedure:

1. Designated staff serving meals is responsible for assuring that food is served at proper temperatures and is acceptable quality
 - a. If a food item is not acceptable it should be returned to the Cook, in charge, for replacement, without any disruption of mealtime
 - b. Food must never sit, for an extended period of time
 - c. Cold food must be served cold and hot food served hot
 - d. Food must never be returned to a refrigerator after being served (i.e. milk and leftovers)
 - e. All persons who are involved with meals must wash their hands thoroughly and wear gloves before the start of the meal.
 - f. Always use serving utensils and handles. Use serving gloves while handling food. Designated staff serving food is responsible for monitoring of all food served.
 - g. Volunteers must be instructed in safe food handling techniques, using the Food Safety and Sanitation Checklist (refer to volunteer role in Meal Service Policy prior to participation in meal service)
2. Carts are to be readied and given out by the kitchen staff at designated times.
3. If additional food or supplies are needed, kitchen staff will provide the items without unauthorized personnel entering the kitchen area.

4. Kitchen door leading to the outside must be kept closed at all times.

FIRST IN / FIRST OUT

Policy:

Staff will ensure that food is rotated in to maintain freshness of food used. First in / first out method of food storage must be used. New stock items are stored in a manner to allow item already on the shelves to be used first.

FOOD TEMPERATURE

Policy:

Staff will ensure that foods are held and served at the proper temperatures, to ensure food safety.

Procedure:

1. Cooks will test the temperature of food to be served and record on the menu sheet
2. Temperatures are as follows:
 - a. All potentially hazardous food shall be kept at 45 degrees F, until which time it is being prepared, cooked or cooled.
 - b. Frozen foods shall be kept at such temperature as to remain in the frozen state

All raw animal products such as eggs, fish, lamb, and beef and foods containing these raw ingredients, shall be cooked to heat all parts of the food to 145 degrees F or above

- c. Exceptions to the above rule(c):
 - i. Stuffing, poultry, stuffed meats and stuffed poultry shall be heated throughout to a minimum temperature of 165 degrees F, with no interruptions of the initial cooking process.
 - ii. Pork and pork products shall be therefore cooked to heat all parts of the meat to at least 165 degrees F.
3. Food temperatures must be maintained at: (including meal service)
 - a. Cold foods: milk, juice, canned fruit, salads:
Maximum temperature: 45 degrees F
 - b. Hot Foods: Minimum temperature: 145 degrees F

USE OF DISPOSABLE DISHWARE

Policy:

Staff will limit the use of disposable dishware.

Procedure:

1. Disposable dishware will be used in the following instances only:

- a. If a cook is absent, and no substitute is available
- b. For PM snack in those Campuses where no kitchen personnel is available at the time of the snack.
- c. Field trips

Each kitchen should have a limited supply of disposable dishware on hand for use as noted above, and stored until needed.

NUTRITION PERSONAL APPEARANCE AND EMPLOYEE CLEANLINESS

Policy: Personal hygiene guidelines will be followed by all staff who enter the kitchen. Staff working with food will follow specific guidelines for appearance and hygiene. Personal appearance is an essential part of maintaining professional standards, cleanliness and sanitation.

1. Hairnets must be worn by all staff / volunteers who work in the kitchen.
2. Wash hands frequently and thoroughly with hot soapy water. At minimum hands are to be washed after using the bathroom, before and after handling the food, after breaks, taking out the trash and sneezing or touching hair and face.
3. Use disposable gloves when handling food. Washing hands in between changing gloves.
4. Staff who are ill or have an infected cut or a skin infection that could come into contact with food, shall not be permitted to work with food. All superficial cuts shall be covered with a bandage and disposable gloves.
5. Outer clothing will be kept clean.
6. Shoes should be clean and in good repair to comply with sanitation and professional standards
7. Jewelry is not allowed, with the exception of only wedding bands.
8. Each employee is expected to maintain high standards of personal hygiene
9. Fingernails must be kept trimmed, clean and neat, the use of sculptured nails and tips are prohibited along with nail polish.

ATTENDANCE AND MEAL COUNT

Policy:

Attendance is taken daily in Child Plus data system.

Meal Counts must be taken to the point of meal service. The point of service is when you have observed that a child has received a creditable meal or supplement. Teachers should eat with children to serve as role models.

Teachers are required to eat one meal with the children that are set with the Nutrition Coordinator. Cooks are required to review meal counts at 9:30 a.m., 12:30 p.m., and 3:00 p.m.

Attendance Procedure:

1. The teacher will use Child Plus to record attendance will be taken as the child enters the room each morning. The attendance will be taken again each time a meal is served. (Breakfast, Lunch, and PM Snack)
2. At the end of the day, the teacher will review Child Plus to ensure accuracy.
3. The Lead teacher will print Form 2310 from Child Plus, sign, and date on the last day of each week by 3:00 p.m.
4. The Lead Teacher will submit Form 2310 to the Campus Director on the last day of each week before leaving the campus
5. The Campus Director will review Form 2310 to ensure that all information is complete and initial above the Signature of the Lead Teacher and date.
6. The Campus Director will submit Forms 2310 for all classrooms to the Nutrition Coordinator weekly.

Breakfast procedure:

1. Child arrives and is offered to eat breakfast
2. Child washed his or her hands
3. Child sits down to his/her breakfast
4. Meal count is taken
5. Child finishes breakfast
6. Breakfast ends at 8:30; however, if a child arrives after 8:30, Supplemental Breakfast must be offered to that child. No child will be denied breakfast.

Lunch Procedure:

1. Children and adults washes hands
2. Children set the table with assistance while the Teaching staff serve the meal
3. Children sit down at the table
4. Lunch begins, Meal count is taken
5. Adults begin to eat with children
6. Child completes lunch
7. Child scrapes plate and clean up after his/herself
8. Cook documents accurate meal count on Claim for Reimbursement.

Snack Procedure, when applicable:

1. Child washes hands
2. Snack begins
3. Meal Count taken

DAILY MEAL PRODUCTION RECORD**Policy:**

All food items and the quantity used to create the designated meal from the menu will be documented on the Daily Meal Production Record (Form 1530)

Procedure:

1. Cook will document the amount of all food used for each meal on form 1530 on a daily basis
2. The Cook will complete Form 1530 on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2nd of every month..
3. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Coordinator by the 2nd of every month.

CLAIM FOR REIMBURSEMENT WORKSHEET

Policy:

The Cook will record the number of each meal type daily on page 1 of form 4502. The Cook will record all food and nonfood purchases from each vendor as they occur on page 2 of form 4502.

Procedure:

1. The Cook will log the number of each meal type served on form 4502 on a daily basis.
2. The Cook will record each purchase of food or nonfood products delivered or purchased for the nutrition component area for that campus.
3. The Cook will complete the form 4502 and submit it to the Campus Director on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2nd of every month..
4. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Coordinator by the 2nd of every month.
5. The Nutrition Coordinator will compare the form 1535 completed by the Lead Teacher and the form 4502 completed by the Cook as a checks and balance system to ensure that all attendance numbers and meal count numbers match are correct.

TEMPERATURE LOG

Policy:

The Cook will ensure proper refrigeration by logging the temperature of every refrigerator and freezer and for the dry storage twice a day.

Procedure:

1. The Cook will log the temperature of each refrigerator, freezer and dry storage on the temperature logs form every morning upon arriving at the campus and every afternoon before leaving the campus.
2. The Temperature Log will be submitted to the Campus Director on the last day of the month.
3. The Campus Director will submit the temperature log to the Nutrition Coordinator by email on the 2nd of the following month.

MONTHLY KITCHEN INVENTORY

Policy:

The Cook will maintain an inventory log of all Nutrition Component area merchandise, including both food and nonfood products.

Procedure:

1. The Cook will list all food and nonfood items from the previous month at the first of every month in the appropriate column.
2. The Cook will list all of the food and nonfood items purchased and what was used during the month in the appropriate columns of the inventory form.
3. The Cook will list the amount on hand of each food and nonfood item at the end of the month.
4. The Cook will list the estimated value of the product left at the end of each month.
5. The Monthly Kitchen Inventory will be submitted to the Campus Director on the last day of the month.
6. The Campus Director will review the inventory and submit it to the Nutrition Coordinator by email by the 2nd of the following month.

NUTRITION COMPONENT FOOD / NONFOOD INVOICES

Policy:

All receipts pertaining to the Nutrition Component will be tracked for budgeting purposes.

Procedure:

All Nutrition food receipts, which include bread, milk, produce, canned and frozen goods, will be maintained by the cook. The cook will maintain a copy of all kitchen supply receipts. All original receipts are turned into the Campus Director. The Campus Director, or designated staff, will submit receipts to the Nutrition Manager every Friday.

1. Milk, Food and non food supplies are delivered or purchased on the designated day.
2. The cook will review invoice, check for food spoilage, and/or damaged goods. (All spoiled and/or dented cans will be returned at this time for a credit)
3. The Cook will sign receipts
4. The Cook will submit receipts to Campus Director
5. The Campus Director or designated staff will copy all receipts.

6. The Campus Director will submit original receipts to the Nutrition Coordinator.

TRAINING

1. All Cooks complete and pass the Food Protection and Management course that is offered at the Texarkana College. (This 15 hour Texas Department of Health certification course under Texas Health & Safety Code Chapter 438 is designed for persons employed in establishments that prepare and serve food. Topics include food storage, sanitary food preparation, employee sanitation, pest control, accident prevention, sanitation regulations and standards. This certification is valid for a 5 year period.)
2. Cooks receive annual training hours based on professional development planning. Topics vary based on the needs of the staff, Head Start Program, TDA, and State and Federal rules and regulations.

CACFP CONTRACT

1. Nutrition Coordinator meets with cooks to develop draft menu for upcoming school year in spring.
2. Nutrition Coordinator completes bid process before leaving on summer break.
3. Nutrition Coordinator submits draft menu to Policy Council and Governing Board for approval before leaving for summer break.
4. Nutrition Coordinator has CACFP Contract Continuation placed on the Policy Council and Governing Board Agendas for approval before leaving for summer break. (A form is signed by the PC and GB chairperson after approval and minutes from the GB are submitted with the new Contract Application.)
5. Nutrition Coordinator submits draft menu to contracted Dietician for approval before submitting with contract application to Texas Department of Agriculture. (Approved menu will be submitted as part of the new Contract Application.)
6. Nutrition Coordinator begins the electronic application process around the first of August. (CACFP Budget and personnel information must be uploaded into the system. All applicable licensing documents must be submitted with the application.)
7. CACFP Contract process is completed and approved before the new contract year begins the first day of October.
8. CACFP budget is monitored and tracked at least monthly by Nutrition Coordinator, Head Start Director, and the Finance Director.

During a state of emergency triggered by the Federal, state and/or local governments these Administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.



On-Going Monitoring

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.100 – 1302.103)*

Revision 11/11/2024

Revision 7/28/2025

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Website Addresses for Regulations

45 Code of Federal Regulations Part 74

45 Code of Federal Regulations Part 75

2 Code of Federal Regulations Part 200

(Program specific)

*<http://www.gpoaccess.gov/cfr/> **Head***

Start Program Performance Standards

<http://www.eclkc.ohs.acf.hhs.gov>

State Licensing Minimum Standards

[http:// www.dfps.state.tx.us](http://www.dfps.state.tx.us) >.....> [Child Care Standards And Regulations](#)

INTRODUCTION

The following plan and procedures are intended to provide an overview of the monitoring activities of the CSNT Head Start Program. The primary purpose of the plan and procedures is to document that the Program is performing monitoring in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

The plan and procedures have been approved by the Governing Board and the Policy Council. All staff are to comply with the plan and use the procedures when monitoring appropriate areas.

MONITORING PLAN

With the implementation of the Head Start Program Performance Standards, it is required that programs have efficient and effective monitoring systems. A study by the United States General Accounting Office (GAO) indicated that when effective, comprehensive monitoring procedures were lacking there were significant deficiencies in contract oversight and performance.

It is the intent of the program to develop and implement a comprehensive integrated monitoring process to meet or exceed the requirements set forth by local, state, and federal requirements. We also intend to work closely with the funding agency and provide support necessary to ensure that the CSNT Head Start Program meets or exceeds financial and programmatic expectations.

Regulatory Requirements

It is the intention of the Program to perform monitoring in compliance with the Head Start Program Performance Standards and any other local, state, or federal regulations that apply. The specific regulations consist of all of the Code of Federal Regulations that applies to the Head Start Program, the new Head Start Program Performance Standards, and Texas Child Care Minimum Standards.

The monitoring procedures will address these regulations and tests will be performed, as appropriate, based upon our preliminary risk assessment.

Monitoring Responsibilities and Timing

Monitoring will be performed by the Head Start/Early Head Start staff. This staff will consist of the Head Start Director, Education Coordinator, Quality Assurance Specialist, Data Coordinator, Administrative Staff, Finance Staff, and program staff. Staff will work closely together to design appropriate monitoring procedures for each Head Start Preschool/Early Head Start management/content area. Monitoring will be done that provides maximum cooperation and involvement of the program staff. Results will include suggestions for training or technical support and positive comments as well as findings and recommendations.

On-going Monitoring

During each school year, on-going monitoring will be completed in the Head Start Program. The extent of the on-site monitoring, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the risks associated with the program, Campuses, and Administrative Office. The risk classifications and descriptions are as follows:

Low Risk – No monitoring findings, experienced staff providing services, small campus, well-trained staff, positive relationships with staff, and excellent history of performance in all areas.

Medium Risk – Mentoring performed, some minor monitoring findings in the past, large campus, change in staff, new or relatively new service providers, and somewhat less than excellent history of performance in the past.

High Risk – Recent major monitoring findings, pass-through entity concerns, large campus, new service providers, major staff turnover, and less than excellent history of performance in the past.

As the risks are evaluated for each area, it is understood that all of the conditions in each category need not be present, and that the assignment of risk is subjective. This information will guide the site choices and the extent of the monitoring.

On-going Monitoring will be performed according to the following schedule:

TASKS

Site Visits
Documentation Reviews
Staff Interviews

TIMING

At least Monthly (follow-ups as needed)

RESPONSIBILITY

Directors, Managers, Coordinators,
Specialists and Campus Staff

DOCUMENTS/ENVIRONMENTS

Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT Head Start Program On-Going Monitoring System)

Detailed Monitoring

Detailed Monitoring Meeting Schedule

October/November – **Detailed Monitoring Leadership Meeting**

January – **All Detailed Monitoring completed and submitted to Data Coordinator**

January/February – **Data Coordinator uploads all Detailed Monitoring into the Child Plus Database**

January/February – **Data Coordinator will complete a Detailed Monitoring Summary**

Detailed Monitoring Team Leaders and Team Members

Team Leaders will be selected for the following areas:

Leadership and Management (Program Governance/Human Resources/Program Management & Quality Improvement)

Health and Safety (Health/Mental Health/Nutrition/Safety/Transportation)

Family and Community Engagement (Family Engagement/ERSEA/Program Structure)

Education (Child Development/CLASS/School Readiness/Disability)

Fiscal Infrastructure (Budget Planning-Development/Fiscal Capacity/Budget Execution)

(No Team Leader assesses at their own area)

Teams will consist of program staff/community members/PC Members/Governing Board Members

Sites will be selected for each area

CLASS will be conducted by certified CLASS observers at selected Campus(es) and classrooms

Tools to be used for Detailed Monitoring

Monitoring Protocols & Checklists

Child Plus Monitoring Forms

CLASS Observation Forms

Classroom Observation Forms

**Governing Board Interview Questions
Policy Council Interview Questions
(Detailed Monitoring should consist
of site visits/document
reviews/interviews)**

Results of Detailed Monitoring

Teams will meet after all areas assigned to the Team have been completed

Teams will analyze the data from the monitoring:

Areas of strength – areas where the program exceeded the standard

Areas of weakness – areas where the program struggled to meet the standard

Areas of non-compliance (non-compliance can only be listed if the standard was not met)

(All documents associated with Detailed Monitoring will be turned in to the Data Coordinator after the final team meeting)

Summary of Detailed Monitoring

Data Coordinator will upload the results into Child Plus

Areas of Non-Compliance will result in a Corrective Action Plan

Corrective Action Plans will be assigned to the staff member that oversee the area where the non-compliance was found

Staff members with non-compliances from Detailed Monitoring are responsible for correcting areas of non-compliance – a completion date will be assigned for the corrective action plans

Data Coordinator will create a summary of Detailed Monitoring Results that will be part of the data for the Self-Assessment Team

Grant Requirements

The Head Start Program Grant will be reviewed during Finance Meetings prior to funding request to ensure that all of the requirements included in the various regulations are being addressed. A data analysis will be prepared indicating that the review was performed, any special conditions or considerations as a part of the monitoring, and any CSNT Head Start Program Grant changes that may affect the monitoring process will be addressed.

Desk Reviews

Monthly Progress Reports including financial and programmatic performance data will be gathered for analyzation by staff. The Data Coordinator will be responsible for tracking compliance in all programmatic areas and the Head Start Director/Chief Executive Officer will be responsible for all areas including finance. This will require financial documents be made available for cost and revenue categories so that the program reporting matches the general ledger reporting categories. Management staff will also be responsible for monitoring their areas for compliance monthly. The Quality Assurance Specialist will track Head Start data for compliance with all Head Start standards and requirements.

Reports from campuses/management staff will be reviewed monthly. The monitoring data will be analyzed and prepared discussing issues of timeliness, trends, performance to date, spending rates in line items and budget to actual expenditures. All variances/trends will be addressed immediately by the Finance Department, Chief Executive Officer, Head Start Director and appropriate program staff, as necessary.

TASKS

Desk Reviews
(Monthly Program Progress Reports
And On-going Monitoring Reports)

RESPONSIBILITY

Data Coordinator
Management Staff
Financial Staff
Campus Staff

TIMING

Monthly (follow-ups as
needed)

DOCUMENTS/ENVIRONMENTS

Child Records
Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

On-Site Reviews

On-site reviews will be performed at least monthly. The level of monitoring done will be based on the risk assessment and desk review findings. A report will be prepared indicating the monitoring performed during the site

visit.

All program areas will be monitored on at least a monthly basis. The nature and timing of the visit can vary according to the risk assessment, as will items needed, and any special concerns. Training and technical support issues will be discussed and positive comments prepared along with any findings and recommendations.

The results of on-site reviews will be discussed between the Data Coordinator and the Quality Assurance Specialist and a document presented for discussion purposes to the Head Start Director. All follow-up visits will be conducted in a timely manner. The resolution of any findings will be considered a joint effort between the staff and management. All findings should be corrected within 45 days of the on-site visit unless otherwise documented.

TASKS

On-Site Reviews

TIMING

Monthly (follow-ups as needed)

RESPONSIBILITY

Data Coordinator
Management Staff
Financial Staff
Campus Staff

DOCUMENTS/ENVIRONMENTS

Children's Records
Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

Closeout of Corrective Action Plans

Upon receipt of the Corrective Action Plan (CAP), the Data Coordinator will review the report, the status of all findings, and any other issues relevant to the program. The Data Coordinator and the Quality Assurance Specialist will discuss the report with the Head Start Director or other relevant staff, regarding any items in question. As soon as all

findings are cleared, the CAP will be closed in the system.

MONITORING RESPONSIBILITIES

The following is a list of the monitoring responsibilities:

Head Start Director – (Leadership Team, Management Team & Program Managers)

Monthly – Finance Meetings, as needed (Finance Department/Chief Executive Officer), Administrative Staff Meetings/Budget Meetings (All HS Administrative Staff/Chief Executive Officer).

Monthly – ERSEA (Attendance Reports), Monitoring for Compliance Reports - all programmatic areas, CSNT Monthly Progress Reports, PIR Data – all areas, Finance/Budget Reports, Campus Director Meetings

Quarterly – Personnel records, Classroom Assessment Scoring System Reports, Teacher Training Hours – Report, Progress on Program Goals, School Readiness Goals, and Family and Community Partnership Goals

Annually – Self-Assessment Report(s), Program Information Report, Community Assessment Data

Education Staff

Monthly – Program Progress Reports, Monitoring for Compliance Education (Classroom site visit and Documentation review) at least one Campus per month, Teacher Coaching/Mentoring Site Visits (every teacher at least once per month), Monthly Compliance Report for Education (PIR Data), Budget Reports

Bi-annually – Classroom Assessment Scoring System (on-site observation), School Readiness Committee Meetings, ISD Partnership Meetings

Quarterly – Campus School Readiness Meetings (Discuss/Analyze Data)

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Family Engagement

Monthly – Program Progress Reports, Monitoring for Compliance ERSEA/Family & Community Engagement (Site Visits/File Checks/Parent Interviews) at least one Campus per month, ERSEA (Attendance) Reports,

Monthly Compliance Report for Family Advocates (PIR Data), Family Advocates Meeting, Budget Reports

Bi-annually - ERSEA Committee Meeting

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Health/Mental Health Implementation Team

Monthly – Program Progress Reports, Monitoring for Compliance Health/safe Environments (children’s files/site visits), Monthly Compliance Report for Health (PIR Data), Budget Reports, Health Implementation Team Meeting

Bi-annually – Health/Mental Health Advisory Committee Meeting

Annually – Self-Assessment Team Leader/Member

Disability/Mental Health Implementation Team

Monthly – Program Progress Reports, Monitoring for Compliance Report Disability/Mental Health (children’s files/site visits) at least one Campus per month, Monthly Compliance Report for Disability Mental Health (PIR Data), ERSEA/Attendance Report, Budget Reports, Health Implementation Team Meeting

Bi-annually – Health/Mental Health Advisory Committee Meeting

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Transportation

Monthly – Program Progress Reports, Monitoring for Compliance Transportation (children’s files/site visits/Bus Rides) at least one Campus per month, Monthly Compliance Report for Transportation (PIR Data), Budget Reports

Annually – Self-Assessment/Detailed Monitoring

Nutrition

Monthly – Program Progress Reports, Monitoring for Compliance (children’s files/site visits during meals) at least two Campuses per month to view each meal service at least once per year though one announced and two unannounced monitoring visits (Monthly Compliance Report completed by Nutrition Coordinator with CACFP data), budget Reports, and PIR Data, Health Implementation Meetings

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member, CACFP announced and unannounced monitoring visits (Schedule is according to CACFP regulations/requirements)

Data Coordinator

Monthly – Program Progress Reports, Monitoring for Compliance (at least one programmatic area per month) (children's files/site visits/bus rides) at least one Campus per month, Monthly Compliance Report for Program Monitoring (PIR Data), In-Kind Report, Track Monitoring Compliance
Bi-Annually – Monitoring for Compliance Safe Environments (Each Campus)

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member, Program Management Monitoring for Compliance

Finance Department Monitoring

Monthly – Budget Reports (See Financial Policies and Procedures for more detailed information)

Annually – Self-Assessment (Finance Documents are Monitored by Quality Assurance Specialist) (On- Site Review of Documents/Interview Finance Staff)

Program Management Monitoring for Compliance (by Data Coordinator /Quality Assurance Specialist) (On-site Review of Documents/ Interview Finance Staff), Annual Audit by outside Auditors

Campus Directors

Monthly – Campus Director Monitoring Form (On Site/Document Review) Campus Director Meetings

Quarterly – School Readiness Team Meetings (Discuss/Analyze Data)

Management Staff monitor all areas of the program on a regular basis according to the regulations and standards. This list is not inclusive of all of the monitoring that is done on a daily basis and as needed. Management staff has the ability to monitor on an as needed basis according to information and data that they receive.

Each staff person is responsible for monitoring their work on a daily basis. Supervisors are responsible for monitoring the staff that they supervise to make sure that quality services are provided to children and families.

SELF-ASSESSMENT PROCESS

Self-Assessment Overview

During each school year, a self-assessment will be completed by the Program. The extent of the on-site assessing, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the results of On-Going/Detailed Monitoring and other data that is used during the program year. This data that will be used as part of the Self-Assessment. The self-assessment data will include:

On-going/Detailed Monitoring – Quarterly Monitoring Reports and Detailed Monitoring Reports.

Program Information Reports – Annual Program Information Reports. (Following the 5-year grant cycle.)

Program Goals – Quarterly Progress Reports on goal implementation.

School Readiness Goals – Quarterly Progress Reports on goal implementation.

Family, Parent, and Community Engagement Goals – Quarterly Progress Reports on goal implementation.

Child Assessments – Quarterly Child Assessment Reports on areas of strengths and weaknesses.

CLASS (Classroom Assessment Scoring System) – CLASS observation reports.

Monthly Progress Reports – Monthly Program Progress Report Summary for the 5-year grant cycle.

Financial Reports – Annual and Monthly Financial Report Summaries

Any other data that would be relevant to the Head Start Program's analysis of the implementation of program services and the effectiveness of the services within the Head Start service area.

Self-Assessment Implementation

The Self-Assessment will be performed according to the following schedule:

<u>What</u> Leadership Team	<u>When</u> Meet to analyze data at the end of Detailed Monitoring
<u>Who</u> Quality Assurance Specialist	<u>Responsibility</u> Create List of SA Committee Members Create Updated SA Draft
<u>What</u> Self-Assessment Committee	<u>When</u> Meet to approve Updated SA Draft
<u>Who</u> Head Start Director	<u>Responsibility</u> Present Updated SA Draft to PC/GB for approval

SA TOOL FOR THIS AREA (SA TOOL FOUND ON THE ECKLC WEBSITE)

Listed below are some of the tools that are available for use during the monitoring and self-assessment process:

Child Plus Inc. – Database System for tracking program information pertaining to children, families, and personnel

CIRCLE Child Assessment (CLI Engage) – Database System for tracking children’s developmental progress in each of the Head Start Framework Domains

CLASS – Classroom Assessment Scoring System

DIAL 4 – Speed Dial is an early learning screener used to track the development of children entering the Head Start Program.

ECI Engage Development Checklist – EC Developmental

Checklists is an early learning screener used to track the development of infants and toddlers entering the Early Head Start Program.

MIP – Financial database tracking system and system for Payroll and Personnel Data Tracking each of the Head Start Framework Domains

Circle – Database System for assessing children's development levels in Mathematics and Language/Literacy (Part of the Texas School Ready System)

Monthly Progress Reports – CSNT Head Start spreadsheet used to track monthly progress in each content area and for the program.



Recruiting and Hiring Staff

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

Revision 4/8/2022

Revision 1/30/2025

Revision 7/28/2025

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INTRODUCTION

The following policies and procedures are intended to provide an overview of the procedures used to recruit, interview, and hire new staff to the Head Start and Early Head Start Programs.

These procedures have been approved by the Governing Board and the Policy Council. All policies and procedures listed in this manual are to align with the Personnel Policies and Procedures adopted by the Agency and with the Head Start Performance Standards Subpart I – Human Resources Management.

OVERVIEW

These policies and procedures are to provide guidance on the steps implemented when recruiting and hiring new staff. There are times when some or none of these steps will be implemented as when staff are considered returning staff or when staff are transferring to another position within Head Start or Early Head Start.

BACKGROUND

CSNT has had to change some of the recruiting and hiring practices that have been established in the Agency for a long period due to the pandemic. The ways in which staff are recruited and hired has changed. Many of the face-to-face meetings and practices are now implemented virtually. The Agency has taken the practices that work best when recruiting and hiring new staff and created this operating manual.

Recruiting New Staff

1. The Admin Support Specialist will post open or new positions on Indeed as well as internally at each location within the program. The jobs will be posted immediately following a resignation, termination, or creation of a position.
2. The Head Start Director may also work with partnership School Districts to post open and new Head Start Preschool/Early Head Start positions to partnership District websites as well as the Region VIII ESC. Only positions open at the District Head Start site would be posted on the District Website.
3. The Admin Support Specialist and/or other management staff will attend job fairs and other events within the service area to attract potential new hires to the Agency and the Program.

Application Process

1. The Admin Support Specialist will check Indeed and other locations for potential applicants. The information on potential applicants will be placed in a file in the Admin Support Specialist's Office.

2. When the open positions close, the Admin Support Specialist will send all potential applicant information to the Head Start Asst. Director.
3. The Head Start Asst. Director will also look over the potential applicant's information along with the Lead Management Staff in that Content Area. They are looking for applicant qualifications that match the job posting.
4. If more information is needed from a potential applicant. The Admin Support Specialist will reach out to the applicant via email, Indeed Website, or by phone, and request the additional information that is needed.

Interview Process

1. The Admin Support Specialist/Head Start Director will create an interview team that consists of a Content Area Expert, Supervisor for the open positions, and one other staff person that serves in a position at or above the open position. The Asst. to the Head Start Director will assist the Admin Support Specialist with scheduling interviews, if needed. Other members of the interview panel will be added as necessary. Most interview panels will consist of no more than three people. (No one will interview a potential new hire that will supervise them.) Best practices specify that interview panels consist of staff knowledgeable of the open position. The interview panel should also consist of management staff in a related job field as the open position, but always be in a management or supervisory position above the open position.
2. The Admin Support Specialist will schedule interviews, when needed, for potential applicants that meet the qualifications for the open position. The Head Start Director will assist with scheduling the interviews, as needed.
3. One person on the interview panel will be selected to ask the questions. This person will state the position, location, and pay rate, if applicable, for the position before they begin asking the interview questions. Interview questions are asked from a pre-determined list based on the position. Each member of the interview panel scores the answers with a numerical rating from (1) to (5). One being the least possible and (5) being the highest possible score.
4. The Admin Support Specialist will total interview score sheets for each applicant. The applicant with the highest score will be the selected new hire unless there is information that would make another applicant a better fit for the position. This can happen when applicant scores are very close or when the same interview panel was unable to interview all of the candidates.

Background Check Process

1. The Admin Support Specialist will contact the selected applicant from the interview process to have them complete the required background check screens before being considered for the position (HSPPS 1302.90 (a-b)).
2. The Admin Support Specialist/Head Start Director will assist the selected applicant in completing the background check screen through the Texas Department of Family and Protective Services. The Admin Support Specialist will assist them in completing the Agency background check screen.
3. If both background check screens clear, the applicant can be considered for the open position. Head Start standards require all potential new hires clear a state and FBI background check before being hired to a Head Start or Early Head Start position.

New Hire Orientation Process

1. All new hires must complete a physical examination and a drug screen prior to starting to work in their new position. The Admin Support Specialist will schedule the physical prior to starting the new hire orientation.
2. New hire orientation will be completed by all new staff. The Admin Support Specialist has the new hire complete required paper work.
3. The Admin Support Specialist will explain the personnel policies found in the personnel policy handbook. New hires can ask questions and discuss any or all of the policies.
4. The Admin Support Specialist/Head Start Director will schedule the date and time for the new hire to meet with the Head Start Management Team. During this time, the new hire will receive training on the Head Start Program and the Head Start Program Performance Standards that guide the program.
5. New hires will spend three to five days with a mentor that is currently working in the same position as them. The Mentor will train the new hire on the day to day functions of the position. The mentor will document the areas where they mentored the new hire. They will list any additional training that is needed for the new hire. This paperwork is returned to the Head Start Director.
6. The Head Start Director schedules additional training for the new hire in their position.



Staff Development & Training

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

Revision 10/20/2021

Revision 1/30/2025

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NEW HIRE ORIENTATION OVERVIEW

CSNT Head Start provides orientation to all new staff and volunteers. Orientation for staff consists of an introduction to the Head Start goals and the underlying philosophy of the program. New staff are also given copies of the Head Start Program Performance Standards and are introduced to each component of the program including the Management Team. The Admin. Support Specialist will familiarize new staff to the CSNT Personnel Policies and Procedures, and the Head Start Director will educate them on the proper methods for identifying and reporting child abuse. Transportation/Bus Monitor training is also available to all new staff/volunteers during orientation. This orientation is provided to all new staff. Staff rehired within six months are not required to complete new Hire Orientation.

The orientation for volunteers is provided in the campus by the Campus Director. They are given a Campus Operating Manual that details all of the information about the volunteer program at CSNT Head Start/Early Head Start. All information on volunteers is monitored and tracked at the campus level.

Orientation for parents is provided during parent orientation in the Campus by the Family Empowerment Advocate. Documents are discussed and signed with the parents. Parents also receive a copy of the Campus Operating Manual that outlines the parent's civil rights and procedures on how to report when they feel there has been a violation.

New Hire Orientation for CACFP Staff

Staff that are hired to work within CACFP are given an orientation to the program. Staff participates in the program new hire orientation that includes information on policies and procedures, regulations that govern the program, child abuse reporting, bus monitoring, and the Head Start/Early Head Start philosophy.

Once the employee completes this process, they meet with the Nutrition Coordinator to discuss the CACFP basic food service and how to complete the forms associated with this process. The employee normally spends three days completing this process at the administrative office.

Once this process is completed, the employee will spend five days in the field working side-by-side with a CACFP certified cook. During this time the employee will complete all of the training listed on the Food Service Employee Basic Training on Policies and Procedures. Once the five-day training is completed by the employee, the cook providing the training, the Campus Director, and the Nutrition Coordinator sign the form. A copy is kept

in the employee personnel file in the administrative office and at the Campus office. The Nutrition Coordinator also keeps a copy for their records.

(All new staff that perform key administrative activities for the Child and Adult Care Food Program go through the same training that is listed above, along with administrative type trainings through the Texas Department of Agriculture.)

Goals for the professional development and training component:

Goal: To improve student performance at each Head Start and Early Head Start Campus in the CSNT service area by providing quality staff development and parent training.

Objective: To provide quality-training opportunities to staff, parents, Policy Council and Governing Board members that meets a diverse range of levels, interests, experiences, and circumstances.

Expectations:

- To provide state of the art training for staff and parents.
- To manage and assist career development with ideas for growth and development for upward mobility.
- To provide up-to-date training materials and accurate information to Head Start staff and parents.
- To promote parent involvement and valuable parent-teacher team building.

Professional Development and Staff Training Process:

The following approach is taken when planning and delivering a quality comprehensive training program:

- 1.) The Head Start Director and administrative staff share the responsibility for the staff development process. This is accomplished by collaborating with and providing necessary information to Training.
- 2.) Review of the Head Start Program Performance Standards, Program Operating Policies and Procedures, and the Program Operating Manuals to ensure that the activities in each area are integrated into the Staff Development Plan. For example, the Health and Safety area would include training activities to ensure that all staff responsible for health screenings are trained in a timely manner to allow them to meet the 45-day time frame.
- 3.) Review job descriptions to ensure compatibility with training goals. Each staff member develops individual goals to be reviewed during the Annual Performance Evaluation. Professional Development Plans will be developed as a part of the Performance Evaluation System.
- 4.) Assess individual and program training needs using information from staff performance appraisals, individual surveys, Community Assessment, Self-Assessment, Head Start Program Performance Standards, and the Service Delivery Plan.
- 5.) Determine resources available (time, money, staff, etc.).
- 6.) Develop a training calendar.
- 7.) Present training budget to Policy Council and Governing Board.
- 8.) Implement the training plan.
- 9.) Document training efforts, attendance, and results.
- 10.) Evaluate and provide appropriate follow-up.

Staff Development and Training Handbook

Section I.A. How to Request Training

Any staff member of the Head Start and Early Head Start Programs can request training sessions.

This can be done by:

- a. Completing a Training Request Form. Anyone wanting to request a training session or series of training sessions should complete this form and forward it to the Asst. to the HS Director. The Training Request Form is available from the Community Services Website or from the Campus Director.
- b. Training is also requested through staff surveys on at least an annual basis.
- c. DO NOT submit verbal request for training that you would like to attend. ALL REQUESTS FOR TRAINING MUST BE SUBMITTED ON A TRAINING REQUEST FORM.

Section I.B. New Hire Orientation

1. All new employees are required to participate and complete New Hire Orientation before they begin their jobs. If New Hire Orientation is not offered before that date, the employee will be scheduled for the next available session and will be allowed to begin their job. (This is allowed only when program services are interrupted due to an opening in that position.)
2. New Hire Orientation covers a variety of training that consists of training provided at the Linden Administrative Offices and on-the-job training provided at the new employee's campus.
 - a. Agency Operation: This aspect of training includes a description of the agency and the programs that are under the agency umbrella, a list of agency personnel and phone numbers with extensions, and personnel policies, such as dress code, organizational chart, use of time sheets, paydays, job description, disciplinary procedures, etc.
 - b. Program Implementation: This aspect of training includes child abuse reporting regulations, Head Start Standards of Conduct, discussion of Head Start Program Performance Standards, discussion of Texas Child Care Licensing Minimum Standards, Child and Adult Care Food Program Training, the proper way to lift blood borne pathogens, program policies and procedures, etc.
 - c. Campus Orientation: This aspect of training includes information on the daily operation of the campus including application of job specific procedures and job description performance details, the

use of time sheets, campus schedules, fire and weather drills, tour of campus, minimum standards, etc.

3. The Head Start Director is responsible for overseeing that New Hire Orientation is conducted on a regular basis. Assigned agency personnel will conduct the New Hire Orientation.
4. State and federal guidelines require that all staff have Orientation records available for auditing at the Administrative Office Personnel Files and at the Campus Staff Files.

Section I.C. Training Records and Information

1. Training records and responsibilities
 - a. The Program will keep a database on all in-agency training activities that are sponsored by the Program. The information on the database is supplied through Sign-In Sheets. In cases where a staff member receives training through organizations outside of Community Services, the staff person is responsible for supplying a copy of the training certificate for their personnel file in the Administrative Office and at their Campus.
 - b. All individual staff members are responsible for keeping updated Training Log Sheet(s) of their training at their workplace in case there are data entry errors or Sign-In Sheets are not submitted.
2. Instructor's responsibilities
 - a. Instructors should notify the Asst. to the HS Director of any training activities prior to the scheduling of the activity. This will allow time to answer questions that anyone might have concerning training activities, prevent scheduling conflicts with groups or rooms, allow the Program to support the activity, and to monitor the subject matter of the training.
 - b. Provide the following information and documents within five working days after the training activity:
 1. Completed Sign-In Sheet
 2. Printed name of participants
 3. Job title of participants
 4. Staff ID# of participants
 5. Job location of participants
 6. Name of training activity
 7. Date of training activity
 8. Time of training activity
 9. Length of training activity (in hours)
 10. Name(s) of instructor(s)

11. Outline or summarize the training content

*If training is to be eligible for CEU certification, the following must be on file: Statement of Specifics Form related to the topic, length and content of the training; a Vita or Resume of the instructor(s) and completed evaluation sheets from participants.

3. Participant responsibilities:

- a. Participants are to print names clearly on the Sign-In Sheet, include job title, job location and Staff ID#.
- b. Participants must not sign more than one Sign-In Sheet per training session.
- c. It is considered fraudulent and will require disciplinary action if:
 - A participant signs someone else's name on a Sign-In Sheet.
 - A participant signs a Sign-In Sheet and does not attend the training session.

4. Training Reports

- a. The Asst. to the HS Director will email the Campus Director a reminder to print Child Plus Training Reports each September/October, January/December, and May/June.
- b. This report will contain:
 - Training activities per staff member, length of each training session, dates of training sessions, category of each training session, job title of staff, and Staff ID number.

*Copies of this report can be requested at any time by Campus Director. Because of the length of these reports, do not ask that it be FAXED to the Campus.
- c. Training reports of individual staff can be issued upon request from employee. (Allow at least five working days).
- d. Unless otherwise requested, these reports will include name of staff, name of training sessions, dates of training, length of sessions, and categories of training.

Section I.D. Training Conferences

1. The Program sponsors trainings conferences throughout the year. Some of these include the Pre-Service Training Conference (usually in early August), Summer Training Conference (usually in June/July), and the Policy Council and Governing Board Training (throughout

the year).

2. The Program may also sponsor Training Days during each school year. These are days that may correspond to the local ISD Staff workdays. These are days where children are not in attendance.
3. Unless otherwise informed, all staff are to attend and participate in all Pre/In-Service Training and any Agency Training Conferences.
4. staff required to attend Training Day activities will be notified by their supervisor.
5. Participants at training conferences are required to use sign-in and out sheets at the beginning and end of each day. Training Session participation should be verified on the participant's time sheet.

Section I.E. Training for CEUs

1. Staff needing CEUs should notify the Asst. to the HS Director in writing of their need for CEUs so that training activities can be planned to help meet these training needs. Be specific about the number of CEUs needed, special sessions required, and time limitations to acquire the CEUs.
2. The Program has a partnership with Region VIII ESC Service Center to provide trainings to staff. CEUs are provided to staff that attend these trainings. (See Region VIII ESC Partnership for information on how to register for these trainings.)
3. In order for any In-Service training sessions to qualify for CEUs, there are a number of criteria that must be met. These criteria are primarily the responsibility of the training instructor. Training has developed a number of forms to meet these criteria.
 - a. A resume or vita must be on file in Training for the instructor.
 - b. An outline of the training session must be submitted.
 - c. A Sign-In Sheet must be submitted.
 - d. Evaluation Sheets must be submitted.
 - e. A Statement of Specific Form must be submitted that contains the objectives of the training and the purpose and benefits of the training.

Section I.F. Virtual Learning

1. Some of the training provided by Community Services is conducted through virtual learning modes.
2. The verification or signature page is required to be submitted to Training within five working days of the date of completion of the

training.

2. Although it is not true for all of our virtual training, most of this training is for the purpose of reinforcing previous training or enhancing prior training. Virtual training has as its goal to provide training that is required of staff in a way that is less intrusive of staff time than traditional classroom type training. This training is primarily in subject areas that are required on an annual or frequent basis.

Section I.G. Training Requirements

A. In-Agency Requirements

1. Campus Directors are required to keep training records of all staff they supervise. Administrative staff have the advantage of delegating this task to Administrative Coordinators or the Human Resources Director, since this area is close enough at hand to be convenient.
 - a. In-agency training reports will be forwarded to Campus Directors as needed, but out-of-agency training will not be included on these reports.
 - b. It is suggested that staff who attend out-of-agency trainings keep track of these trainings on their training logs and provide training certificates to supervisors and on a regular basis.
2. *Teachers are required to post in a prominent place in their classroom:
 - a. College diplomas in Child Development, Early Childhood Education, or related fields. All posted diplomas must be a clean copy. (Other non-related diplomas are not to be posted in or around the classroom.), or
 - b. Current CDA certificates or a clean copy of CDA certificates. (Expired CDA certificates must not be posted.), and
 - c. Current First Aid/CPR certification card or a clean copy of First Aid/CPR certification card. (Expired First Aid/CPR certification cards must not be posted.)
 - d. These certifications or diplomas are required by Head Start standards and/or Texas State licensing requirements. They must be posted in a very visible place near the entrance to each classroom or next to the door outside the classroom.
 - e. Teachers may also post other training certificates received, but the posting of other certificates must not block or detract from the other required posted documents. Other certifications or

certificates must be directly related to childcare training and can only be posted during the school year(s) in which the certificate is current. Any other certificates not required to be posted must have Campus Director's approval.

**This is for Child Care Licensed Classrooms only and not ISD Contracted Classrooms*

For training activities, such as, CEUs or other professionally related training, these may be approved through the employee's supervisor, but is limited to no more than 32 hours per calendar year and not more than a total cost of \$500.00. The 32 hours and \$500.00 is the outside limit, not a guarantee. These limits would not include Head Start/Early Head Start or NAEYC related conferences.

B. Head Start Program Performance Standards Training Requirements

1. Teacher In-Service Requirements:
 - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year in Classroom management and EC Education.
 - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
 - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
2. Annual training in reporting procedures, child abuse reporting, and positive discipline will be provided

C. State Child Care Licensing Standards Training Requirements

1. A record in the personnel file of training hours, the instructors, dates of training, and the subject areas of training.

Minimum Standards requires staff have 24 clock hours from the following list:

At least six clock hours from:

1. Child Growth and Development
2. Guidance and Discipline
3. Age-Appropriate Curriculum
4. Teacher Child Interactions

At least one clock hour must focus on the prevention, recognition, and reporting of Child Abuse and neglect including:

1. Factors including a child is at risk for abuse or neglect
2. Warning signs indicating a child may be a victim of abuse or neglect
3. Internal procedures for reporting child abuse or neglect and
4. Community organizations that have training programs available to

child-care center staff members, children, and parents.

If a caregiver provides care to a child younger than 24 months:

1. Recognizing and preventing shaken baby syndrome and abusive head trauma
2. Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
3. Understanding EC brain development

The remaining clock hours from:

1. Care of children with special needs
2. Child health (for example, nutrition and activity)
3. Safety
4. Risk Management
5. Identification and care of ill children
6. Cultural diversity for children and families
7. Professional development (i.e., effective communication, time and stress management)
8. Topics relevant to age groups served
9. Planning developmentally appropriate learning activities
10. Observation and Assessment
11. Attachment and responsive care giving
12. Minimum standards and how they apply to caregiver

2. A record in the Personnel file of documentation of orientation training (746.1303 (a)(b)).
3. A record in the Personnel file that staff has met the pre-service training requirement.
 - a. New staff must complete the 8-hour pre-service training (a caregiver must complete the remaining 16 hours within 90 days of employment).
 1. Developmental stages of children
 2. Age-appropriate activities for children
 3. Positive guidance and discipline of children
 4. Fostering children's self-esteem
 5. Supervision and safety practices in the care of children
 6. Positive interaction with children
 7. Preventing and controlling the spread of communicable diseases, including immunizations
 8. (if a caregiver provides services to a child younger than 24 months of age, pre-service training must cover the following topics:)
 - a) Recognizing and preventing shaken baby syndrome and abusive head trauma
 - b) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
 - c) Understanding EC brain development

4. The Campus Director must have at least 30 hours of training per year including no less than six clock hours from the following list:
 1. Child Growth and Development
 2. Guidance and Discipline
 3. Age-Appropriate Curriculum
 4. Teacher Child Interaction
 5. Serving children with special care needs
5. At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:
 1. Factors including a child is at risk for abuse or neglect
 2. Warning signs indicating a child may be a victim of abuse or neglect
 3. Procedures for reporting child abuse or neglect
 3. Community organizations that have training programs available to child-care staff members, children, and parents
5. Annual training hours must also include training on the following:
 1. Emergency Preparedness
 2. Preventing and controlling the spread of communicable diseases, including immunizations
 3. Administering medication, if applicable, including compliance with 746.3803 of this title (relating to what authorization must I obtain before administering a medication to a child in my care?)
 4. Preventing and responding to emergencies due to food or an allergic reaction
 5. Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic
 6. Handling, storing and disposing of hazardous materials including compliance with 746.3425 of this title (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?)
 - a. A director with five or fewer years of experience must also complete at least six clock hours of annual training in management techniques, leadership, or staff supervision.
 - b. A director with more than five years of experience must complete at least three clock hours of annual training in management techniques, leadership, or staff supervision.
 - c. The remaining 30 clock hours of annual training must be from 746.1309 of this title (relating to How many clock hours of annual training must be obtained by caregivers?)

- d. The Director may obtain the clock hours from the same sources as the caregivers, with the following exceptions:
 1. Training hours may not be earned for presenting training to others, with the exception of up to two hours of training on transportation safety.
 2. No more than 80% of annual training hours may be obtained through self-instruction.

College/Certification Training

Section II.A. Training, Conferences, Seminars, etc.

1. Any staff member of the Program can request funds or time away from work for training. This can be done as follows:
 - a. Local training activities
 1. Complete a Training Request Form and show the supervisor's approval by obtaining his/her initials on the training registration form.
 2. Attach the training registration form to the Training Request Form and submit completed and signed forms to the Asst. to the HS Director for processing and approvals by the Head Start Director and the Chief Executive Officer.
 3. The approved request with a completed Training Summary Form will be submitted to the Asst. to the HS Director for requisitions and funding for the training
 4. The Asst. to HS Director will register the employee(s) for trainings.
 5. Copies of all training forms will be kept at the main office
 - b. Travel request and out-of-town training activities
 1. Complete the registration form from the training event and show supervisor's approval by obtaining his/her initials on the form.
 2. Attach training event forms, registration form and Training Request Form to the Travel Information Form.
 3. Submit completed forms to the Head Start Asst. to the HS Director for processing and approvals by the Head Start Director and the Chief Executive Officer.
 4. The Asst. to the HS Director will submit a check request with a copy of the Training Request Form, Travel Information Form, and the training registration form to Finance/Accounting for approval and acquisition of funds on all approved training.
 5. The Asst. to the HS Director will complete the training registration process for all employee(s).

6. Copies of all training forms will be kept at the main office.
2. Upon completion of the training, the employee is to meet with the Asst. to the HS Director to reconcile the training. This is to be completed within (10) days of completion of the training.
3. Any employee whose registration and/or travel is provided by the Program must understand that he/she is accountable for professional and responsible behavior that reflects the agency's highest ideals.
4. Due to limitations of funds to provide out-of-town participation in conferences, seminars, etc., the employees who attend are expected to share the information obtained from the training with others in a timely manner.
5. See personnel policy No. 512 for information on travel procedures and expenses.

Section II.B. CDA Training Policy

Procurement and renewal of the CDA is primarily the responsibility of the employee. Assistance from the Program will be provided through Training and Technical Assistance when funds are available.

Part One: Procedures and Responsibilities for obtaining the initial CDA certificate:

1. Our agency works with our local community colleges and State adopted web-based programs to provide resources for our employees who are required to obtain a CDA.
 - a. All employees taking a course paid for through the Program must successfully complete the course in and receive their CDA within 2 years. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until this deficiency is corrected.
 - b. All college funded employees must maintain a minimum 2.0 grade point average (GPA).
 - c. All employees seeking a CDA certificate must notify the Curriculum Director in writing at least five days before entering the CDA course and submit copies of paperwork and certificates within at least five days after completion of each course. (These copies will be placed in the Personnel file)
 - d. It will be required for employees to take courses on their own time, but through our collaboration with the community colleges

and State-adopted, web-based programs, we will attempt to accommodate employees, as much as possible, to make it more convenient for them to complete the CDA process.

- e. In order for any staff to be eligible for the Program to pay for their college course, the staff must complete the College Course Request Form and submit the form to the Head Start Director within at least five working days prior to the end of the enrollment session for the course.

2. *Supervisor's responsibilities for Classroom staff CDAs:*

- a. The supervisor will conduct a monthly review of CDA status for all staff ensuring that all CDA certificates (or clean copies) are posted in the classrooms or office and that only current CDA certificates are posted.
- d. If CDA status of one or more teaching staff in a Campus is delinquent, it will be required of the Head Start Director to begin disciplinary action with the supervisor by implementing written timelines of correcting this discrepancy.

3. *Assisting employees in obtaining a CDA (per the Improving Head Start School Readiness Act of 2007):*

- a. All Head Start/Early Head Start employees seeking or holding the position of Teaching Assistant on September 30, 2013, must have at least a CDA credential, or be enrolled in a CDA Program and enrolled in an early childhood associate or baccalaureate program per the Improving Head Start School Readiness Act of 2007. Head Start/Early HS Teaching Assistants will have 2 years to complete their initial CDA. Head Start/EHS Teaching Assistants with a current CDA will have 18 months to obtain a new CDA with emphasis in the area where they are working (HS or EHS).
- b. Employees can request that the Program process CDA Assessment Request as well as provide payment of acquisition fees as a part of the benefits that are provided to Head Start employees if funds are available.
- c. The Program, as a part of the benefits that are provided to employees, can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be related to professional development.

- d. All employees taking a course funded wholly or partially by the

Program must successfully complete the course in the scheduled time of the course and agree to repay total or prorated amount of tuition if employment is terminated less than one (1) year after employee completes course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee reimburses the Program for the cost of the course.

Part Two: Procedures and Responsibilities for renewal of the CDA certificate:

1. Teaching Assistant/Campus Director responsibilities for renewing their CDA:
 - a. Staff must complete a college course or obtain 4.5 CEUs that are applicable to CDA renewal guidelines, in order to be eligible for CDA renewal.
 - b. No later than two months and no earlier than four months prior to the expiration date of the CDA, staff must submit to the Asst. HS Director all materials needed to apply for CDA renewal.
 - c. Any staff who has not renewed their CDA prior to the expiration of the certificate will be placed on 90-day probation and is required to show renewal certificate or documentation of appropriate materials sent to the Education Coordinator before the end of the 90-day period.
2. CDA Reporting Guidelines:
 - a. All documents sent to the Education Coordinator related to the procurement of the CDA, including the CDA certificate, must have included on the document the individual's Staff ID number.
 - b. Clean copies of CDA certificates are to be sent to the Education Coordinator within five working days of receipt of this document. The Education Coordinator will submit copy of certificate to the Asst. to the HS Director and the Admin. Support Specialist.
 - c. First time CDA certificates are to be sent to the Education Coordinator along with a completed Request for Pay Raise Form within five working days of receipt of this document. The Education Coordinator will send the documentation to the Admin. Support Specialist for the increase in pay.
4. CDA Exceptions:

- a. If a Teaching Assistant/Campus Director has a college degree from an accredited college or a current Texas State Paraprofessional Certification, the Teaching Assistant/Campus Director is not required to have a/or maintain a CDA certificate.

Section II.C. Improving Head Start School Readiness Act of 2007: Teacher Degree/Certificate Requirements

1. All Head Start employees seeking the position of CSNT Head Start Lead Teacher must have at least a baccalaureate degree in Child Development or Early Childhood Education. Although the Improving Head Start School Readiness Act requires that at least half the Head Start Teachers nationally will have a baccalaureate degree, CSNT policies establish a goal that all CSNT Head Start employees that hold the position of Lead Teacher will have at least a baccalaureate degree by September 30, 2013.
2. All CSNT Early Head Start employees holding the position of Lead Teacher will have at least a CDA or comparable credential and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development. If there are no candidates for hire with the required credentials, CSNT will hire an employee to work as a General Support Staff in the Early Head Start Classroom, while actively seeking an employee with the required credential. The General Support Staff will have one year from the date of employment to obtain the required credential. Once the General Support Staff obtains the required credential, they will be offered the Early Head Start Lead Teacher position. If someone is hired with the required credential at least 90 days prior to the General Support Staff receiving the required credential, the credentialed employee will be hired for the Early Head Start Lead Teacher position. The General Support Staff employee will be moved to another open position if one is available. CSNT Early Head Start Lead Teachers that have a Pre-K CDA will have 18 months to obtain a CDA or comparable credential with emphasis in infants and toddlers.
3. As a part of the benefits that are provided to all Head Start/Early Head Start employees, the Program can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area including achieving Texas Teacher Certification. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and the courses must be linked to the employee's professional development plan.
4. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course, agree to work for Head Start/Early Head Start for one (1) year after completing the course, and agree to repay the total or prorated amount of tuition, if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course

will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.

5. Head Start Lead Teachers that receive a bachelor's degree that is funded by the Program must agree to teach or work for Head Start for three (3) years after receiving the degree and agree to repay the total or prorated amount of tuition, if employment is terminated less than three (3) years after the employee receives the degree.
6. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of college courses by the Program until the situation has been corrected at the employee's expense. Head Start/Early Head Start employees are expected to pass all courses that are funded wholly or partially by the Program.
7. All employees utilizing this benefit must have a copy of their degree plan on file with the Education Coordinator and submit a copy of their official college grade report after completion of each course. The Education Coordinator will submit documentation to the Admin. Support Specialist.
8. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.
9. For employees who have degrees in other academic areas or from universities outside the USA and are interested in getting a degree in their professional area, the Program can as a benefit to employee pay the fee to have transcripts evaluated. It is the employee's responsibility to have the degree plan translated, evaluated and to work with a college to have a current, working degree plan created. The Education Coordinator will do the required paperwork to reimburse the employee for necessary expenses if the employee provides the expense receipts. These expenses will be paid only if funds are available.

Section II.D. Professional Development Courses

1. The Program as a part of the benefits that are provided to all Head Start employees can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be linked to the employee's professional development plan.

2. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course, agree to work for the Program for one (1) year after receiving the degree, and agree to repay total or prorated amount of tuition if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.
3. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of courses by the Program until the situation has been corrected at the employee's expense. Employees are expected to pass all courses that are funded wholly or partially by the Program.
4. All employees utilizing this benefit must have a copy of their college degree plan or professional development plan on file with the Education Coordinator and submit a copy of their official college grade report after completion of each course.
5. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.

Training Reports and Professional Development Documentation

Section III.A. Reports to Campuses

1. The Education Coordinator can provide to each Campus Director, once a year, a training report of all reported training activities for all staff at the director's campus. The report includes:
 - a. Last name of employees.
 - b. First name of employees.
 - c. Job title of employees.
 - d. Name of training activities.
 - e. Training hours involved.
 - f. Category of training (as defined by CDA requirements and compatible with Head Start standards).
 - g. Dates of training activities.
 - h. Name of instructor
2. This report is designed to serve several purposes:

- a. Provide the Campus Director with a readable and professional report in a concise format for a quick review by the director of training for participation of all staff at the campus.
 - b. Provide the Campus Director with a readable and professional report to share with licensing or other standards review personnel.
 - b. Provide the Campus Director with a means to review and correct database errors or deletions.
 - c. Assist the Campus Director in planning for campus-based training activities.
 - d. Assist the Campus Director in identifying expected competencies of trained staff.
3. This report is not inclusive of all available employee training data. If other information is requested, this may be provided if it is available.
4. This same type of report is available to all supervisory/managerial staff of the Agency upon written request to the Education Coordinator. The only limitation for information given is that the information be restricted to only those individuals who need to know the information. It is considered confidential information.
5. The Education Coordinator will specifically design training reports upon written request for Head Start staff with a valid need for this data.

Section III.B. Reports to Individuals

1. Any employee can submit to the Asst. to the HS Director a written request for his/her training records. Unless other specific data is requested and available, the report will be forwarded to the employee with the following data (if available):
 - a. Employee's last name
 - b. First name
 - c. Job title
 - d. Names of training activities
 - e. Hours of training per activity
 - f. Categories of training (as defined by CDA guidelines and in compliance with Head Start standards)
 - g. Dates of training activities
2. Unless there is a valid need, no training data information will be given to any employee or non-employee unless it is the specific training of the requesting employee or non-employee.
3. Employees are urged to keep Training Logs current. As our data flow improves and our agency becomes more accustomed to

channeling all training information through the proper staff, we are hopeful we can produce accurate training logs that will not need the employee's input.

Section III.C. Graphics, Handouts, videos, etc.

1. When time permits, copies of training materials for other staff or non-staff will be provided. Typical projects that for others could include:
 - a. Providing equipment to play videos or ZOOM Trainings (See audio/visual equipment).
 - b. Making master copies of participant handouts.
 - c. Making master copies of covers for training materials.
 - d. Making master copies of certificates.
 - e. Making content specific training evaluation sheet(s).
2. Due to department budget limitations, the Program may or may not be able to reproduce in volume copies of materials for training handouts, posters, etc. This might also apply to making multiple transparencies. The requesting department may have to provide the materials.
3. Requests for assistance with graphics, handouts, videos, etc., should be made in writing to the Asst. to the HS Director. It is often necessary for an appointment to be made so that the person requesting the material can work with staff in the designing of the product.
4. Any staff member conducting training can design his/her own materials. Information Technology staff has had training and experience in how to design and structure Audio Visual materials and are willing to provide consultation or suggestions.

Training Equipment and Facilities

Section IV.A. Audio Visual Equipment

1. The Program has a variety of multimedia equipment available to staff for training purposes. This equipment includes:
 - a. TV/VCRs
 - b. Computers
 - f. Speakers
 - g. Flip chart easels
 - h. Audio/Visual Screens
 - i. Headphones/Microphones
2. Staff members wanting to use this equipment are recommended to request materials in writing prior to training session to reserve the

equipment needed. Equipment is sometimes reserved on a priority schedule, but usually is claimed on a first-contact-first-served basis.

3. Staff using equipment are asked to notify the Asst. to the HS Director immediately if there is any problem with the equipment. It is recommended that all equipment be checked prior to leaving the Head Start Management Building.
4. Staff using equipment must sign out the equipment through the Head Start Management Building. Also, the staff member signing out the equipment will be responsible for the care and return of the equipment.
5. In case of damage due to an accident or the theft of equipment under the care of a staff member, the Program requires the responsible staff member (the one who checked it out) to file a detailed description of the events related to the equipment. Staff will not be asked to cover the cost of damaged or stolen equipment unless gross negligence or improper storage or use of equipment is established. If other staff members are aware of or witnessed the demise of the equipment, they should also submit written statements of the circumstances.

Section IV.B. Training Facilities

1. The Asst. to the HS Director will assist staff or non-staff in locating training facilities that will be adequate for their training needs.
2. When a training facility is needed for staff training, it is asked that the Asst. to the HS Director be notified in writing of the specific need. This request would include (if the information is known):
 - a. Number of people involved in the training.
 - b. Job locations of the people involved in the training.
 - c. Date(s) and time(s) of the training.
 - d. Training facility setup (classroom style, theatre, open room, etc.).
 - e. Equipment needed, including sound system, Computers, TV/VCR, etc.
 - f. Instructor and/or contact person for training staff.
3. The instructor or contact person arranging the training session(s) is required to take the responsibility for rearranging and/or cleaning the training room when required by the facility.

Section IV.C. Ethics

The previous sections of this Handbook set forth many of the “rules” governing the standards of behavior expected of HEAD START/EARLY HEAD START staff. This is designed to define the standards of behavior related to training.

The purpose of these rules and procedures are to promote and assist in the process of educating, reinforcing expected behaviors, and accounting for training efforts and money invested. Furthermore, these rules are only of value to the extent that they promote these objectives. They were not designed to replace thinking and sound judgment.

Staff that provide training are considered educators. There are inherent principles that are required of educators: flexibility, creativity and exploration.

We ask that the staff follow the guidelines we have established, but please feel free to talk to us about changes, exceptions, modifications, or adjustments to any of the guidelines outlined in this Handbook. We would be poor educators if we were not willing to be educated.

Critical to all, is that we, as an agency and individually, provide our training services in a non-discriminatory manner, especially as this regards race, color, religion, national origin, gender, disability or sexual preference. Also, we recognize that as an agency of diverse people and backgrounds that serve an even more diverse population in rural Northeast Texas, we must reflect a level of sensitivity and understanding of differences that extends well beyond the legal aspects of “non-discrimination”.

To the extent we are willing to be taught, we can teach.

Required Training and Professional Development Plans

Section V.A. Professional Development Plans

1. All supervisors are required to complete a Professional Development Plan annually and return it with their Performance Evaluations.
2. This form is to be completed by the employee and the employee's supervisor.
3. This form is to provide the Program with specific training needs related to:
 - a. Training activities related to strengthening their present job skills. This could involve quantitative or qualitative recommendations.
 - b. Providing employees with training that meets federal, state licensing requirements, etc. (first Aid/CPR, fire safety, etc.)
 - e. Training the employee would need to advance professionally in

their present field or in a related Head Start area of employment.

Section VI.B. Required Training (Nutrition)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings (Head Start/Early Head Start Nutrition):

1. Our agency works with our local community colleges, universities, and State-adopted, web-based programs to set required courses for our staff throughout the program year.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and must register for the next available course offering. The employee is responsible for completing the courses within three attempts. Any employee who does not meet this requirement within three attempts will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Asst. to the HS Director.
 - c. All employees seeking any required certification must notify the Asst. to the HS Director in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or as soon as notification is received).
2. It will be required for employees to take courses as soon as assigned by their supervisor or the HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course, although the Program will compensate the employee monetarily.
3. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Education Coordinator within at least five working days

prior to the end of the enrollment session for the course.

Procedures and Responsibilities for obtaining required trainings (CACFP Nutrition):

1. The Nutrition Coordinator assists CACFP staff in obtaining their required annual training needs. The Nutrition Coordinator receives annual training through the Texas Department of Agriculture for the Child and Adult Care Food Program and from licensed dietitians/County Extension Agents.
 - a. All CACFP employees are required to obtain 24 hours of training per year with the majority of the training focused on basic knowledge of policies and procedures.
 - b. All CACFP employees are required to have annual Civil Rights training as set forth by the USDA/CACFP regulations. This training will be provided by the Nutrition Coordinator with assistance from the Human Resource Director. All employees will complete posttest after receiving the training. This document will be kept in the employees' personnel file.

Section VI.C. Required Training (Bus Drivers)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management Staff when available.

Procedures and Responsibilities for obtaining required trainings (Bus Drivers):

1. Our agency works with our local Education Service Campus (Region VIII) and local school districts to obtain training for Bus Drivers. This training is required for every new bus driver without the Texas Bus Driver Certification Card and every three years for drivers who have already obtained the certification card.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and cannot drive a school bus for the Program. Any employee who does not meet this requirement will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Asst. to the HS Director to be eligible to drive a Program bus.

- c. All employees seeking any required certification must notify the Asst. to the HS Director in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or as soon as notification is received).
2. It will be required for employees to take these courses as soon as assigned by their supervisor or HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course.
4. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Education Coordinator within at least five working days prior to the end of the enrollment session for the course.

Section VI.D. Required Training (Bus Monitor Training)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Bus Monitor Training):

1. Bus Monitor Training is required for every employee and/or volunteer that rides a van/bus with Head Start children.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who does not meet this requirement will be deemed incapable of performing their job functions and will not be able to ride a bus/van with Head Start children. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course at a later date.
2. This training is scheduled through the Support Services Manager. The employee should register for the next available Bus Monitor Training.

Section VI.E. Required Training (Safety Evacuation Training)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Safety Evacuation Training):

1. Safety Evacuation Training is required annually for every employee and/or volunteer that rides a van/bus with Head Start children.
 - a. This training is scheduled through the Support Services Manager. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
 - b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus/van with Head Start children until they have acquired this training.)
 - c. It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Safety Evacuation Training.

Section VI.F. Required Training (Transportation/Defensive Driving)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings (Transportation/Defensive Driving)

1. Transportation/Defensive Driving Training is required annually for every employee and/or volunteer.
 - a. This training is scheduled through the Transportation Coordinator. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
 - b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus with Head Start children until they have acquired this training.)

It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Transportation/Defensive Driving Training.

Section VI.G. Required Training (15 clock hours for Teachers)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

Procedures and Responsibilities for obtaining required trainings (Teacher 15 clock hours of professional Development)

1. All Lead Teachers are required to have 15 clock hours of professional development per year per Head Start Standard 648A(5)
 - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year.
 - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
 - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
2. Region VIII Education Service Center will provide professional development training for Lead Teachers
 - a. Teachers are required to notify their supervisor in writing of all trainings that they would like to attend through Region VIII ESC – this requires dates and times
 - b. The supervisor must approve the training date and time to assure that campuses will not be short-handed when the employee is attending the training.
 - c. Staff are required to get all training pre-approved that has a fee if the Program will pay for the training.
 - d. Region VIII ESC will provide training reports/Certificates for each employee receiving training. However, staff are still responsible for providing a copy of the training certificate to their supervisor. One copy will be placed in the Campus level personnel file and a copy will be sent to HR at the Administrative Office for their personnel file.

Section VI.H. Required Training (CLASS Reliable Certification)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

1. Class Specialist, Curriculum Director, and Practice Based Coach are required to obtain CLASS Reliable Certification within the first 12 months of accepting the position.
 - a. Recertification is required annually.
 - b. The Agency will pay for two CLASS Reliable Certification courses within the first 12 months of accepting the position.
 - c. The Agency will pay for two CLASS Recertification courses in a 12-month period.
2. Campus Directors are required to obtain an initial CLASS Reliable Certification within 24 months of becoming a Campus Director.

- a. Recertification is required annually.

- b. The Agency will pay for four CLASS Reliable Courses within a 24 month period.
 - c. The Agency will pay for two CLASS Recertification courses in a 12 month period.
- 3. CLASS Specialists are required to obtain CLASS Reliable Train-the-Trainer Certification within the first 18 months of accepting their position.
 - a. Recertification is required annually.
 - b. The Agency will pay for two CLASS Reliable Train-the-Trainer Certification courses within the first 18 months of accepting the CLASS Specialist position.
 - c. The Agency will pay for two CLASS Train-the-Trainer Recertification courses in an 18-month period.
- 4. All Education staff are responsible for familiarizing themselves with CLASS and implementing it within Head Start/Early Head Start Classrooms.

All staff that do not obtain the required trainings and/or certifications listed above could incur disciplinary actions including and up to termination.

*** All training forms are available on the CSNT website.**



CSNT HEAD START

Strategic Plan

**Grant #06CH012925
Fiscal Years 2025-2029
Program Years 1-5**

CSNT HEAD START
2025-2029
STRATEGIC PLAN

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FOREWORD

COMMUNITY SERVICES OF NORTHEAST TEXAS, INC. (CSNT) Head Start program provides comprehensive and developmentally appropriate activities and services for eligible children in Bowie, Camp, Cass and Morris Counties of Northeast Texas.

The primary focus of the program is school readiness of children and the self-sufficiency of families. The goal is to provide the foundation for the development of school ready, self-sufficient, healthy, caring, and productive children and families.

The most important ingredient for each child's success in school readiness is the positive and active engagement of the family. Furthermore, education for children, families, and staff, both formal and informal, will provide the opportunity for the growth and change needed to meet the goals of the families and of this program.

The Program believes...

- ✓ Parents are their children's first and most important teacher
- ✓ Engaged parents are key to a child's health and well-being
- ✓ Parent trainings should reflect the needs of the parents and be easy to access for busy families
- ✓ Parents need assistance in utilizing all of the resources that are available in the community including resources for Mental Wellness
- ✓ Involvement of parents and community members in decision-making increases the quality of services

MISSION STATEMENT

CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered and self-reliant lives.

OUR VISION

To provide a system of education and encouragement which results in school readiness for young children and their families

Our Core Values

There are two types of values recognized by CSNT:

- Pitcher Values
- Catcher Values



PITCHER VALUES

Pitcher Values are those which we 'throw' out each day with our forward actions. It might be difficult for someone to see us exemplifying these values without our outward actions.



CATCHER VALUES

Catcher Values are those which are more visible by others simply by watching us do what we do each day. They are the things that people 'catch' us doing in our daily routine.

SEVEN PITCHER VALUES	SEVEN CATCHER VALUES
PROFESSIONALISM INTEGRITY TEAMWORK CHARACTER HONESTY ETHICS RESPECT	COMPASSION ACCOUNTABILITY TRANSPARENCY COURTESY HUMILITY EMPATHY RELIABILITY

CSNT HEAD START PROGRAM ABSTRACT

PAST:

Community Services of Northeast Texas (CSNT) was incorporated as a private non-profit agency in 1965. The main objective of CSNT was to offer vital services to underprivileged people in Northeast Texas. As the agency grew so did the services that CSNT offered. Head Start became one of the vital services offered to families in Bowie, Camp, Cass, and Morris Counties in Northeast Texas. As a key component in President Lyndon B. Johnson's war on poverty, Head Start became a way for CSNT to join in the battle against poverty in local communities in Northeast Texas. The first CSNT Head Start was located in Atlanta, TX, as a summer school program for underprivileged children. CSNT Head Start still provides services to children and families in the Atlanta area.

PRESENT:

CSNT Head Start has eight locations in four counties in rural Northeast Texas. These counties are Bowie, Camp, Cass, and Morris. At the present time CSNT is funded to serve 465 children in the following communities: Atlanta ISD (108 capacity), Bloomburg ISD (17 capacity), Daingerfield-Lone Star ISD (40 capacity), Hughes Springs (34 capacity), Hughes Springs ISD (40 capacity), Pittsburg (49 capacity), Pittsburg ISD (34 capacity), and Texarkana (143 capacity).

CSNT Early Head Start, started in November 2020, has one location in Cass County. It is funded to serve 16 infants and toddlers in the Hughes Springs community.

Each of these locations meet the needs of each child and family that is served.

All of the sites are in partnership with the local school districts and/or the local education agencies in providing services. These complex partnerships with the local school districts and education agencies include a collaboration of services that include transportation, meal services, disability services, and blending educational services.

Some of the services offered through the Program include assisting families in obtaining regular dental and physical examinations for their children. The Program also assists staff and families in finding resources to assist with mental wellness. Children are also given vision and hearing screenings annually. Many community resources partner with the Program and help provide services when the family is unable to afford the added expense of things such as glasses or other necessary health expenses.

In conclusion, the community and the Head Start Preschool/Early Head Start Program have shown that dedication and people working together to create new and innovative ideas can build an effective and successful early childhood development program that meets the needs of the community and the children and families that it serves.

STRATEGIC PLAN DEVELOPMENT

The CSNT Head Start Strategic Plan aligns program data with long range planning. Members of the Policy Council, Governing Board, campus, management, and administrative staff, community representatives, and parents participate in the plan development process. The purpose of the strategic plan is to develop long-range program goals that follow the five-year grant cycle.

Program data is collected from the following areas:

- Family and Community Engagement
- School Readiness and Early Childhood Education
- Health and Safety
- Management Systems/Program Governance
- On-Going Monitoring/Detailed Monitoring/Self-Assessment

After the collection and analyzation of program data, program goals are created that focus on the needs of the children and families that are served. Some of the top priorities of the program are school readiness, health and safety of children and families, and engaged families and communities.

Not only will the program develop program goals, but also School Readiness Goals and Parent, Family, and Community Engagement Goals. Each year, after the completion of the Self-Assessment, the program conducts a Strategic Planning Committee Meeting to align all of the goals and objectives along with specific action steps in all areas of the program. These areas include:

- School Readiness/Early Childhood Education
- Health & Safety
- Family and Community Engagement

(Actions/activities from each area will assist the program in meeting the aligned goals.)

After developing the program goals, objectives are created that focus on what the program plans to do to meet the goal. These objectives focus on program activities that guide the program toward completion of the goal. Included in the objectives are outcomes that can be measured for success.

The Quality Assurance Specialist tracks the program's progress toward reaching the program goals at least three times per year (fall, winter, spring).

Every spring, they will update the program goals and schedule the Strategic Planning Committee Meeting. The strategic planning process is on-going and is driven by the needs of the program.

STRATEGIC PLAN

PROGRAM GOALS

2025-2029

**See Program Goals
Year (1-5)**

ACCOMPLISHMENTS

- ✓ The creation of ISD partnerships in 8 locations with our largest partnership created at Paul Laurence Dunbar Early Education Center serving an estimated 650 pre-kindergarten students that include 143 to 148 dually enrolled Head Start students
- ✓ Several staff that have completed Degrees in their professional and many staff attend trainings throughout the program year to enhance their skills and knowledge of their areas
- ✓ CSNT Head Start monitoring system that includes on-going monitoring, detailed monitoring, and the annual Self-Assessment
- ✓ Contract with Mental Health Provider to implement up to (4) counselling sessions for CSNT staff and collaborate with FEAs to provide resources for families in crisis
- ✓ Collaborations with many local resources in the service area including Region VIII ESC and many local colleges and universities
- ✓ The Education Coordinator is a Trainer-of-Trainers for CLASS Reliability
- ✓ The Education Coordinator assists in the implementation of Practice-based Coaching that supports teaching staff in improving the quality of classroom instruction
- ✓ The Education Coordinator is a Trainer-of-Trainers for Frog Street Curriculum
- ✓ The Family Engagement Coordinator is a Trainer-of-Trainers for the Family Service Credential

OFFICE COORDINATOR

[Print](#)

Job Code:		Division:	HEAD START
Branch:		Department:	
Reports To:	COMMUNITY SERVICES DIRECTOR	Pay Grade:	Pay Grade E
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	CEO	Date Prepared:	06/17/2025
Approved By:	Board & PC	Date Approved:	

Summary

Office Coordinator - OC1

Essential Duties & Responsibilities

Serve as a liaison between staff and other contacts

Overseeing day to day office activities

Providing general support to employees and visitors

Assist staff with data acquisition and the analyzation of information pertaining to the programs

Managing office supplies and equipment

Comply with federal, state and local requirements

Maintain filing systems and records

Manage the office budget

Maintain vendor/client confidence and protect operations

Coordinate with IT and other departments

Manage office layout and ensuring a comfortable workspace

Report office progress to CSD and work with them to improve operations and procedures

Other Duties

General clerical duties as required

Prepare files and other necessary documents for annual audit and State and Federal monitoring

Process applications for the TBRA Program

Contribute to the team effort by completing other duties as indicated

Qualifications

High School diploma or equivalent required

Some College preferred

Minimum of two years of experience in office/clerical setting

Computer literate with Excel proficiency required

Experience in federal funding programs preferred

Familiarity with A/P and A/R procedure

Strong organizational skills required

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time

Some lifting

Long periods of computer use

Training

Annual in-service

Any mandatory training

Decision Making

Exercise discretion and independent judgement

Financial Responsibilities

MAT Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Ability to work as part of a team and communicate effectively both orally and in writing

Benefit Summary:

Employee Type: FT 80

Benefits: Full - Refer to Policy 301

Leave Type: PER8

Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office

Employee's Signature

Date

ADMINISTRATIVE ASSISTANT

[Print](#)

Job Code:	AA1	Division:	HEAD START
Branch:		Department:	
Reports To:	Head Start Director	Pay Grade:	Pay Grade
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	CEO	Date Prepared:	5/16/2025
Approved By:	Board & PC	Date Approved:	5/16/2025

Summary

Administrative Assistant - AA1

Essential Duties & Responsibilities

Provide high-level administrative support by conducting research, preparing statistical reports, handling information requests, and performing clerical functions

Interact extensively with the general public, vendors, customers, and CSNT staff

Prepare correspondence, schedule appointments/meetings and receive visitors

Capacity to represent CSNT in a positive professional image in the community

Serves as a liaison between staff and Head Start Director

Collate and distribute mail

Create and maintain filing systems, both electronic and physical

Coordinate Staff's travel arrangements with Kaufman Administrative Assistant

Other Duties

Coordinate project-based work

Contributes to the team effort by accomplishing other duties as needed

Qualifications

Graduate of an accredited high school required
College hours or 2+ years work experience in a related field preferred
Experience with federal funding programs preferred
Proficiency in secretarial and organizational skills required
Knowledge of Microsoft Word and Excel required
Public relations experience preferred

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time
Some lifting
Long periods of computer use

Training

Annual in-service
Any mandatory training

Decision Making

Exercise discretion and independent judgment on a daily basis; addressing the best way to handle specific tasks

Accountability

Budget; MAT Tickets; Supply Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement; Checks; Cash; Mail

Communication

Positive attitude with interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing and receive and provide feedback

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office

Employee's Signature _____

Date _____

ADMINISTRATIVE ASSISTANT

[Print](#)

Job Code:	AA1	Division:	AGENCY-WIDE
Branch:		Department:	
Reports To:	COO	Pay Grade:	Pay Grade
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	CEO	Date Prepared:	5/16/2025
Approved By:	Board & PC	Date Approved:	5/16/2025

Summary

Administrative Assistant - AA1

Essential Duties & Responsibilities

Provide high-level administrative support by conducting research, preparing statistical reports, handling information requests, and performing clerical functions

Interact extensively with the general public, vendors, customers, and CSNT staff

Prepare correspondence, schedule appointments/meetings and receive visitors

Capacity to represent CSNT in a positive professional image in the community

Serves as a liaison between staff and Outsourcing Firm

Collate and distribute mail

Create and maintain filing systems, both electronic and physical

Coordinate Staff's travel arrangements

Contact Board Members and confirm attendance for a quorum

Prepare Board agenda, packets, Board meeting luncheons

Attend monthly Board Meetings; record and maintain Board minutes

Other Duties

Coordinate project-based work

Contributes to the team effort by accomplishing other duties as needed

Qualifications

Graduate of an accredited high school required
College hours or 2+ years work experience in a related field preferred
Experience with federal funding programs preferred
Proficiency in secretarial and organizational skills required
Knowledge of Microsoft Word and Excel required
Public relations experience preferred

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time
Some lifting
Long periods of computer use

Training

Annual in-service
Any mandatory training

Decision Making

Exercise discretion and independent judgment on a daily basis; addressing the best way to handle specific tasks

Accountability

Budget; MAT Tickets; Supply Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement; Checks; Cash; Mail

Communication

Positive attitude with interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing and receive and provide feedback

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office

Employee's Signature _____

Date _____

ADMINISTRATIVE SUPPORT SPECIALIST

[Print](#)

Job Code:	AA1	Division:	AGENCY-WIDE
Branch:		Department:	
Reports To:	COO	Pay Grade:	Pay Grade
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	CEO	Date Prepared:	5/16/2025
Approved By:	Board & PC	Date Approved:	5/16/2025

Summary

Administrative Support Specialist - AA1

Essential Duties & Responsibilities

Provide high-level administrative support by conducting research, preparing statistical reports, handling information requests, and performing clerical functions

Interact extensively with the general public, vendors, customers, and CSNT staff

Prepare correspondence, schedule appointments/meetings and receive visitors

Capacity to represent CSNT in a positive professional image in the community

Serves as a liaison between staff and Outsourcing Firm

Collate and distribute mail

Create and maintain filing systems, both electronic and physical

Coordinate Staff's travel arrangements

Contact Board Members and confirm attendance for a quorum

Prepare Board agenda, packets, Board meeting luncheons

Attend monthly Board Meetings; record and maintain Board minutes

Other Duties

Coordinate project-based work

Contributes to the team effort by accomplishing other duties as needed

Qualifications

Graduate of an accredited high school required
College hours or 5+ years work experience in a related field preferred
Experience with federal funding programs preferred
Proficiency in secretarial and organizational skills required
Knowledge of Microsoft Word and Excel required
Public relations experience preferred

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time
Some lifting
Long periods of computer use

Training

Annual in-service
Any mandatory training

Decision Making

Exercise discretion and independent judgment on a daily basis; addressing the best way to handle specific tasks

Accountability

Budget; MAT Tickets; Supply Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement; Checks;
Cash; Mail

Communication

Positive attitude with interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing and receive and provide feedback

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office

Employee's Signature

Date

Quality Assurance Specialist

Job Code:	QA1	Division:	Head Start
Branch:		Department:	
Reports To:	CEO	Pay Grade:	Pay Grade
FLSA Status:	Exempt	Employee Type:	FULLTIME 80
Prepared By:	CEO	Date Prepared:	05/19/2025
Approved By:	Board & PC	Date Approved:	

Summary

Quality Assurance Specialist

Essential Duties & Responsibilities

Prepare an annual budget for refunding application by collecting, compiling, organizing and reviewing data

Prepare and update the Head Start Program Community Assessment as part of the Agency-Wide Community Assessment

Lead/Guide the Community Assessment and Strategic Planning Committees in preparing the Agency-Wide Community Assessment and Agency-Wide Strategic Plan

Assist in the preparation and update of the Head Start Strategic Plan as part of the Agency-Wide Strategic Plan

Assist in the implementation of the Head Start On-Going Monitoring System including annual Detailed Monitoring of the program

Train/Assist/Advise:

Formulate, coordinate and implement the Head Start program under the cognizance of the Agency and the regulations of the Equal Employment Opportunity and Administration of Children, Youth and Families

Provide leadership in and foster the principle of teamwork within Head Start and the agency as a whole

Assist in the recruiting, selection, orientation, and training of qualified teachers

Maintain teaching and support staff by providing in-service training, coaching, counseling and discipline, planning, monitoring and appraising work performance

Develop teachers by establishing a career development plan; provide information and education opportunities, as well as training and experimental growth opportunities

Comply with all federal, state, and local legal requirements and enforce adherence to those requirements

Negotiate contracts for staff training

Other Duties

Train/Assist/Advise:

Procure supplies, services and equipment by establishing minimum and maximum inventory levels and reorder quantities; review supply requisitions; confer with vendors, select products and equipment through testing, observing, or examining items

Contribute to the program's effectiveness by performing a program self-assessment; identify short-term and long-range goals; provide information, options, and courses of direction; implement those directives

Develop an educational plan for the program by involving staff, educators, specialists, resource personnel, parents and community sources through personal contacts

Become familiar with existing Head Start legislation and remain cognizant of new legislation with regards to the Head Start program

Create individual Campus budgets and maintain budgetary controls by complying with the agency's financial policies and procedures

Monitor and manage all activities of individual Campuses and activities between the Campuses through on-site visits and personal observation of all sites

Maintain professional and technical knowledge of program management and compliance by attending educational workshops; reviewing professional publications; establishing personal networks; and participating in professional societies

Carry out all other duties as assigned by the CEO

Qualifications

Bachelors Degree in Education or related field required
Experience in grant writing for Federal Funding required

Critical Thinking Skills

Understanding of quality assurance processes and standards related to Head Start

Technical skills and comfort with databases and report generation software

Interpersonal and communication skills

Leadership and teaching skills

Strong attention to detail and organizational skills required

Proficient in Microsoft Word and Excel

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods

of time Some lifting

Long periods of computer use

Training

Annual in-service

Maintains professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies

Any mandatory training

Decision Making

None

Accountability

MAT Tickets; Requisitions; Receipt for Reimbursement; Checks; Mail

Communication

Ability to communicate effectively, both orally and written

Benefit Summary:

Employee Type: FT 80

Benefits: Full - Refer to

Policy 301 Leave Type:

PER8

Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office

Employee's Signature

Date

EDUCATION COORDINATOR

[Print](#)

Job Code:		Division:	
Branch:		Department:	
Reports To:	HEAD START DIRECTOR	Pay Grade:	
FLSA Status:	Exempt	Employee Type:	FULL TIME 80
Prepared By:	HR DIRECTOR	Date Prepared:	02/26/2025
Approved By:	BOARD AND PC	Date Approved:	03/25/2025

Summary

Education Coordinator -

Essential Duties & Responsibilities

Coordinate and implement the Head Start education component under the supervision of the Head Start Director

Provide leadership in and foster the principle of teamwork within Head Start education component
Oversight of the recruiting, selection, orientation, and training of qualified teaching staff

Maintain high quality teaching staff by providing in-service training

Aid in the development of teaching staff by establishing a career development plan; provide information and education opportunities, as well as training and experimental growth opportunities

Comply with all federal, state, and local legal requirements and enforce adherence to those requirements

Become familiar with existing Head Start legislation and remain aware of new legislation with regards to the Head Start program

Oversight of collecting and aggregating educational data for planning purposes

Administer and monitor the CLASS Professional Development System

Awareness of the philosophy and goals of the Head Start program

Support of the services for children with disabilities in accordance with the Head Start Performance Standards

In conjunction with the Head Start Director and Coordinators, ensure that planning and budgeting of grantee's funds are implemented for the disabilities service plan and that the grantee maintains the level of fiscal support for children with disabilities consistent with the congressional mandate to meet their needs

Obtain a diagnostic and IEP report of disabilities by professionals and provide a follow-up assistance plan

Secure Practice Based Coach (PBC) Consultant

Other Duties

Participate in the screening and interview process for teacher and teacher assistant positions

Maintain confidentiality

Assist in selecting a research-based curriculum for Head Start

Maintain professional and technical knowledge of program management and compliance by attending educational workshops; reviewing professional publications; establishing personal networks; and participating in professional societies

Contribute to the team effort by accomplishing related results as indicated

Coordinate agreements on disabilities services

Conduct staff and parent training

Submit child count data to appropriate LEA as required

Develop and implement a plan to ensure the smooth transition of children with disabilities into the LEA system and assist parents in the transition process

Coordinate with Service Manager to ensure ADA compliant campuses and playgrounds

Coordinate with other Coordinators and Campus Directors to implement plans on transportation, medications and safety needs for children with disabilities

Qualifications

Bachelor Degree in Education or a related field required – Masters preferred

Minimum of four years experience managing and supervising classroom staff

Strong interpersonal and communication skills

Team player with the ability to receive and provide feedback

Supervisory Responsibilities

None

Physical Demands

Standing and sitting for long periods of time

Some lifting

Long periods of computer use

Training

Annual in-service

First Aid/CPR

Any mandatory training

Work Environment

Office and Campuses

Decision Making

Exercise discretion and independent judgement

Accountability

Budget; MAT and Supply Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, and receive and provide feedback

Benefit Summary:

Employee Type: FT 80

Benefits: Full - Refer to Policy 301

Leave Type: PER8

Summer Admin: None

Equipment Used

General office equipment

Employee's Signature _____

Date _____

FAMILY EMPOWERMENT COORDINATOR

[Print](#)

Job Code:		Division:	
Branch:		Department:	
Reports To:	Head Start Director	Pay Grade:	
FLSA Status:	Non-Exempt	Employee Type:	FULL TIME 80
Prepared By:	HR Director	Date Prepared:	02/26/2025
Approved By:	Board	Date Approved:	03/25/2025

Summary

FAMILY EMPOWERMENT COORDINATOR -

Essential Duties & Responsibilities

Coordinate HS/CSBG Empowerment Program

Receive and process applications

Work with vendors for efficient operation of Energy, Commodity and other programs in the county

Assist in compiling statistical information in the county for applications for new programs

Attend various county-wide committee meetings in coordinating efforts with other agencies

Attend neighborhood meetings and provide target area residents with needed technical assistance

Prepare reports as required by the administrative office

Work with all local groups and individuals, seek volunteer assistance and remain informed on all aspects of the program

Conduct home visits as needed to assure that the largest number of persons are receiving maximum services provided by the Agency

Provide ongoing support for Case Managers

Other Duties

Monitor files to ensure compliance with regulations

Support of other coordinators with decision making based on regulations in an independent manner

Responsible for training of Case Managers

Other duties as assigned

Qualifications

High School diploma or equivalency required

College hours in social services or related field

3 years Experience in social service programs or related field required

Knowledge of Federal and State Laws and Regulations

Strong organizational skills required

Supervisory experience required

Microsoft Word and Excel experience

Meet and maintain Agency insurance requirements for driving insurability

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time

Some lifting

Long periods of computer use

Training

Ability to conduct classes, workshops and presentations

Any mandatory training

Decision Making

Exercise discretion and independent judgement

Accountability

Budget; MAT Tickets; Receipt for Reimbursement; Checks; Mail

Communication

Ability to communicate effectively, both orally and written

Benefit Summary

Employee Type: FT 80

Benefits: Full - Refer to Policy 301

Leave Type: PER8

Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office and Campuses

Employee's Signature

Date

DATA COORDINATOR

[Print](#)

Job Code:		Division:	HEAD START
Branch:		Department:	
Reports To:	HEAD START DIRECTOR	Pay Grade:	Pay Grade M
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:		Date Prepared:	02/26/2025
Approved By:	Board & PC	Date Approved:	03/25/2025

Summary

Data Coordinator -

Essential Duties & Responsibilities

Assist in the coordination and implementation of the Head Start Program Plan and On-Going Monitoring Plan

Collect child, family, and staff information and compile data

Complete monthly, quarterly, and/or annual reports

Establish and maintain up-to-date record keeping, documentation, and information tracking systems

Maintain knowledge of the Head Start Performance Standards and Federal and State Regulations

Develop a knowledge of all legal requirements by studying existing and new legislation and ensuring adherence to these requirements

Develop and maintain knowledge of the Head Start Program including updates and any changes that need to be implemented

Aide in recruiting and orientating staff as required

Implement On-Going Monitoring by performing monthly on-site inspections of files, tracking services, safe environments and communicating with Campus Directors on a regular basis

Track and follow-up minimum standard violations/findings from licensing and ensure that all campuses are in compliance with Federal/State Licensing Regulations

Other Duties

Coordinate and maintain an affiliation with local colleges and universities and members of the community through training seminars and conferences

Implement, track and follow-up annual Head Start Program Self-Assessment

Create Interagency Partnerships with other programs in the service area as needed

Maintain confidentiality at all times

Participate in professional societies and organizations

Monthly gather and audit in-kind materials and input data for in-kind tracking system

Assist with organizing training classes pertaining to in-kind and program volunteers

Assist in tracking volunteer hours and activities

Maintain/update the volunteer handbook and volunteer job descriptions on a regular basis

Maintain volunteer records and prepare required reports

Annually research and update the in-kind volunteer pay valuation schedule

Attend the Recruitment/ERSEA Committee meetings

Assist the Family Engagement Coordinator in implementing the volunteer/In-kind component of the Head Start Program

Attend staff meetings

Establish professional networks, review professional publications and maintain all mandated certifications

Carry out all duties as assigned

Qualifications

Bachelor Degree in Education or a related field preferred

Experience in tracking, program development, and/or monitoring preferred

Experience in compliance with federal and state regulations preferred

Team player with the ability to receive and provide feedback

Familiarity with computer operations required

Strong interpersonal and communication skills

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods of time

Some lifting

Long periods of computer use

Training

Annual in-service

First Aid/CPR

Any mandatory training

Decision Making

None

Accountability

MAT Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Ability to communicate effectively, both orally and written

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office and Campuses

Employee's Signature

Date

FAMILY ENGAGEMENT COORDINATOR

[Print](#)

Job Code:	Division:	HEAD START
Branch:	Department:	
Reports To:	HEAD START DIRECTOR	Pay Grade:
FLSA Status:	Exempt	Employee Type:
Prepared By:	HR DIRECTOR	Date Prepared:
Approved By:	Board & PC	Date Approved:
		02/26/2025
		03/25/2025

Summary

Family Engagement Coordinator -

Essential Duties & Responsibilities

Plan and implement the recruitment and enrollment of age and income eligible children and families to identify systematic barriers to self-sufficiency; build on family strengths and assets; identify, educate and refer individuals for assistance as needed

Maintain accurate and confidential records

Ensure compliance with Performance Standards, Case Management, ERSEA Regulations

Support the Case Managers in carrying out policies, goals and activities designed to implement the Social Service/Parent Involvement Components Performance Standards

Annually update a comprehensive Social Service/Parent plan in conjunction with parents and other component staff

Organize and oversee the procedures for program recruitment and enrollment

Chair the ERSEA and Health Advisory Committees

Support the activities of the Social Services/Parent Involvement Program in providing direct services to families and in making referrals

Provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development

Ensure that only trained and qualified (as per the Head Start Performance Standards) Health Care Providers are utilized to provide the best possible treatment for the children

Provide parent education and enrichment programs related to health

Other Duties

Support the formation and training of the Policy Council and maintain minutes of the meeting

Ensure the involvement of parent volunteers

Design and provide appropriate training to Case Managers

Collaborate with the other Managers to ensure all performance standards of the Social Services/parent Involvement Components are met

Develop and implement a plan and system of continuous monitoring and evaluation of Social Service/Parent Involvement activities

Maintain a formal system of follow-up of family referral to community service agencies

Compile monthly Social Services/Parent Involvement reports for the Head Start Director

Establish and maintain standards for the use of all Head Start components

Establish and maintain forms and report procedures for Case Managers

Create and maintain the Parent Handbook and work with the In-Kind/ Volunteer Coordinator in maintaining the Volunteer Handbook

Maintain a record-keeping system with adequate provisions for confidentiality

Work with the staff to facilitate acceptance of parent contribution to program development

Be a positive advocate for the Head Start Program within the community

Maintain professional and technical knowledge by attending education workshops; reviewing professional publications; establishing personal networks; and participating in professional societies

Ensure the involvement of community volunteers

Maintain an accurate community resource guide

Ensure the implementation of Father/Male Involvement within the Head Start Program

Attend Health Advisory Committee Meetings

Contribute to the team effort by accomplishing other duties as indicated

Qualifications

Bachelors degree in social work or related field required

Minimum of six years experience in case management of low income families and their children required

Management/supervisory experience required

Knowledge of Microsoft Word, Excel, and Access

Awareness of cultural issues and local community resources

Knowledge of Robert's Rules of Order

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods time

Some lifting

Long periods of computer use

Training

Annual in-service
First Aid/CPR
Any mandatory training

Decision Making

Exercise discretion and independent judgement

Financial Responsibilities

Budget; MAT Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, and receive and provide feedback

Capacity to conduct parenting classes, workshops and presentations

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office and Campuses

Employee's Signature

Date

FLOATING TEACHING ASSISTANT

[Print](#)

Job Code:		Division:	HEAD START
Branch:		Department:	
Reports To:	CAMPUS DIRECTOR	Pay Grade:	Pay Grade F
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	HR DIRECTOR	Date Prepared:	02/26/2025
Approved By:	Board & PC	Date Approved:	03/25/2025

Summary

Floating Teaching Assistant -

Essential Duties & Responsibilities

Assist the classroom teacher in providing an environment and varied experiences that promote social, intellectual, physical and emotional development of children in a manner appropriate to their age and stage of development toward the overall goal of social competence

Assist the teacher in making daily lesson plans and helps provide meaningful and appropriate experiences for the entire day using the principles of early childhood development; planning should include stories, music, science, mathematics, art, dramatic play, outdoor activities and a variety of other learning experiences

Assist children in establishing good health and hygiene habits through daily brushing of teeth, washing hands and faces, combing hair and assisting toileting

Assist in preparing teacher aids to supplement learning activities; familiar with the Campus equipment and its safe and proper usage

Encourage children to develop good eating habits by sitting at the table with them during mealtime; conversing with them; and encouraging good table manners; adheres to all USDA requirements; teacher assistant eats with the children, serving their plate after the students

Other Duties

Assist with inventory as indicated

Ride and/or drive vehicle as necessary; supervise children if necessary for speech therapy, dental and medical appointments

Assist with all campus duties including kitchen, classroom and administrative

Other duties as indicated

Qualifications

High School diploma or equivalent required

CDA or proof of enrollment in Associate/Bachelor degree program in early childhood education or related field

Experience in an early childhood setting preferred

Good organizational skills required

Supervisory Responsibilities

None

Physical Demands

Sitting, standing, stooping and lifting in excess of 50 lbs

Computer use

Training

Annual in-service

First Aid/CPR

Any mandatory training

Decision Making

None

Accountability

Receipt for Reimbursement

Communication

Ability to communicate effectively, both orally and written

Benefit Summary:

Employee Type: FT 80 or PT 40

Benefits: Full or PT - Refer to Policy 301

Leave Type: PL85

Summer Admin: Full

Equipment Used

Classroom, kitchen and general office equipment

Work Environment

Classroom and Campus

Employee's Signature

Date

HEAD START DIRECTOR

[Print](#)

Job Code:	HD1	Division:	HEAD START
Branch:		Department:	
Reports To:	EXECUTIVE DIRECTOR	Pay Grade:	Pay Grade R
FLSA Status:	Exempt	Employee Type:	FULLTIME 80
Prepared By:	HR DIRECTOR	Date Prepared:	06 / 25 / 2012
Approved By:	Board & PC	Date Approved:	06 / 24 / 2015

Summary

Head Start Director - HD1

Essential Duties & Responsibilities

Formulate, coordinate and implement the Head Start program under the cognizance of the Agency and the regulations of the Equal Employment Opportunity and Administration of Children, Youth and Families

Provide leadership in and foster the principle of teamwork within Head Start and the agency as a whole

Assist in the recruiting, selection, orientation, and training of qualified teachers

Maintain teaching and support staff by providing in-service training, coaching, counseling and discipline, planning, monitoring and appraising work performance

Develop teachers by establishing a career development plan; provide information and education opportunities, as well as training and experimental growth opportunities

Comply with all federal, state, and local legal requirements and enforce adherence to those requirements

Prepare an annual budget for refunding application by collecting, compiling, organizing and reviewing data

Negotiate contracts for staff training

Monthly data analysis and reporting

Policy Council Preparation and Attendance

Liaison for staff regarding the Head Start Program Performance Standards

Leadership, Management and Campus Director Meetings

Oversee Strategic Planning Committee

Other Duties

Procure supplies, services and equipment by establishing minimum and maximum inventory levels and reorder quantities; review supply requisitions; confer with vendors, select products and equipment through testing, observing, or examining items

Contribute to the program's effectiveness by performing a program self-assessment; identify short-term and long-range goals; provide information, options, and courses of direction; implement those directives

Develop an educational plan for the program by involving staff, educators, specialists, resource personnel, parents and community sources through personal contacts

Become familiar with existing Head Start legislation and remain cognizant of new legislation with regards to the Head Start program

Create individual Campus budgets and maintain budgetary controls by complying with the agency's financial policies and procedures

Monitor and manage all activities of individual Campuses and activities between the Campuses through on-site visits and personal observation of all sites

Maintain professional and technical knowledge of program management and compliance by attending educational workshops; reviewing professional publications; establishing personal networks; and participating in professional societies

Carry out all other duties as assigned by the CEO, COO

Qualifications

Bachelors Degree in Education or a related field required – Masters preferred

Minimum of four years experience managing and supervising a multi-department organization

Experience in budget development, management, and control

Experience in grant writing and compliance with federal and state funding

Strong interpersonal and communication skills

Team player with the ability to receive and provide feedback

Familiarity with and understanding of the principle of shared authority and decision making that is the cornerstone of the Head Start philosophy

Supervisory Responsibilities

Supervise the Head Start Specialists/Managers/Coordinators/Assistants

Supervise the Head Start Campus Directors

Supervise the Family Empowerment Coordinator

Physical Demands

Sitting for long periods of time

Some lifting

Long periods of computer use

Training

Annual in-service

First Aid/CPR

Any mandatory training

Decision Making

Decisions made are of substantial importance to the Agency as a whole

Accountability

Budget; MAT Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Maintain professional lines of communication and continuous program improvement through consultation with school personnel, parents, community leaders, government officials, and general stakeholders in the Head Start program

Benefit Summary:

Employee Type: FT 80

Benefits: Full - Refer to Policy 301

Leave Type: PER8

Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office and Campuses

Employee's Signature

Date

NUTRITION COORDINATOR

[Print](#)

Job Code:	Division:	HEAD START
Branch:	Department:	
Reports To:	PAY GRADE:	PAY GRADE M
FLSA Status:	Employee Type:	FULLTIME 80
Prepared By:	Date Prepared:	02/26/2025
Approved By:	Date Approved:	03/25/2025

Summary

Nutrition Coordinator -

Essential Duties & Responsibilities

Oversee the Child and Adult Food Program for all Head Start Preschool and Early Head Start children, such as referrals, menus and assessments for heights, weights and hemoglobin tests

Maintain accurate and confidential records

Maintain knowledge by attending education workshops, reviewing publications and establishing personal networks

Demonstrate to the cooks the proper methods of planning, preparing and serving food according to Head Start Performance Standards and USDA regulations

Maintain certification with TDH by completing a state accredited Food Protection Management Program pursuant to the Texas Health and Safety Code

Maintain the USDA records with the Child Care Food Program to ensure reimbursement of food costs and related expenses through record keeping and reports as required by USDA guidelines and regulations

Support kitchen staff

Identify specific requirements which must be met in order to provide quality reimbursable meals to eligible recipients. Identify meal count and attendance counting procedures and accurately report the number of meals, by type and attendance on the claim for reimbursement

Identify reimbursable program costs and correctly report them on the claim worksheet

Monitor meal sites on a regular basis to ensure that staff are correctly carrying out their CACFP duties. Ensure that the Child Nutrition Program Applications are correctly completed, filed and updated as needed. All children for whom meals are claimed in the CACFP must have a valid enrollment form.

Prepare six week cycle menus for the school year. The USDA meal pattern is required to ensure the menu meets the recommended dietary allowance. Work with licensed Dietitian on any changes needed on the menu.

Provide parent education and enrichment programs related to nutrition

Other Duties

Ensure all federal and state regulations pertaining to nutrition and/or health components are implemented

Monitor biannual height and weight of each enrolled child

Actively assist the Family Engagement Coordinator

Coordinate compliance with Section 504 regulations

Contribute to the team effort by completing other duties as indicated

Qualifications

Associate degree in foods/nutrition, dietetics, kinesiology or health related field preferred
Capacity to conduct nutritional classes, workshops and presentations with staff, children and/or parents required
Knowledge of Microsoft Word, Excel, and Access
Knowledge of USDA regulations

Supervisory Responsibilities

None

Physical Demands

Sitting for long periods time
Some lifting
Long periods of computer use

Training

Annual in-service
First Aid/CPR
Any mandatory training

Decision Making

Exercise discretion and independent judgement

Financial Responsibilities

Budget; MAT Tickets; Requisitions; Debit/Credit Cards; Receipt for Reimbursement

Communication

Interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, and receive and provide feedback

Benefit Summary:

Employee Type: FT 80
Benefits: Full - Refer to Policy 301
Leave Type: PER8
Summer Admin: None

Equipment Used

General office equipment

Work Environment

Office and Campuses

Employee's Signature

Date

Purchasing Coordinator

[Print](#)

Job Code:		Division:	Head Start
Branch:		Department:	
Reports To:	HS Director	Pay Grade:	Pay Grade M
FLSA Status:	Non-Exempt	Employee Type:	FULLTIME 80
Prepared By:	Deputy Director	Date Prepared:	02/26/2025
Approved By:	Executive Director	Date Approved:	02/26/2025

Summary

Purchasing Coordinator - Allocated position within HSMB

Essential Duties & Responsibilities

Purchase all equipment and supplies for the entire agency.

Communicate with staff through our MAT Supply Ticket System.

Complete Requisitions, 904's, and any other paperwork required for purchases.

Create and manage accounts with our supply vendors.

Check in all deliveries at HSMB, ensure that all paperwork is attached and items are ready for delivery.

Maintain inventory of Head Start tagged equipment.

Complete RFP's (Request For Proposal) for services and equipment when needed.

Other Duties

Coordinate with the I.T. and Service Departments, to ensure that all inventory tags are created, and supplies are delivered to the campuses in a timely manner.

Qualifications

High School Diploma or Equivalent required

Minimum of two years experience in purchasing/procurement

Computer literate

Experience with inventory tracking software and/or Excel spreadsheets

Supervisory Responsibilities

None

Physical Demands

Sitting, standing, stooping and lifting in excess of 20lbs

Computer use

Training

Annual in-service

First Aid/CPR

Any mandatory training

Decision Making

None

Accountability

Budget; MAT tickets; requisition; debit/credit cards; receipt for reimbursement

Communication

Interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, and receive and provide feedback

Benefit Summary

Employee Type: FT 80

Benefits: Full - Refer to Policy 301

Leave Type: PER8

Summer Admin:

Equipment Used

General office equipment

Work Environment

Office and warehouse/storage rooms

Employee's Signature

Date



CSNT Head Start Volunteer Rates

Effective 12-1-25

Occupation		Rate	Rate Calculation	Job Summary
Bookkeeper		\$18.00 per hour	Average of highest and lowest paid employees in Finance (excluding Finance Director). With 32% for fringe benefits, not included in total.	Assist with performing a variety of complex accounting clerical duties that require an understanding of established accounting procedures. Responsibilities may include reconciling accounts and posting to end balances on general ledgers.
Consultant/Trainer		OPEN		A set rate has not been designed for individuals that are providing consultant or training to staff and/or parents. Individual(s) conducting these types of services will determine the rate.
Cook		\$12.00 per hour	Average of highest and lowest paid employee in this position. With 32% for fringe benefits, not included in total.	Assist with preparing meals for group settings and planning menus. Keep food service area and preparation utensils clean and orderly.
Data Entry Clerk		\$12.00 per hour	No employee in this position at this time. With 32% for fringe benefits, not included in total.	Assist with operating data entry terminals to record and verify a variety of routine data: may maintain a database.
Office Assistant		\$12.00 per hour	No employee in this position at this time. With 32% for fringe benefits, not included in total.	Assist with performing routine clerical support for functional groups; including copying, distributing mail, performing simple calculations, maintaining records and files.
Custodian		\$12.00 per hour	Average of highest and lowest paid employees in this position. With 32% for fringe benefits, not included in total.	Assist with keeping Head Start facilities in clean and orderly condition; sweeps and mops floors, empties trash, cleans restrooms, and performs related maintenance activities.

Policy Council Governing Board		\$23.06 per hour Policy Council \$37.86 per hour Governing Board	Average highest and lowest paid employee for the Head Start Management Staff. With 32% for fringe benefits, not included in total. The Governing Board average was taken from the hourly wages of the Head Start Administrative staff salaries.	Along side the Head Start Director and the Executive Director the members of the Policy Council and Governing Board provide assistance in decisions about the development, planning, and operation of the Head Start Program.
Receptionist		\$12.00 per hour	No employee in this position at this time. Based on starting rate of a new employee. With 32% for fringe benefits, not included in total.	Assist with greeting and directing visitors either in person or on the telephone; take messages, answers general inquiries; may perform a variety of clerical tasks.
Teacher Assistant		\$13.16 per hour	Average of highest and lowest paid employee in this position. With 32% for fringe benefits, not included in total.	Assists teaching staff with the day-to-day classroom activities and setting up classrooms. Other duties may include serving as field trip chaperon.
Other Parent Activities		\$12.00 per hour	CSNT Head Start minimum wage of \$12.00. With 32% for fringe benefits not included in the total	Assisting with or attending any Head Start sponsored activities.
Bus Driver		\$12.00 per hour	Average of highest and lowest paid in this position. With 32% for fringe benefits, not included in total.	Must have a valid CDL driver license with type S endorsement and Texas School Bus Transportation Certification to drive a Head Start bus.
Social Worker/Family Empowerment Advocate		\$16.25 per hour	Average of highest and lowest paid in this position. With 32% for fringe benefits, not included in total.	Assists Family Services with general duties. (Volunteers in this position are not allowed to perform any confidential tasks.)
Mileage Rate		*.70		*Current rate for mileage (Subject to change)

These hourly rates are based on actual payroll figures for CSNT employees as of 10-7-25

Community Services of Northeast Texas Policy Council By Laws

ARTICLE I: NAME

The name of this organization shall be Community Services of Northeast Texas Head Start Policy Council.

ARTICLE II: PURPOSE

The purpose for which this Council shall be is to provide for participation of parent and community representatives in the decision making processes concerning the Community Services of Northeast Texas Head Start Program as set forth in the Head Start Program Performance Standards, 45 CFR 1301.1 of the Performance Standards, effective November 7, 2016.

ARTICLE III: MEMBERSHIP

SECTION I

The Head Start Policy Council shall be composed of at least thirteen (13) members as follows:

- * Atlanta – One (1) representative and One (1) alternate
- * Bloomburg – One (1) representative and One (1) alternate
- * Daingerfield/Lone Star – One (1) representative and One (1) alternate
- * Hughes Springs – One (1) representative and One (1) alternate (Head Start)
One (1) representative and One (1) alternate (Early Head Start)
- * Naples/Omaha – One (1) representatives and One (1) alternate
- * New Boston – One (1) representative and One (1) alternate
- * Pittsburg – One (1) representative and One (1) alternate
- * Texarkana – One (1) representative and One (1) alternate

There shall be nine (9) parent/guardians and four (4) community representatives on the Policy Council. There will be one representative appointed to the Policy Council from the Governing Board and one member from Policy Council will be appointed to the Governing Board. The Policy Council Representative that serves on the Governing Board must be a Parent and/or Former Parent. These members will serve the purpose of acting as a liaison and advisor between the Governing Board and the Policy Council. Community representatives must be from one of the four counties served by CSNT Head Start. These counties include Bowie, Camp, Cass, and Morris Counties.

Parent representatives and alternates must meet the following definition as a Head Start parent: “A Head Start child’s mother or father, other family member who is the primary care-giver, foster parent, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree”.

SECTION II: Term of Office

Terms of office for Policy Council members shall be for one (1) year. Elections shall take place in August or September at the first Campus Parent Committee Meeting with installation in September/October. Terms of membership are limited to five (5) calendar years. Policy Council members will remain as members on the Council until a successor is elected and seated in September/October.

SECTION III: Voting Rights

Each Policy Council member will have one (1) vote on all issues at all meetings. The Chairperson of the Policy Council votes only in the case of a tie. An Alternate Member will vote only in the absence of a Policy Council Member.

SECTION IV: Member Obligations

All members shall attend meetings regularly; arrive promptly for scheduled meetings and actively participate in meetings. It shall be the responsibility of each current parent/guardian Policy Council member to report information back to the parent committee in his/her Campus at the next Parent Committee Meeting following each Policy Council Meeting.

SECTION V: Confidentiality

Each Policy Council Member is bound by the same Confidentiality Policy of CSNT employees. A breach of confidentiality will result in immediate termination, and possible legal action.

SECTION VI: Termination of Membership

If a member misses two (2) meetings, he/she **may be** replaced. Any member may resign at any time and must be replaced immediately. When a parent representative's seat on the Policy Council becomes vacant, the Campus Parent Committee will elect a new member to fill the vacancy. This process will be reflected on the Parent Committee Meeting minutes.

SECTION VII: Alternates

Each Campus Parent Committee will elect an alternate Policy Council representative to attend all meetings that the representative is unable to attend. Alternates are encouraged to attend all meetings; however, they may not participate unless the representative is not present.

SECTION VIII: Head Start Staff Attendance

The Head Start Director or other staff members may attend Policy Council meetings in a consulting, non-voting capacity.

SECTION VIII: Council Representatives

A Policy Council member cannot profit from Community Services of Northeast Texas, Inc., while serving on the Policy Council. This includes working for the Head Start Program.

ARTICLE IV: OFFICERS

SECTION I: Election and Term

The officers of the Policy Council shall be the Chairperson, Vice-Chairperson and Secretary. The members of the Policy Council shall serve a term of office for a period of one (1) year. Officers will be elected each year.

SECTION II: Executive Committee

The officers of the Policy Council shall constitute the Executive Committee.

The Executive Committee is empowered to transact routine or ordinary business between meetings of the Policy Council. Any action of the Executive Committee must be ratified at the next regular meeting.

SECTION III: Special Committees

Special Committees may be appointed and/or dissolved by the Chairperson as deemed necessary.

SECTION IV: Chairperson

The Chairperson will preside at all meetings of the Policy Council and will be an ex-officio member of all committees.

SECTION V: Vice –Chairperson

The Vice-Chairperson, in the absence of the Chairperson, will perform all the duties of the Chairperson. When so acting, he/she will have all the powers of and be subject to all the restrictions of the Chairperson.

SECTION VI: Secretary

1. Keep the minutes of the Policy Council meetings;
2. Make written reports of the minutes with the assistance of the Staff; and
3. Any other duties deemed necessary by the Chairperson.

ARTICLE V: MEETINGS

SECTION I: Regular Meetings

The Policy Council will meet monthly during the program year and as needed during the months of June and July. The meeting will be held on the **fourth** Tuesday of each month in Linden, Texas. During the September or October meeting, the Policy Council will determine the most convenient time to meet. The meeting time determined for this program year is 9:00 AM.

SECTION II: Special Meetings

The Chairperson may call special meetings of the Policy Council at any time deemed necessary. A notice of special meetings will be given at least forty-eight (48) hours prior to said meeting.

SECTION III: Notice of Meetings

Notification of all meetings will be sent to all members and all alternates of the Council electronically at least five (5) days prior to the meeting date. The CSNT office will have the responsibility of notifying the Council members. When no quorum will be available, the Chairperson and the Head Start Director shall reschedule a meeting date.

SECTION IV: Quorum

The quorum for a meeting of the Policy Council shall be at least fifty percent plus one of the non-vacant seats of the Policy Council. The act of the majority of the Policy Council members present at a meeting that has a quorum shall be considered the “Act of the Policy Council”.

SECTION V: Conduction of Meeting

The Policy Council parliamentary process will follow PROBERT’S RULES OF ORDER as closely as possible. The business of the Policy Council shall be carried out in a timely manner at Policy Council Meetings as mandated in 45 CFR 1301.3 Program Governance.

SECTION VI: Dispute/Impasse Resolution

According to 45 CFR, Part 1301.6(a-c), each Head Start grantee and Policy Council jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body (Board) and policy group. The following procedures address this requirement.

- A.** There must be respect and involvement between the governing Board and the Policy Council.
- B.** There must be a Board member serving on the Policy Council and a Policy Council member serving on the governing Board.
- C.** These written procedures must be approved* by the governing Board and the Policy Council annually.
- D.** If there is conflict between the governing Board and the Policy Council, the following informal procedures must be applied.

INFORMAL PROCEDURES

- 1. The Executive Director and the Head Start Director meet to resolve the conflict.
- 2. The Executive Director, the Head Start Director, Policy Council Chairperson, and the Board Chairperson meet to resolve the conflict.
- 3. The Board and Policy Council Executive Committees meet to resolve the conflict.
- E. If the informal procedures do not resolve the conflict, then go to the approved formal procedures that includes disinterested** parties.

FORMAL PROCEDURES

- 1. The governing Board chooses one disinterested party.
- 2. The Policy Council chooses one disinterested party.
- 3. The two chosen disinterested parties choose a third disinterested party.
- 4. The three disinterested parties will resolve the impasse.

* The approval process includes the governing Board and the Policy Council being involved in the creation and implementation of these policies and procedures.

** Disinterested parties should not include: parents, guardians, or family members of any child enrolled in the Head Start Program for any part of the current school year, CSNT

Staff, Board members, Policy Council members, immediate family or persons in the employ of Board members or Policy Council members, or any other party with a general knowledge of the impasse details prior to being selected to decide the issue.

ARTICLE VII: AMENDMENTS

Individual Policy Council members may offer amendments to these by-laws upon request. Written form of the proposed amendment must be made ten (10) days in advance of any regular or special meeting. A two-thirds majority vote is required for passage.

Revised 9/21/22



Chief Executive Officer's Report

Prepared for:

September 23, 2025 Governing Board Meeting

Prepared by:

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Community Services of Northeast Texas, Inc. Impact Report

Head Start Preschool • Ages 3-5 years • Preparation for Kindergarten • Family Empowerment • 465 Children Served • In-Kind: 100% Met • Partnerships with Bloomburg ISD, Hughes Springs ISD, Pittsburg ISD, and Texarkana ISD Head Start Preschool focuses on preparing children for Kindergarten and empowers families to break the cycle of generational poverty.	Family Empowerment • Priority: Individuals and families that are willing to work toward self-sufficiency • Budgeting/Financial Literacy • Employment Readiness • 74 Individuals Enrolled • 7 Individuals Transitioned out of Poverty • Stabilization Assistance Family Empowerment focuses on the entire family empowering them to break the cycle of generational poverty.
Early Head Start • Ages 12 months-3 years • Preparation for Preschool • Family Empowerment • 16 Children and Families Served • In-Kind: 24% Met Early Head Start focuses on preparing children for Pre-Kindergarten and empowers families to break the cycle of generational poverty.	Comprehensive Energy Assistance Program (CEAP) • Priority: Elderly, Disabled, Families with Children 5 years and younger • Utility Assistance • Heating/Cooling Assistance • Energy Saving Tips CEAP assists individuals and families with their utility bills and heating/cooling systems.
Tenant Based Rental Assistance (TBRA) • Priority: Individuals and families that are willing to work toward self-sufficiency • Priority: Persons with Disabilities • Priority: Disaster Relief • Rental Assistance • Utility Assistance TBRA assists with rental and utility assistance for a limited timeframe.	CSBG Discretionary • Priority: Organizational Capacity Improvements The current CSBG Discretionary Grant of \$2,000.00 was awarded to aid in organizational capacity improvements. It is being used for IT related needs.
Student Impact • Priority: Students that are interested in obtaining skills related to employment and adulthood We currently have one paid student internship opening in the Student Impact Program.	Mrs. Margaret's Food Pantry • Priority: Provide food for anyone experiencing food insecurity • Funded by donations (food and money) • Local Church donated a truckload of food • \$411 carried over from 2024 donations • \$950 in donations received in 2025 • Over 65 individuals served in 2025 Mrs. Margaret's Food Pantry currently has over \$800 left to continue serving individuals families experiencing food insecurity.
YEAR TO DATE TOTAL EXPENDED FUNDS: \$6,137,012.15 TOTAL INDIVIDUALS SERVED: 5,220 TOTAL ECONOMIC IMPACT: \$42,959,085.00 *Total economic impact is calculated by multiplying the total federal expenses times 7 (per our Auditor)	

Future Impact Plans (part of the 10 year plan)

Homeowner Reconstruction Assistance Program (HRA) • Priority: Reconstruction/Replacement of dilapidated homes/manufactured housing units • Site built homes • Manufactured housing units • Forgivable loan or grant *This is option one for permanent housing ownership programs being considered.	Homebuyer Assistance with New Construction Program (HANC) • Priority: Pathway to Homeownership • Sit built homes • Manufactured housing units • Fixed-rate loan • Loan is held by TDHCA *This is option two for permanent housing ownership programs being considered.
Contract for Deed Program (CFD) • Conversion of contracts for deeds into traditional mortgages through acquisition or refinance • Reconstruction • New Construction • Replacement of manufactured housing	Amy Young Barrier Removal Program (AYBR) • Priority: Persons with Disabilities • Accessibility modifications to existing homes • Tenants or homeowners • Construction oversight
Federally Qualified Health Center (FQHC) • Priority: Individuals and families in need of healthcare • Sliding scale fees Healthcare in our rural service area is scarce. FQHC's are currently being researched further.	Permanent Housing Solutions Partnership • Priority: Transitional Housing participants, unhoused population Coordinate with a permanent housing solutions partner to provide permanent housing for the unhoused or temporarily housed.
A New Beginning Transitional Housing • Priority: Unhoused population, individuals and families that are willing to work toward self-sufficiency • Temporary Housing A New Beginning Transitional Housing assists the unhoused population in our service area. Currently, the Morris House is occupied. There are plans for additional transitional housing locations.	Head Start/Early Head Start Expansion • Home based (HS and EHS) • More EHS seats • Child Care Partnerships Future plans for Head Start and Early Head Start include a home-based program that begins from the womb. Healthier mothers have the potential of leading to healthier children.

Story of the Month:

This month's featured story of the month comes from a town in Cass County. One of our Community Partners called and said that a family in our service area experienced a house fire, had no money, and did not have a place to stay. Our Family Empowerment Team immediately contacted the family and verified their eligibility for the program. As a temporary measure, the family was placed in a local hotel for two weeks and given gift cards for food, clothing, gas and other basic necessities that were lost in the fire. The family is unable to move back into their home until insurance funds the repairs, so they were placed in an apartment with a short-term lease by our team after spending two weeks in the hotel. Without the help of our Family Empowerment Team, this family could have ended up in the unhoused population. We are so proud of our team and thankful for our partnerships!



Chief Executive Officer's Report

Prepared for:

October 28, 2025 Governing Board Meeting

Prepared by:

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Facebook: Community Services of Northeast Texas, Inc.

Community Services of Northeast Texas, Inc. Impact Report

Head Start Preschool • Ages 3-5 years • Preparation for Kindergarten • Family Empowerment • 459 Children Served; 6 vacancies • In-Kind: 100% Met • Partnerships with Bloomburg ISD, Hughes Springs ISD, Pittsburg ISD, and Texarkana ISD Head Start Preschool focuses on preparing children for Kindergarten and empowers families to break the cycle of generational poverty.	Family Empowerment • Priority: Individuals and families that are willing to work toward self-sufficiency • Budgeting/Financial Literacy • Employment Readiness • 80 Individuals Enrolled • 11 Individuals Transitioned out of Poverty • Stabilization Assistance Family Empowerment focuses on the entire family empowering them to break the cycle of generational poverty.
Early Head Start • Ages 12 months-3 years • Preparation for Preschool • Family Empowerment • 16 Children and Families Served • In-Kind: 28% Met Early Head Start focuses on preparing children for Pre-Kindergarten and empowers families to break the cycle of generational poverty.	Comprehensive Energy Assistance Program (CEAP) • Priority: Elderly, Disabled, Families with Children 5 years and younger • Utility Assistance • Heating/Cooling Assistance • Energy Saving Tips • 2025 Client Assistance funds are fully expended CEAP assists individuals and families with their utility bills and heating/cooling systems.
Tenant Based Rental Assistance (TBRA) • Priority: Individuals and families that are willing to work toward self-sufficiency • Priority: Persons with Disabilities • Priority: Disaster Relief • Rental Assistance • Utility Assistance TBRA assists with rental and utility assistance for a limited timeframe.	CSBG Discretionary • Priority: Organizational Capacity Improvements The current CSBG Discretionary Grant of \$2,000.00 was awarded to aid in organizational capacity improvements. It is being used for IT related needs.
Student Impact • Priority: Students that are interested in obtaining skills related to employment and adulthood • We currently have one student from Jefferson ISD working in the Student Impact Program. The Student Impact Program is an opportunity for High School Students aged 16 and up to gain employment related skills that will last a lifetime.	Mrs. Margaret's Food Pantry • Priority: Provide food for anyone experiencing food insecurity • Funded by donations (food and money) • Local Church donated a truckload of food • \$411 carried over from 2024 donations • \$950 in donations received in 2025 • Over 65 individuals served in 2025 Mrs. Margaret's Food Pantry currently has over \$800 left to continue serving individuals families experiencing food insecurity.
YEAR TO DATE TOTAL EXPENDED FUNDS: \$6,590,562.37 TOTAL INDIVIDUALS SERVED: 5,563 TOTAL ECONOMIC IMPACT: \$46,133,936.60 *Total economic impact is calculated by multiplying the total federal expenses times 7 (per our Auditor)	

Future Impact Plans (part of the 10 year plan)

Homeowner Reconstruction Assistance Program (HRA) • Priority: Reconstruction/Replacement of dilapidated homes/manufactured housing units • Site built homes • Manufactured housing units • Forgivable loan or grant *This is option one for permanent housing ownership programs being considered.	Homebuyer Assistance with New Construction Program (HANC) • Priority: Pathway to Homeownership • Sit built homes • Manufactured housing units • Fixed-rate loan • Loan is held by TDHCA *This is option two for permanent housing ownership programs being considered.
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Story of the Month:

This month's featured story of the month comes from our Family Empowerment Program. We got a call from a person who was a victim of domestic violence. She fled her situation so she would have a better life, but when fleeing, she was unable to take her essentials with her. Our Family Empowerment Case Manager was able to purchase beds and other furniture for her and her children to have a place to sit and to lay their heads. She was also given gift cards to provide basic necessities for her and her children. We are proud of our team for helping people and changing lives every day!