



Subpart B

The Administration for Children and Families, Head Start Program

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12/8/2020

8/29/2024

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Program Governance

Standard Operating Procedures

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

Revision 12/8/2020

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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)*

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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

Revision 8/29/2024

Revision 7/28/2025

Aligned w/HSPPS

8/21/24

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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)

Revision 12/8/2020

Revision 8/29/2024

*Aligned w/HSPPS
8/21/24*

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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

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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

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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)*

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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)*

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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

Revision 8/29/2024

Revision 7/28/2025

Aligned w/HSPPS
8/21/2024

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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)*

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2025

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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)*

Revision 12/8/2020

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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)*

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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.

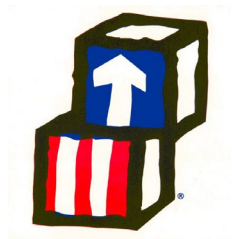
PROCEDURE

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

Revision Date: 8/29/2024

Revision Date: 7/28/2025

**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)