

Community Services of Northeast Texas, Inc.
Head Start
Policy Council Meeting
Tuesday, October 28, 2025 9:00 am
Head Start Management Building
124 N Main Street
Linden, Texas

CALL TO ASSEMBLY

Please rise.

 **Pledge of Allegiance (US)** – *I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.*

 **Pledge of Allegiance (TX)** – *Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.*



Community Action Promise - *Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to Helping People Help themselves and each other.*

 **Our CSNT Mission** – *CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.*

 **Our Head Start Vision** – *To provide a system of education and encouragement which results in school-readiness for young children and their families.*

Invocation

1. **Call Meeting to Order**
2. **Recognize New Policy Council Members**
3. **Establishment of Quorum**
4. **Approval of Agenda**
5. **Approval of Minutes for September 23, 2025**
6. **Presentations**
 - A. Atlanta Head Start
7. **Reports**
 - A. Financial Report Bernie Yancey
 - B. Head Start Director Report Misty Van Hooser
 - a. Head Start/Early Head Start Report October 2025
 - b. Head Start/Early Head Start PIR October 2025
 - C. Chief Executive Officer Report Michelle Morehead
8. **Committee Reports**
 - A. Appoint Committee Member(s)
 - B. Committee Report
 - a. Community Assessment Committee Report

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Tuesday, October 28, 2025 9:00 am
Head Start Management Building
124 N Main Street
Linden, Texas

9. Action Items

- A. Discuss and/or Approve Head Start Standard Operating Procedures
- B. Discuss and/or Approve Head Start Standard Operating Manuals and Forms
- C. Discuss and/or Approve Financial Policies and Procedures including the Financial Code of Conduct including petty cash expenditure update
- D. Discuss and/or Approve Personnel Policies and Procedures
- E. Discuss and/or Approve Job Descriptions
- F. Discuss and/or Approve Updated Volunteer Rates
- G. Discuss and/or Approve 2025 Community Assessment Update

10. Discussion Items

- A. None

11. Audience Comments

12. Executive Session

A. Personnel

1. New hires and terminations

Discussion with respect to any matter specifically made confidential by law or regulation. Topics may include, but are not limited to: Approval of new hires, terminations, and employee matters of a confidential nature.

13. Required Action from Executive Session

14. Adjourn

**Community Services of Northeast Texas, Inc.
Head Start Policy Council Meeting Minutes
Tuesday, September 23, 2025 9:00 am
Head Start Management Building
304 East Houston
Linden, Texas**

Others in attendance: CSNT Staff:

1. Call to Order:

The meeting was called to order by Teresa Thompson Policy Council
Morris County Representative - Chairperson at 9:01 am, September 23, 2025, in
the Linden Administrative Conference Room.

2. Recognize New Policy Council Members:

1. Wendy Acevedo
2. Sheyenne Baker
3. Cody Meadows
4. Barbara Pipkins
5. Abigail Rodriguez

3. Establishment of Quorum:

Quorum was established with the following Policy Council Members present:

yes

4. Approval of Agenda:

A motion was made by Barbara Pipkins to accept the agenda. This motion was seconded by Abigail Rodriguez. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

5. Approval of Minutes from June 24, 2025:

Barbara Pipins _____ made a motion to accept the minutes of June 24, 2025 meeting as presented. The motion was seconded by Cody Meadows _____ The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

6. Presentations:

A. Head Start Policy Council Orientation/History of Head Start Training

Misty Van Hooser

See attachment document

We currently have only a Morris County Representative. If you are aware of someone who may be interested in serving as a community representative, please inform your Family Empowerment Advocate at your campus.
No questions

In-kind contributions consist of 80% from federal government and 20% from parents and community volunteers. Examples of in-kind includes parents attending parent meetings, community volunteers such as firefighters, retired teachers reading to the children, and nurses assisting with height and weight measurements. If in-kind contributions are do not meet required levels a waiver is requested from the federal government.

7. Reports:

A. Financial Report

Michelle Morehead - COO:

Michelle indicated that, at this time ,our funding for Head Start and Early Head Start is going well. Head Start has some funds that need to be allocated before the end of the grant year 2025. We will begin utilizing some of these funds for necessary items for Head Start and Early Head Start and is expected to have some remaining funds.

B. Head Start Report

See attachment document

We are proud to report full enrollment, with 465 Head Start and 16 early Head Start. A new campus has opened in Pittsburg two classrooms for four year olds. Additionally ,Texarkana has a new campus each of the classroom are themed-- Farmers Market, Igloo and Ocean , among others. As of September 23, 2025 our attendance stands at 93%.

C. Executive Directors Report

See attachment document

If you or someone you know need assistance through one of our programs, please reach out to your Family Empowerment Advocate. If you are in need of food and are unable to visit the food bank, a representative from the program can arrange to deliver food to your residence. Some of the programs in the attachment are scheduled for the near future while others are planned for a later dates.

8. Action Items:

A. Nominations/Elections of New 2025-2026 Policy Council Officers

Policy Council Chairperson -

See attachment document

Policy Council Vice Chairperson –

See attachment document

Policy Council Secretary –

See attachment document

Policy Council Liaison -

See attachment document

Barbara Pipkins moved to approve the above slate as presented. The motion was seconded by Cody Meadows. The motion was put into a vote with the majority of members in favor of by signaling aye. The motion carried.

B. Set Date/Time for Policy Council Meetings

Sheyenne Baker moved to approve the above the time/date for Policy Council Meetings as presented. The motion was seconded by Barbara Pipkins. The motion was put into a vote with the majority of members in favor of by signaling aye. The motion carried.

C. Discuss and/or Approve Policy Council By-Laws

Barbara Pipkins moved to approve Policy Council By-Laws as presented. The motion was seconded by Cody Meadows. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

D. Discuss and/or Approve 2025 CSNT Annual Report

Cody Meadows moved to approve the 2025 Annual Report as presented. The motion was seconded by Sheyenne Baker. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

9. Committee Report:

A. Appoint Committee Members

Self-Assessment

1. Sheyenne Baker
2. Wendy Acevedo

Community Assessment

1. Sheyenne Baker

Finance Committee

1. Larn English

School Readiness Committee

1. Sheyenne Baker
2. Barbara Pipkins
3. Cody Meadows

ERSEA Committee

1. Barbara Pepkins

Strategic Planning Committee

1. Wendy Acevedo
2. Sheyenne Baker

Health Advisory Committee

1. Wendy Acevedo
2. Sheyenne Baker

Policy Council Liaison

1. Sheyenne Baker

10. Discussion Items:

None

11. Audience Comments:

None

12. Executive Session:

Heather Humphries H.R. Report: See attachment document

Since Michelle Morehead joined the agency, the turnover rate has decreased from 36% to 18.5 year to date. Please note that the term "termination" does not necessary indicate that an employee was dismissed. In June 2025, we underwent restructuring at our HSMB building. Some staff retired, some were transferred to campuses, and others took employment outside the agency. When a new hire complete a background check form if he/she have resided in a different state, the process due to the need for additional information usually take longer. Occasionally, staff members may receive other job offers while their background checks are still pending.

Barbara Pipkins moved for Policy Council to go into Executive Session at 9:55. Sheyenne Baker seconded the motion.
Discuss new hires, terminations, transfers and employee matters of a confidential nature.

Wendy Acevedo moved to come back into regular session at

10:05 am. Sheyenne Baker seconded the motion.

13. Required Action from Executive Session:

A motion was made by Cody Meadows to accept new hires, transfers, and terminations as presented. The motion was seconded by Barbara Pipkins. There was no discussion of the matter. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

14. Adjourn:

A motion to adjourn was made by Barbara Perkins at 10:15 am. The motion was seconded by Cody Meadows.

Minutes Submitted by: Misty Van Hooser

Minutes approved by:

Nominations/Election 2024-2025
Policy Council Officers

Chairperson was opened for nominations.

1. _____
2. _____
3. _____

_____ was nominated for Chairperson. The floor was asked **three times** if there were other nominations for Chairperson.

_____ moved to cease nominations.

This motion was seconded by _____. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

Vice Chairperson was opened for nominations.

1. _____
2. _____
3. _____

_____ was nominated for Vice Chairperson. The floor was asked **three times** if there were other nominations for Vice Chairperson.

_____ moved to cease nominations. This motion was seconded by _____. The motion was put to a vote with a majority of members voting in favor of by signaling aye.

Secretary was opened for nominations.

1. _____
2. _____
3. _____

_____ was nominated for Secretary. The floor was asked **three times** if there were other nominations for Secretary.

_____ moved to cease nominations.

This motion was seconded by _____. The motion was put to a vote with a majority of members voting in favor of by signaling aye. —

Policy Council Liaison was opened for nominations.

1. _____
2. _____
3. _____

_____ was nominated for Policy Council Liaison. The floor was asked **three times** if there were other nominations for Policy Council Liaison.

_____ moved to cease nominations.

This motion was seconded by _____. The motion was put to a vote with a majority of members voting in favor of by signaling aye.

Policy Council Committee Members

Self – Assessment

1. _____

2. _____

Community Assessment

1. _____

Finance Committee

1. _____

School Readiness Committee

1. _____

2. _____

ERSEA

1. _____

Strategic Planning

1. _____

Health Advisory

1. _____

2. _____

Nominations/Election 2024-2025
Policy Council Officers

The following slate was adopted:

Chairperson: _____

Vice Chairperson: _____

Secretary: _____

Policy Council Liaison: _____

_____ made a motion to approve the elected slate as presented.
The motion was seconded by _____. The motion was put
to a vote with a majority of members voting in favor by signaling aye. The motion
carried.

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Financial Position

As of 8/31/2025

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Financial Position

As of 8/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities - Head Start Report

01 - HEADSTART

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities - Head Start Report

32 - EARLY HEAD START GRANT

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

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

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

25 - CSBG DISCRETIONARY

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

21 - CEAP UB

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

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

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

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

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

21 - CEAP UB

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Activities

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

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

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

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

\$107,484 Total Award 100% Spent

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

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

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

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

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

**Head Start and Early Head Start Nutrition Program
CACFP**

01 - HEADSTART

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

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

COMMUNITY SERVICES OF NORTHEAST TEXAS

Statement of Revenues and Expenditures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



HEAD START PROGRAM DIRECTOR REPORT

OCTOBER 2025

ENROLLMENT

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

Early Head Start has maintained full enrollment of 16.

Family Engagement Coordinator is completing 100% file checks.

EDUCATION

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

Education Coordinator is completing the Fall 2025 CLASS observations.

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

We had one new staff obtain her CDA certification!

HEALTH

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

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

HMHSAC meeting will be on November 14, 2025

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

TRAINING COMPLETED

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

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

UPCOMING

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



Office of Head Start - Head Start Services Snapshot

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

Date

10/1/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	465	100.00%

Funded Enrollment by Program Option

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

Detail - Center-based Funded Enrollment

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

Total Cumulative Enrollment

	<i># of participants</i>	<i>% of participants over Funded Enrollment</i>
Total Cumulative Enrollment	478	2.80%

Participants by Age

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

Homelessness Services

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

Foster Care

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

Prior Enrollment of Children

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

Ethnicity And Race

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

Primary Language of Parents at Home

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

Health Services

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

Disabilities Services

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

Family Services

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

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

Specific Services

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



Office of Head Start - Early Head Start Services Snapshot

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

Date

10/20/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

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

Funded Enrollment by Program Option

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

Detail - Center-based Funded Enrollment

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

Total Cumulative Enrollment

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

Participants by Age

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

Homelessness Services

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

Foster Care

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

Prior Enrollment of Children

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

Ethnicity And Race

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

Primary Language of Parents at Home

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

Health Services

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

Disabilities Services

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

Family Services

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

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

Specific Services

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



Chief Executive Officer's Report

Prepared for:

September 23, 2025 Governing Board Meeting

Prepared by:

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Community Services of Northeast Texas, Inc. Impact Report

Head Start Preschool • Ages 3-5 years • Preparation for Kindergarten • Family Empowerment • 465 Children Served • In-Kind: 100% Met • Partnerships with Bloomburg ISD, Hughes Springs ISD, Pittsburg ISD, and Texarkana ISD Head Start Preschool focuses on preparing children for Kindergarten and empowers families to break the cycle of generational poverty.	Family Empowerment • Priority: Individuals and families that are willing to work toward self-sufficiency • Budgeting/Financial Literacy • Employment Readiness • 74 Individuals Enrolled • 7 Individuals Transitioned out of Poverty • Stabilization Assistance Family Empowerment focuses on the entire family empowering them to break the cycle of generational poverty.
Early Head Start • Ages 12 months-3 years • Preparation for Preschool • Family Empowerment • 16 Children and Families Served • In-Kind: 24% Met Early Head Start focuses on preparing children for Pre-Kindergarten and empowers families to break the cycle of generational poverty.	Comprehensive Energy Assistance Program (CEAP) • Priority: Elderly, Disabled, Families with Children 5 years and younger • Utility Assistance • Heating/Cooling Assistance • Energy Saving Tips CEAP assists individuals and families with their utility bills and heating/cooling systems.
Tenant Based Rental Assistance (TBRA) • Priority: Individuals and families that are willing to work toward self-sufficiency • Priority: Persons with Disabilities • Priority: Disaster Relief • Rental Assistance • Utility Assistance TBRA assists with rental and utility assistance for a limited timeframe.	CSBG Discretionary • Priority: Organizational Capacity Improvements The current CSBG Discretionary Grant of \$2,000.00 was awarded to aid in organizational capacity improvements. It is being used for IT related needs.
Student Impact • Priority: Students that are interested in obtaining skills related to employment and adulthood We currently have one paid student internship opening in the Student Impact Program.	Mrs. Margaret's Food Pantry • Priority: Provide food for anyone experiencing food insecurity • Funded by donations (food and money) • Local Church donated a truckload of food • \$411 carried over from 2024 donations • \$950 in donations received in 2025 • Over 65 individuals served in 2025 Mrs. Margaret's Food Pantry currently has over \$800 left to continue serving individuals families experiencing food insecurity.
YEAR TO DATE TOTAL EXPENDED FUNDS: \$6,137,012.15 TOTAL INDIVIDUALS SERVED: 5,220 TOTAL ECONOMIC IMPACT: \$42,959,085.00 *Total economic impact is calculated by multiplying the total federal expenses times 7 (per our Auditor)	

Future Impact Plans (part of the 10 year plan)

Homeowner Reconstruction Assistance Program (HRA) • Priority: Reconstruction/Replacement of dilapidated homes/manufactured housing units • Site built homes • Manufactured housing units • Forgivable loan or grant *This is option one for permanent housing ownership programs being considered.	Homebuyer Assistance with New Construction Program (HANC) • Priority: Pathway to Homeownership • Sit built homes • Manufactured housing units • Fixed-rate loan • Loan is held by TDHCA *This is option two for permanent housing ownership programs being considered.
Contract for Deed Program (CFD) • Conversion of contracts for deeds into traditional mortgages through acquisition or refinance • Reconstruction • New Construction • Replacement of manufactured housing	Amy Young Barrier Removal Program (AYBR) • Priority: Persons with Disabilities • Accessibility modifications to existing homes • Tenants or homeowners • Construction oversight
Federally Qualified Health Center (FQHC) • Priority: Individuals and families in need of healthcare • Sliding scale fees Healthcare in our rural service area is scarce. FQHC's are currently being researched further.	Permanent Housing Solutions Partnership • Priority: Transitional Housing participants, unhoused population Coordinate with a permanent housing solutions partner to provide permanent housing for the unhoused or temporarily housed.
A New Beginning Transitional Housing • Priority: Unhoused population, individuals and families that are willing to work toward self-sufficiency • Temporary Housing A New Beginning Transitional Housing assists the unhoused population in our service area. Currently, the Morris House is occupied. There are plans for additional transitional housing locations.	Head Start/Early Head Start Expansion • Home based (HS and EHS) • More EHS seats • Child Care Partnerships Future plans for Head Start and Early Head Start include a home-based program that begins from the womb. Healthier mothers have the potential of leading to healthier children.

Story of the Month:

This month's featured story of the month comes from a town in Cass County. One of our Community Partners called and said that a family in our service area experienced a house fire, had no money, and did not have a place to stay. Our Family Empowerment Team immediately contacted the family and verified their eligibility for the program. As a temporary measure, the family was placed in a local hotel for two weeks and given gift cards for food, clothing, gas and other basic necessities that were lost in the fire. The family is unable to move back into their home until insurance funds the repairs, so they were placed in an apartment with a short-term lease by our team after spending two weeks in the hotel. Without the help of our Family Empowerment Team, this family could have ended up in the unhoused population. We are so proud of our team and thankful for our partnerships!



Chief Executive Officer's Report

Prepared for:

October 28, 2025 Governing Board Meeting

Prepared by:

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Facebook: Community Services of Northeast Texas, Inc.

Community Services of Northeast Texas, Inc. Impact Report

Head Start Preschool • Ages 3-5 years • Preparation for Kindergarten • Family Empowerment • 459 Children Served; 6 vacancies • In-Kind: 100% Met • Partnerships with Bloomburg ISD, Hughes Springs ISD, Pittsburg ISD, and Texarkana ISD Head Start Preschool focuses on preparing children for Kindergarten and empowers families to break the cycle of generational poverty.	Family Empowerment • Priority: Individuals and families that are willing to work toward self-sufficiency • Budgeting/Financial Literacy • Employment Readiness • 80 Individuals Enrolled • 11 Individuals Transitioned out of Poverty • Stabilization Assistance Family Empowerment focuses on the entire family empowering them to break the cycle of generational poverty.
Early Head Start • Ages 12 months-3 years • Preparation for Preschool • Family Empowerment • 16 Children and Families Served • In-Kind: 28% Met Early Head Start focuses on preparing children for Pre-Kindergarten and empowers families to break the cycle of generational poverty.	Comprehensive Energy Assistance Program (CEAP) • Priority: Elderly, Disabled, Families with Children 5 years and younger • Utility Assistance • Heating/Cooling Assistance • Energy Saving Tips • 2025 Client Assistance funds are fully expended CEAP assists individuals and families with their utility bills and heating/cooling systems.
Tenant Based Rental Assistance (TBRA) • Priority: Individuals and families that are willing to work toward self-sufficiency • Priority: Persons with Disabilities • Priority: Disaster Relief • Rental Assistance • Utility Assistance TBRA assists with rental and utility assistance for a limited timeframe.	CSBG Discretionary • Priority: Organizational Capacity Improvements The current CSBG Discretionary Grant of \$2,000.00 was awarded to aid in organizational capacity improvements. It is being used for IT related needs.
Student Impact • Priority: Students that are interested in obtaining skills related to employment and adulthood • We currently have one student from Jefferson ISD working in the Student Impact Program. The Student Impact Program is an opportunity for High School Students aged 16 and up to gain employment related skills that will last a lifetime.	Mrs. Margaret's Food Pantry • Priority: Provide food for anyone experiencing food insecurity • Funded by donations (food and money) • Local Church donated a truckload of food • \$411 carried over from 2024 donations • \$950 in donations received in 2025 • Over 65 individuals served in 2025 Mrs. Margaret's Food Pantry currently has over \$800 left to continue serving individuals families experiencing food insecurity.
YEAR TO DATE TOTAL EXPENDED FUNDS: \$6,590,562.37 TOTAL INDIVIDUALS SERVED: 5,563 TOTAL ECONOMIC IMPACT: \$46,133,936.60 *Total economic impact is calculated by multiplying the total federal expenses times 7 (per our Auditor)	

Future Impact Plans (part of the 10 year plan)

Homeowner Reconstruction Assistance Program (HRA) • Priority: Reconstruction/Replacement of dilapidated homes/manufactured housing units • Site built homes • Manufactured housing units • Forgivable loan or grant *This is option one for permanent housing ownership programs being considered.	Homebuyer Assistance with New Construction Program (HANC) • Priority: Pathway to Homeownership • Sit built homes • Manufactured housing units • Fixed-rate loan • Loan is held by TDHCA *This is option two for permanent housing ownership programs being considered.
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A New Beginning Transitional Housing • Priority: Unhoused population, individuals and families that are willing to work toward self-sufficiency • Temporary Housing A New Beginning Transitional Housing assists the unhoused population in our service area. Currently, the Morris House is occupied. There are plans for additional transitional housing locations.	Head Start/Early Head Start Expansion • Home based (HS and EHS) • More EHS seats • Child Care Partnerships Future plans for Head Start and Early Head Start include a home-based program that begins from the womb. Healthier mothers have the potential of leading to healthier children.

Story of the Month:

This month's featured story of the month comes from our Family Empowerment Program. We got a call from a person who was a victim of domestic violence. She fled her situation so she would have a better life, but when fleeing, she was unable to take her essentials with her. Our Family Empowerment Case Manager was able to purchase beds and other furniture for her and her children to have a place to sit and to lay their heads. She was also given gift cards to provide basic necessities for her and her children. We are proud of our team for helping people and changing lives every day!



Subpart B

The Administration for Children and Families, Head Start Program

Revision Dates:

12/8/2020

8/29/2024

7/28/2025



Program Governance

Standard Operating Procedures

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

Revision 12/8/2020

Revision 8/29/2024

Revision 7/28/2025

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INTRODUCTION

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

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

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

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

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

ORGANIZATION

PAST:

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

PRESENT:

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

See Organizational Chart:

1. Community Services of Northeast Texas, Inc.

FUTURE:

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

PROGRAM GOVERNANCE – (Standard 1301)

PURPOSE (Standard 1301.1)

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

PROCEDURE

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

GOVERNING BODY (Standard 1301.2)

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

PROCEDURE

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

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

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

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

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

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

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

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

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

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

PROCEDURE

1. Governing body responsibilities include:

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

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

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

POLICY COUNCIL AND POLICY COMMITTEES (Standard 1301.3)

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

PROCEDURE

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

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

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

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

PROCEDURE

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

through new policy council member orientation.

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

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

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

PROCEDURE

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

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

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

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

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

PROCEDURE

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

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

PROCEDURE

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

PARENT COMMITTEES (Standard 1301.4)

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

PROCEDURE

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

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

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

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

PROCEDURE

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

TRAINING (Standard 1301.5)

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

PROCEDURE

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

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

IMPASSE PROCEDURES (Standard 1301.6)

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

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

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

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

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

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

PROCEDURE

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



Subpart A

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

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

Revised 3/28/2019

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OVERVIEW (Standard 1302.1)

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

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

PURPOSE

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

PROCEDURE

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

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

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

(a) Service area.

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

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

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

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

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

PROCEDURE

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

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

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

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

and languages they speak, including:

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

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

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

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

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

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

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

(vi) Strengths of the community; and,

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

(3) Program should have a strategic approach:

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

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

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

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

PROCEDURE

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

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

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

(a) Process overview.

(1) Program staff must:

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

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

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

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

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

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

PROCEDURE

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

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

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

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

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

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

PROCEDURE

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

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

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

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

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

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

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

(d) Additional allowances for programs.

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

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

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

(e) Additional allowances for Indian Tribes.

(Does not pertain to CSNT Head Start)

(f) Migrant or Seasonal eligibility requirements.

(Does not pertain to CSNT Head Start)

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

(Does not pertain to CSNT Head Start)

PROCEDURE

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

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

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

PROCEDURE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROCEDURE

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

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

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

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

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

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

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

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

PROCEDURE

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

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

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

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

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

PROCEDURE

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

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

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

PROCEDURE

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

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

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

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

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

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

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

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

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

PROCEDURE

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

RECRUITMENT of CHILDREN (Standard 1302.13)

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

children experiencing homelessness and children in foster care.

PROCEDURE

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

SELECTION PROCESS (Standard 1302.14)

(a) Selection Criteria.

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

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

- (4) If a program operates in a service area where Head Start eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day, the program must prioritize younger children as part of the selection criteria in paragraph (a)(1) of this section. If this priority would disrupt partnerships with local education agencies, then it is not required.**
- (5) A program must deny enrollment based on a disability or chronic health condition or its severity.**
- (6) A program must consider the enrollment of children of staff members as part of the selection criteria in paragraph (a)(1) of this section.**

PROCEDURE

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

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

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

PROCEDURE

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

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

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

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

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

PROCEDURE

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

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

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

ENROLLMENT (Standard 1302.15)

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

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

PROCEDURE

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

ATTENDANCE (Standard 1302.16)

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

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

PROCEDURE

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

more than ten percent of the year.

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

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

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

PROCEDURE

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

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

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

PROCEDURE

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

SUSPENSION AND EXPULSION (Standard 1302.17)

(a) Limitations on suspension.

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

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

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

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

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

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

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

PROCEDURE

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

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

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

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

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

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

PROCEDURE

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

FEES (Standard 1302.18)

(a) Policy on fees.

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

(b) Allowable fees.

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

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

PROCEDURE

1. CSNT does not charge fees for service.



Subpart B Program Structure

Standard Operating Procedures

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

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

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Subpart B PROGRAM OPERATIONS – (Standard 1302)

OVERVIEW (Standard 1302.1)

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

DETERMINING PROGRAM STRUCTURE (Standard 1302.20)

(a) Choose a program option.

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

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

PROCEDURES

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

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

PROCEDURES

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

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

PROCEDURES

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

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

PROCEDURES

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

CENTER-BASED OPTION (Standard 1302.21)

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

PROCEDURES

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

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

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

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

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

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

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

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

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

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

PROCEDURES

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

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

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

(1) Early Head Start.

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

(2) Head Start.

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

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

PROCEUDRES

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

POLICY

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

PROCEDURES

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

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

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

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

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

PROCEDURES

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

HOME-BASED OPTION (Standard 1302.22)

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

FAMILY CHILD CARE OPTION (Standard 1302.23)

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

LOCALLY-DESIGNED PROGRAM OPTION VARIATIONS

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



Subpart C

Education and Child Development Program Services

Standard Operating Procedures

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

Revision 12/8/2020

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

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*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

Revision 8/29/2024

Revision 7/28/2024

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Subpart F – Additional Services for Children with Disabilities

FULL PARTICIPATION IN PROGRAM SERVICES AND ACTIVITIES. (Standard 1302.60)

A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA19, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.

PROCEDURE

1. CSNT Head Start Preschool/Early Head Start collaborates with the appropriate local agencies responsible for implementing IDEA.

ADDITIONAL SERVICES FOR CHILDREN. (Standard 1302.61)

(a) Additional services for children with disabilities.

Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, a individualized accommodations and supports as necessary with disabilities are protected from Discriminations under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C.794), the Americans with Disabilities Act (42U.S.C. 12101), and their implementing regulations.

(b) Services during IDEA eligibility determination.

While the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705 (9)(b) of the Rehabilitation Act. When such supports are not available through alternate means pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.

(c) Additional services for children with IFSP or IEP.

To ensure the individual needs of children eligible for services under IDEA are met, a program must:

- (1) work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:**
 - (i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;**
 - (ii) Children working towards the goals in their IFSP or IEP;**
 - (iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies; related service providers and specialists;**
 - (iv) IFSP's and IEP's are being reviewed and revised, as required by IDEA and,**
 - (v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.**

PROCEDURE

1. Enrollment posters include the statement referring to no discrimination against children with disabilities.
2. Children with a disability – suspected or diagnosed will receive more points on the selection criteria in Child Plus
3. Staff individualize to meet the needs of the child identified in the classroom.
4. D/MH Specialist works with the Mental Health Advocates and the Health Implementation Team to obtain any accommodations needed in the classroom to support the child.
5. The Program establishes Interagency Agreement with Local Education Agencies (LEA) each year implementing a shared responsibility in providing appropriate services for preschool children with disabilities.
6. The Program establishes Interagency Agreements with the entity that provides Early Childhood Intervention Services in the Early Head Start service area.

(2) Staff plan and implement the transition services described in subpart G of this part, including at a minimum:

- (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,
- (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

PROCEDURE

1. The CSNT Head Start Preschool/Early Head Program follows the procedures as identified through the ISD/or LEA (ECI) to conduct the Spring ARD to determine placement for the next school year.

ADDITIONAL SERVICES FOR PARENTS. (Standard 1302.62)

(a) Parents of all children with disabilities.

- (1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development;
- (2) A program must assist parents to access services and resources for their family, including secure adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, as needed and practicable.

(b) Parents of children eligible for services under IDEA.

For parents of children eligible for services under IDEA, a program must also help parents:

- (1) Understand the referral, evaluation, and services timelines required under IDEA;
- (2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing

IDEA, including by informing parents of their right to invite the program to participate in all meeting;

(3) Understand the purposes and results of evaluations and services provided under as IFSP or IEP; and,

(4) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

PROCEDURE

1. CSNT Head Start Preschool/Early Head Start collaborates with parents of children with disabilities.
2. CSNT Head Start Preschool/Early Head Start assists parents with information on IDEA and their rights.
3. The Family Engagement Coordinator is an advocate for parents of children with disabilities.
4. CSNT Head Start Preschool/Early Head Start assists parents of children with disabilities with services and resources for their family including supporting them in obtaining adaptive equipment and devices that support their child's health.

COORDINATION AND COLLABORATION WITH THE LOCAL AGENCY RESPONSIBLE FOR IMPLEMENTING IDEA. (Standard 1302.63)

(1) A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in 1302.33 (a) (3) and through participation in the local agency Child Find efforts.

(b) A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve services delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from pre-school kindergarten,

(c) A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:

- (1) To provide relevant information from its screening, assessments, and observations to the team developing a child's IFSP or IEP; and,
 - (2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head start enrollment, a currently enrolled child, or a child transitioning from a program.
- (d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.

PROCEDURE

1. The Program follows the Parent/Teacher/Campus Director referral process established at each Campus. (See **CSNT Disability Operating Manual** for more specific information on the referral process.)



Subpart G

Transition Services

Standard Operating Procedures

*Aligned with the 2024 Head Start
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(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)*

Revision 12/8/2020

Revision 10/29/2024

Revision 7/28/2025

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1302 SUBPART I – HUMAN RESOURCES MANAGEMENT

PERSONNEL POLICIES (Standard 1302.90)

(a) Establishing personnel policies and procedures: A program must establish written policies and procedures that are approved by the governing body and policy council or policy committee and that are available to all staff.

PROCEDURE

1. The Program has written Personnel Policies and Procedures that are approved by the Governing Board and Policy Council.
2. Personnel Policies and Procedures are provided to each employee and governing body members.
3. Additional copies of Personnel Policies and Procedures are available upon request from the Admin Support Specialist.

(d) Background checks and selection procedures:

(1) Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct and interview, verify resources, conduct a sex offender registry check and obtain one of the following:

- (i) State or tribal criminal history records, including fingerprint checks; or,**
- (ii) Federal Bureau of Investigation criminal history records, including fingerprint checks.**

(2) A program has 90 days after an employee is hired to complete the background check process by obtaining:

- (i) Whichever check listed in paragraph (b)(1) of this section was not obtained prior to the date of hire; and,**
- (ii) Child abuse and neglect state registry check, if available.**

(3) A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and must use Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1)24 or tribal disqualifications factors to determine whether the prospective

employee can be hired or the current employee must be terminated.

(4) A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process described in paragraphs (b)(1) through (3) of this section is complete.

(5) A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years which must include each of the four checks listed in paragraph (b)(1) and (2) of this section, and review and make employment decisions based on the information as described in paragraph (b)(3) of this section, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.

(6) A program must consider current and former program parents for employment vacancies for which such parents apply and are qualified.

PROCEDURE

1. All staff and contracted employees complete an interview prior to employment. The Admin Support Specialist oversees the interview process to make sure that each prospective employee is given the same opportunities for employment.
2. All staff and contracted employees complete an application that includes personal and business references. The Admin Support Specialist contacts references listed on the application.
3. All staff and contracted employees at the time of employment submit to background checks that include an Agency check and a state background check. (All Head Start employees submit to either a TDFPS Background Check or a State Education Agency Background Check. The Campus where the employee is assigned to work determines which check is submitted. ISD Campuses use the State Education Background Check and licensed child care campuses use the TDFPS Background Check. Both of these background check systems automatically alert for any violations. Checks do not have to be resubmitted.)
4. No employee has unsupervised access to children until the background check results are reviewed and verified.
5. Former and current parents are considered for employment vacancies, if qualified.

(c) Standards of Conduct.

(1) A program must ensure all staff, consultants, and volunteers abide by the program's standards of conduct that:

(i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behaviors;

(ii) Ensure staff, consultants, contractors, and volunteers do not engage in behaviors that maltreat or endanger the health and safety of children, including, at a minimum:

(A) Corporal punishment or physically abusive behavior, defined as intentional use of physical force that results in, or has potential to result in physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;

(B) Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;

(C) Emotionally harmful or abusive behavior, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and

(D) Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment;

(iii) Ensure staff, consultants, contractors and volunteers report reasonably suspected or known incidents of child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA (42 U.S.C. 5101 note) and in compliance with Federal, State, local, and Tribal laws.;

(iv) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each individual and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;

(v) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable Federal, State, local, and Tribal laws, and,

(vi) Ensure no child is left alone or unsupervised.

(7) Personnel policies and procedures must include appropriate penalties for staff, consultants, contractors, or volunteers who violate the standards of conduct.

PROCEDURE

1. During the Head Start Preschool/Early Head Start orientation process, staff, consultants, contractors, and volunteers are given copies of the standards of conduct and explained their responsibilities in implementing these standards.
2. The Personnel Policies and Procedures *104 Business Ethics and Code of Conduct* stipulates that all those representing or acting on behalf of CSNT Head Start are to follow the Code of Conduct listed above. This policy also stipulates the penalty for those that violate this policy.

(d) Communication with dual language learners and their families.

(1) A program must ensure all staff, consultants or contractors are familiar with the ethnic background and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency.

(2) If a majority of children in a class or home-based program speak the same language, at the least one class staff member or home visitor must speak such language.

PROCEDURE

1. Staff, consultants, contractors, and volunteers are made familiar with the ethnic background of the families that are served in the program through the orientation process.
2. The Admin Support Specialist recruits bi-lingual staff through job postings.
3. At least one staff member speaks the same language as the majority of the children in a classroom.
4. Campus Directors correlate child enrollment and the placement of staff according to the languages that are spoken by the children and families assigned to each Head Start classroom on their Campus.

(e) Wages.

(1) Pay scale.

(i) By August 1, 2031, a program must implement a salary scale, salary schedule, wage ladder, or other similar pay structure for program staff salaries that incorporates the requirements in paragraph (e)(2) through (4) of this section; reflects salaries or wages for all other staff in the program; promotes salaries that are comparable to similar services in relevant industries in their geographic area; and considers, at a minimum, responsibilities, qualifications, experience relevant to the position, and schedule or hours worked.

(ii) After August 31, 2031, a program must review its pay structure at least once every 5 years to assess whether it continues to meet the expectations described in paragraph (e)(1)(i) of this section.

(iii) A program must ensure staff salaries are not in excess of level II of the Executive Schedule, as required in 42 U.S.C. 9848(b)(1).

(2) Progress to pay parity for education staff with elementary school staff.

(i) By August 1, 2031, a program must demonstrate it has made progress to parity with kindergarten through third grade teachers by ensuring that each Head Start teacher receives an annual salary that is at least comparable to the annual salary paid to preschool teachers in public school settings in the program's local school district, adjusted for responsibilities, qualifications, experience, and schedule or hours worked. A program may provide annual salaries comparable to a neighboring school district if the salaries are higher than a program's local school district.

(ii) A program must make measurable progress towards pay parity for all other Head Start education staff who work directly with children as part of their daily job responsibilities. By August 1,

2031, a program must demonstrate it has made progress to parity by ensuring that each staff member described in this provision receives an annual salary that is at least comparable to the salaries described in paragraph (e)(2)(i) of this section, adjusted for role, responsibilities, qualifications, experience, and schedule or hours worked.

(iii) For Head Start teachers and education staff described in paragraph (e) (2)(i) and (ii) of this section, programs parity must be demonstrated for those staff who are employees as well as those whose salary is funded by Head Start through a contract.

(iv) A program may use an alternative method to determine appropriate comparison salaries in order to implement the requirements in paragraph (e) (2)(i) and (ii) of this section. The alternative method must use a comparison salary that is equivalent to at least 90 percent of the annual salary paid to kindergarten teachers in public school settings in the program's local school district, adjusted for role, responsibilities, qualifications, experience, and schedule or hours worked.

(v) To demonstrate measurable progress towards pay as described in (e) (2)(i) and (ii) of this section, a program must track data on how wages paid to their education staff compare to wages paid to preschool through third grade teachers in their local or neighborhood school district.

(3) Salary floor. By August 31, 2031, a program must ensure, at a minimum, the wage or salary structure established or updated under paragraph (e) (2)(i) of this section provides all staff with a wage or salary that is generally sufficient to cover basic needs such as food, housing, utilities, medical costs, transportation, and taxes, or would be sufficient if the worker's hourly rate were paid according to a full-time, full-year schedule (or over 2,080 hours per year).

(4) Wage comparability for all ages served. A program must ensure the wage or salary structure established or updated under paragraph (e) (2)(i) of this section does not differ for age of children served for similar positions with similar qualifications and experience.

(5) Small agency exemption. An agency with 200 or fewer funded slots is exempt from the requirements described in this paragraph (e), except that such an agency must still establish or update a pay scale or structure that promotes competitive wages for all staff. The agency must also make measurable improvements in wages for Head Start staff over time and demonstrate progress towards meeting the requirements of paragraphs (e)(2) through (4) of this section.

(6) Interim service providers. The exemption described in paragraph (e)(5) of this section also applies to an interim service provider that is temporarily providing Head Start services in place of a Head Start

agency that would otherwise qualify for the small agency exemption.

- (7) **Secretarial determination of waiver authority.** Between January 1, 2028, and December 31, 2028, the Secretary may establish a waiver process for the requirements described in paragraphs (e)(2) through (4) of this section for eligible Head Start programs, if over the preceding four fiscal years, the average annual increase in Federal appropriations for the Head Start program was less than 1.3 percent.
- (8) **Wavier conditions.** If the Secretary establishes the waiver process described (e)(7) of this section, the responsible HHS official designated by the Secretary may grant a waiver if the program requests a waiver and meets the following conditions;
- (i) The program can demonstrate that it would need to reduce enrolled Head Start slots in order to implement the requirements described in paragraphs (e)(2) through (4) of this section;
 - (ii) The program is meeting quality benchmarks including:
 - (A) Demonstrate improvements in staff wages during the preceding four years, to the greatest extent practicable;
 - (B) Has not been designated to compete under the Designation Renewal System after 8/21/2024.
 - (C) The responsible HHS official determines the program does not have significant child health, safety, or quality concerns;
 - (iii) The program held the Head Start grant for the service area prior to August 21,2024.
 - (iv) The program continues to make improvements to wages for Head Start staff over time, to the greatest extent practicable.
- (9) **Reassessing waiver eligibility.** For any program granted a waiver under paragraph (e)(7) of this section, the responsibility HHS official will reassess waiver eligibility for each successive grant period, in line with the process established and criteria described in paragraph (e)(8) of this section.
- (10) **Ongoing waiver authority.** Waivers granted under the process established in paragraph (e)(7) of this section, the responsible HHS official will reassess waiver eligibility for each successive grant period, in line with the process established and criteria described in paragraph (e)(8) of this section.

PROCEDURE

1. CSNT Head Start is aligning Head Start Preschool and Early Head Start staff pay scale with the public schools within the service area. Due to the number of independent school districts within the service area. CSNT Head Start will begin with an average pay rate for comparative positions found in the school districts within the service area.

2. All staff, consultants, and contracted staff that have at least a minimum the level of knowledge, experience, and responsibilities to comparative school district positions will receive an aligned pay rate.
3. CSNT Head Start will implement a pay scale that has an alignment with area school districts indicating rate of pay based on criteria including years of service in current position, educational achievement, etc. Increases in years of service pay rates will be implemented at least every five years and no more often than annually.
4. CSNT Head Start will analyze the pay scale at least every five years and will perform a quick analysis at least once in each subsequent year to make sure that the pay rates still align with the school districts within the service area.
5. CSNT will create a base pay scale that maintains teacher salaries at or above the base pay rate initiated by the State of Texas. All other pay rates will align with an average for local independent school districts within the service area.

(f) Staff benefits.

- (1) For each full-time staff member, defined as those working 30 or more hours per week with the Head Start program during the program year, a program must:**
 - (i) Provide or facilitate access to high-quality affordable health care coverage;**
 - (ii) Offer paid leave; and,**
 - (iii) Offer access to short-term, free or minimal cost behavior health services.**
- (2) For each part-time staff member, a program must facilitate access to high-quality affordable health care coverage.**
- (3) For each staff member, a program must facilitate access to available resources and information on child care, including connections to child care resource and referral agencies or other child care consumer education organizations for staff who meet eligibility guidelines, facilitate access to the child care subsidy program.**
- (4) For each staff member who may be eligible, a program must facilitate access to the Public Service Loan Forgiveness (PSLF) program, or other applicable student loan debt relief program, including timely certification of employment.**
- (5) To the extent practicable, a program must assess and determine if their benefits package for full-time staff is at least comparable to those provided to elementary school**

staff in the program's local or neighboring school district at least once every 5 years. Programs may offer additional benefits to staff, including more enhanced health benefits, retirement benefits, flexible savings accounts, or life, disability, and long-term care insurance.

(6) An agency with 200 or more funded slots is exempt from the requirements describe in this paragraph (f). Such an agency must make measurable improvements in benefits for Head Start staff over time and demonstrate progress towards meeting the requirements of paragraph (f)(1) through (5) of this section.

(7) The exemption described in paragraph (f)(6) of this section applies to an interim service provider that is temporarily providing Head Start services in place of a Head Start agency that would otherwise qualify for the small agency exemption.

PROCEDURE

6. CSNT Head Start offers high quality health care at an affordable rate to full-time employees as well as paid leave, short & long term disability and other services including up to (4) mental health counseling services.
7. CSNT Head Start will begin the process of offering benefits to part-time employees like the benefits offered to full-time employees.
8. CSNT Head Start will begin the process of aligning retirement benefits with those offered through the Texas Teacher Retirement System. At this time CSNT Head Start offers retirement through a 401(k).
9. CSNT Head Start will analyze the benefits offered at least once every five years. The Agency will do a quick analysis every subsequent year.

STAFF QUALIFICATIONS AND COMPETENCY REQUIREMENTS (Standard 1302.91)

(a) **Purpose.** A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

PROCEDURE

1. Job Descriptions indicate the knowledge and experience levels

- needed for each staff position within the CSNT Head Start Program.
2. All staff, consultants, and contractors have at a minimum the level of knowledge and experience indicated in the Job Description for their position.

(b) Head Start Director. (Standard 1302.91(b)) A program must ensure a Head Start Director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

PROCEDURE

1. The Program Director has at a minimum the knowledge and experience indicated within the Head Start Director Job Description. (The Head Start Director Job Description indicates at a minimum the position qualifications listed in HSPS 1302.91(b)).

(c) Fiscal Officer. (Standard 1302.91(c)) A program must assess needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016, is a certified public account or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.

PROCEDURES

1. The Chief Finance Officer has at a minimum the knowledge and experience indicated within the Chief Finance Officer Job Description. (The Chief Finance Officer Job Description indicates at a minimum the qualifications listed in HSPS 1302.91(c)).

(d) Child and family services management staff qualifications requirements: (Standard 1302.91(d))

(1) Family, health, and disabilities management. A program must ensure that staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016, have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

(2) Education Manager. As prescribed in section 648A(a)(2)(B)(i)²⁵ of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialist, have a baccalaureate or advanced degree

in early childhood education or a baccalaureate degree or advanced degree and equivalent coursework in early childhood education with early childhood education teaching experience.

PROCEDURES

1. Staff hired to manage the areas of family engagement, health, and disabilities have at a minimum the knowledge and experience indicated within the Job Description listed for each position. (The Management Job Descriptions indicate the qualifications listed in HSPS 1302.91(d)(1)).
2. Staff hired to manage the education component of the Head Start/Early Head Start Preschool Program have at a minimum the knowledge and experience indicated within the Job Descriptions for each position. (The Education Management Job Descriptions indicate at a minimum the qualifications listed in HSPS 1302.91(d)(2)).

(e) Child and family services staff. (Standard 1302.91(e))

(1) Early Head Start center-based teacher qualification requirements. See HSPPS 1302.91(e)(1)

(2) Head Start Preschool center-based teacher qualification requirements.

(i) The Secretary must ensure that no less than fifty percent of all Head Start Preschool teachers, nationwide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework.

(ii) As prescribed in section 648A(a)(3)(B)27 of the Act, a program must ensure that all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.

(3) Head Start Preschool assistant teacher qualification requirements. As prescribed in section 648A(a)(2)(B)(ii)28 of the Act, a program must ensure Head Start Preschool assistant teachers, at a minimum, have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of the time of hire.

(4) Family child care provider qualification requirements. See

HSPPS 1302.91(e)(4)(i-ii)

(5) Center-based teachers, assistant teachers, and family child care provider competencies. A program must ensure center-based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards as described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.

(6) Home visitors. SEE HSPPS 1302.91(e)(6)

(7) Family services staff qualification requirements. A program must ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certificate in social work, human services, family services, counseling or a related field.

(8) Health professional qualification requirements.

(i) A program must ensure health procedures are performed only by a licensed or certified health professional.

(ii) A program must ensure all mental health consultants are licensed or under the supervision of a licensed mental health professionals. A program must use mental health consultants with knowledge and experience in serving young children and their families.

(iii) A program must use staff or consultants to support nutrition services who are registered dietitians or nutritionists with appropriate qualifications.

4. Coaches. A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.

PROCEDURE

1. Lead Teachers have at a minimum the knowledge and experience indicated within the Job Description for the Lead Teacher position. (Head Start Lead Teachers at a minimum have

- the qualifications listed in HSPPS 1302.91(e)(2)(ii)) and Early Head Start Teachers have at a minimum the qualifications listed in HSPPS 1302.91(e)(1)).
2. Teaching Assistants have at a minimum the knowledge and experience indicated within the Job Description for the Teaching Assistant position. (Teaching Assistants have at a minimum have the qualifications listed in HSPPS 1302.91(e)(3)).
 3. Classrooms are observed on an on-going basis by the Education Implementation Team to assure that teaching staff have the competencies required to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards as described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and the State Pre-Kindergarten Guidelines, including for children with disabilities and dual language learners, as appropriate.
 4. The Classroom Assessment Scoring System is used as one of the tools to ensure classrooms meet the requirements listed in HSPPS 1302.91(e)(5).
 5. Family Service Workers have at a minimum the knowledge and experience indicated within the Job Description for the Family Service Worker position. (Family Service Workers hired after November 7, 2016, have at a minimum the qualifications listed in HSPPS 1302.91(e)(7)).
 6. All health-related procedures are completed by licensed health care professionals. This include mental health procedures and consultants that support nutrition services. All consultants /providers licenses/certifications are verified through the state database system for validity.
 7. The person(s) implementing coaching services will at a minimum have the knowledge and experience indicated within the HSPPS. (Coaches will at a minimum have the qualifications listed in HSPPS 1302.91(e)(7)).

TRAINING AND PROFESSIONAL DEVELOPMENT (Standard 1302.92)

(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.

(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring the knowledge and skills

needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate, and integrated with employee engagement practices in accordance with 1302.101(a)(2). At a minimum, the system must include:

- (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act, and includes creating individual professional development plans as described in section 648A(f) of the Act.
- (2) Annual training on mandatory reporting of suspected or known child abuse and neglect that complies with applicable Federal, State, local, and Tribal laws.
- (3) Annual training on positive strategies to understand and support children's social and emotional development, such as tools for managing children's behavior;
- (4) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;
- (5) Training for child and family services staff including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and
- (6) Research-based approaches to professional development for education staff that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five (ELOF), partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.

PROCEDURES – (TRAINING/PROFESSIONAL DEVELOPMENT)

1. *See Staff Training Manual*

(c) A program must implement a research-based coaching strategy for education staff that:

(1) Assesses all staff to identify strengths, areas of needed support and which staff would benefit most from intensive coaching;

(2) At a minimum, provides opportunities for intensive coaching to those educational staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective practices directly related to program performance goals;

(3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;

(4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:

(i) Align with the program's school readiness goals, curricula, and other approaches to professional development;

(ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;

(iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,

(iv) Include clearly articulated goals informed by the program's goals, as described in 1302.102, and a process for achieving those goals; and,

(5) Establish policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.

(d) If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not

include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaption adequately supports staff professional development, consistent with the process laid out in Subpart J of this part.

PROCEDURES

1. Classroom staff's strengths and needs are assessed using the CLASS (Classroom Assessment Scoring System) and COT (Classroom Observation Tool) at the beginning of the school year and the end of the school year. A ten-minute CLASS observation is completed on teaching staff a month after school begins. Assessments are also made from observations of the Education Implementation Team.
2. Site visits are made regularly based on the needs of where teaching staff are based on classroom observations and/or videos. Staff are given Feedback, both written and oral.
3. Other opportunities for coaching assistance include Peer-to-Peer Mentoring, NCQTL Professional Development Suites, assignments sent through Collaborative Tool-CLI Engage and Coaching Companion for uploading video of instruction to receive feedback from coach.
4. Teaching staff are given training on the Program's School Readiness Goals, curricula, the Head Start Early Learning Framework, and assessment tool during pre-service.
5. The coach attends adult education/coaching training, views related webinars and attends other training as it becomes available.
6. A line of communication is ongoing between the coach, HeadStart Director, and other members of the Education Implementation team through monthly team meetings.
7. Confidentiality is established with classroom teaching staff regarding information or feedback.
8. Written documentation of goals and feedback are entered in a secure Child Plus file and a secure folder, located on the server.
9. Coaching Action Forms are uploaded into the secure file on the server and can only be accessed by the Coach, Head Start Director, and Administrative Staff, on a case by case basis.

STAFF HEALTH AND WELLNESS (Standard 1302.93)

(a) A program must ensure each staff has an initial examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements that include screeners or tests for communicable diseases, as appropriate.

The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act¹⁸.

(b) A program must make mental health and wellness information available to staff, regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.

(c)(1) A program must provide, for each staff member, regular breaks of adequate length and frequency based on hours worked, including, but not limited to, time for meal breaks as appropriate.

(2) If applicable Federal, State, or local laws or regulations have more stringent requirements for breaks, a program should comply with the more stringent requirements.

(3) During break times for classroom staff described in paragraph (c)(1) of this section, one teaching staff member may be replaced by one staff member who does not meet the teaching qualifications required for the age, provided that this staff member has the necessary training and experience to ensure safety of the children and minimal disruption of the quality of services. If providing a break during nap time, a program may comply with 1302.21(b)(1)(ii).

(d) A program should cultivate a program-wide culture of wellness that empowers staff as professionals and supports staff to effectively accomplish their job responsibilities in a high-quality manner, in line with the requirements at 1302.101(a)(2).

PROCEDURES

1. Staff complete a pre-employment physical and receive a TB test prior to their employment with the program.
2. After the initial pre-employment physical, staff complete a periodic physical if recommended by their health professional or if there is documented evidence that indicates the employee may not be able to physically complete their job duties.
3. All employees follow the TB schedule outlined for the program that requires a TB Test every three years and a TB survey for the two subsequent years.
4. The program makes reasonable accommodations to staff in accordance with Americans with Disabilities Act and section 504 of the Rehabilitation Act¹⁸.

5. Monthly trainings are conducted with staff regarding safety, mental health, wellness, and health education issues.
6. Each full-time staff member is required to take breaks as per the Department of Labor Laws. Staff members that provide assistance during breaks are provided the necessary training to meet the ratio requirements.
7. Staff can take additional breaks, as needed. They must report to their immediate supervisor, if additional staff are needed when they leave the classroom. The supervisor will accommodate, as necessary.

VOLUNTEERS (Standard 1302.94)

(a) A program must ensure regular volunteers have been screened for appropriate communicable diseases in accordance with State, Tribal, or local laws. In the absence of State, Tribal, and local law, the Health and Mental Health Services Advisory Committee must be consulted regarding the need for such screenings.

(b) A program must ensure children are never left alone with volunteers.

PROCEDURE

1. See the Campus Operating Manual for information concerning Volunteer requirements.



Subpart J Program Management and Quality Improvement

Policies and Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.100 – 1302.102)*

Revision 12/8/2020

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SUBPART J – PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

PURPOSE (Standard 1302.100)

A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

CSNT Head Start/Early Head Start implements a program that provides continuous on-going monitoring of the program in all areas. See On-going Monitoring Plan and forms.

MANAGEMENT SYSTEMS (Standard 1302.101)

(a) Implementation: A program must implement a management system that:

- (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subpart C, D, E, F, G, and H of this part;**
- (2) Promotes clear and reasonable roles and responsibilities for all staff and provides regular and ongoing staff supervision with meaningful and effective employee engagement practices.**
- (3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision for the full range of services described in subparts C, D, E, F, G, and H of this part; and,**
- (4) Maintains an automated accounting and record keeping system adequate for effective oversight; and,**
- (5) Ensures all staff are trained to implement reporting procedures in 1302.102(d)(1)(ii).**

PROCEDURES

1. See Agency Organizational Chart for management structure. The organizational structure for CSNT Head Start/Early Head Start ensures effective management and oversight in all areas of the program.
2. All areas of the program are monitored on an on-going basis daily, weekly, monthly, and annually. See Monitoring Plan. Monitoring data is collected, analyzed, and reported to the Program Monitor. The data is used by the Head Start Director to plan and implement Professional Development Trainings for the staff. (See Monitoring Plan)
3. The organizational structure and staffing patterns for the program assure that children and families enrolled in the program receive high-quality care on a daily basis. See CSNT Head Start Preschool/Early Head Start Training and Professional Development Plan. Staff are given time for professional development training including coaching/mentoring.
4. Technology is utilized within the Agency and the Program to efficiently and effectively oversee the program. The Fiscal accounting system is Abila Sage MIP, the program record keeping system is ChildPlus and the child assessment system is CIRCLE CLI Engage and Frog Street AIM. All of these systems allow the program to pull reports and track data on a regular basis. Prior to the beginning of each five-year grant cycle, these systems will be reviewed to see if they are still the best option for the program.
5. Supervisory staff receive training on how to engage with their employees to create a team atmosphere. They learn how to implement a team approach where each employee feels safe, seen, heard, and encouraged. All staff receive orientation to the Agency, the Head Start Program, and their respective locations.

(b) Coordinated approaches: (Standard 1302.101(b)) At the beginning of each program year, and on an on-going basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure:

- (1) The training and professional development system, as described in 1302.92, effectively supports the delivery and continuous improvement of high-quality services;**
- (2) The full and effective participation of children who are dual language learners and their families, by**
 - (i) Utilizing information from the program's community assessment about the language spoken throughout the program service area to anticipate child and family needs;**

- (ii) **Indemnifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in 1302.53(a); and,**
- (iii) **Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.**
- (3) **The full and effective participation of children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate families, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act¹⁸ , and,**
- (4) **The management of program data to effectively support the availability, usability, integrity, and security of data. A program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with Subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.**

PROCEDURES

1. Policies and Procedures are established to implement coordinated services throughout the program. (See Operating Manuals Policies and Procedures)
2. Training and Professional Development implementation ensures that staff are able to deliver high-quality services.
3. The Community Assessment and Updates provide information to the program about languages spoken throughout the program service area so that the program can ensure that families have access to the services that they need.
4. The *Parent and Staff Handbook* lists the resources within the service area available to dual language children and families.
5. The program has ongoing collaborations/partnerships with public schools in the use of ESL/bi-lingual staff for children dually enrolled with the District and Head Start.
6. All curriculums/teaching materials used in the program are valid and reliable for dual language learners. There is also one management staff

person who has experience/education in ESL/bi-lingual instruction. This person assists teaching staff with Dual Language Instruction.

7. At least one Family Empowerment Advocate (FEA) is bi-lingual in the second language most prominent in the program service area. This FSW is able to assist other staff with interpretations and translations, as appropriate. (See Family and Community Engagement/ERSEA Policies and Procedures)
8. Children with disabilities are enrolled in the Program and receive services through the Program, public school system, and the appropriate special education program within the service area. All curriculums/materials used within the program are valid and reliable for children with disabilities. Wherever possible, the special education teacher or licensed counselor will assist teaching staff in providing services to the children with special needs. (See Disabilities Content Area/ERSEA Policies and Procedures).
9. Program data is monitored for accuracy on a daily, weekly, and monthly basis. It is distributed, discussed and analyzed at monthly staff meetings through data reports. No personal identifiable information is listed on data reports. The program follows the Family Educational Rights and Privacy Act (FERPA) to safeguard child records. (See FINANCIAL AND ADMINISTRATIVE REQUIREMENTS- Subpart C – Protection for the Privacy of Child Records)

PROGRAM GOALS, CONTINUOUS IMPROVEMENT, AND REPORTING. (Standard 1302.102)

(a) Establishing program goals: A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include:

- (1) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in their community assessment as described in subpart A of this part;**
- (2) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children;**
- (3) School readiness goals that are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, state and tribal learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the**

requirements of subpart B of part 1304 of this part; and,

- (4) **Effective health and safety practices to ensure children are safe at all times, per the requirements in 1302.47, 1302.90(b), 1302.92(c)(1), and 1302.94 and part 1303 subpart F, of this chapter.**

PROCEDURES

1. Five-year program goals are established prior to the first year of the five-year grant period. (See Strategic Plan)
2. Program goals are aligned in Education, Parent, Family and Community Engagement, Health Services, and Program Design and Management.
3. The total number of program goals will range from (3) to (5). More than (5) goals can be difficult to track and implement.
4. All program goals have at least one objective and one outcome and are aligned with the PFCE and the School Readiness Goals.
5. Data from daily, weekly and monthly health and safety checks are analyzed when establishing goals in Health and Safety. Goals also encompass the implementation of all new or existing health and safety regulations.

(b) Monitoring program performance. (Standard 1302.102(b))

- (1) **Ongoing oversight and correction:** In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must:

- (i) Collect and use data to inform the process;
- (ii) Correct quality and compliance issues immediately, or as quickly as possible.
- (iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,
- (iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.

PROCEDURES

1. See Monitoring Plan

(2) **Ongoing assessment of program goals:** (Standard 1302.102(b)(2)) A program must effectively oversee progress towards program goals on an on-going basis and annually must:

- (i) Conduct a self-assessment that used program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;
- (ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,
- (iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.

PROCEDURES

1. A program self-assessment is completed annually.
2. The Self-Assessment process begins with the Detailed Monitoring Committee approving the assessment tool, dates, assigned assessment areas and the team leaders for those areas. (Team Leaders facilitate assessment areas they are responsible for implementing.)
3. The designated Team Leaders selects members for each team from currently employed staff, board members, policy council members, and community partners. Other members are assigned, as appropriate.
4. After completing the detailed Monitoring, each team leader completes a Progress Summary that includes areas of strengths, systemic weaknesses, innovations, and recommendations in the area that they assessed.
5. The Quality Assurance Specialist compiles the data from each area that was assessed. This creates the Program Improvement Plans.
6. Program Improvement Plan (PIPs) are created for each area where there is a systemic weakness. The staff with implementation responsibility for that area are responsible for correcting the issues on

- the Program Improvement Plan (PIPs).
7. All PIPs are monitored and tracked for completion. All areas where there are obstacles in completing the PIPs, require a meeting to discuss solutions to the obstacles. Efforts to find solutions are documented.
 8. The Detailed Monitoring findings, On-Going Monitoring Data, and any other relevant data such as progress on program goals, is brought before the SA Committee for approval. Once the SA findings are approved, the document is sent to the Policy Council and Governing Board for approval.
 9. The current SA findings are uploaded into the Head Start Enterprise System (HSES) as part of the grant application.

(c) Using data for continuous improvement. (Standard 1302.102(c))

- (1) A program must implement a process of using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.**
- (2) This process must:**
 - (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;**
 - (ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(ix) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design, and other program decisions, including changing or targeting scope of services; and,**
 - (iii) For programs operating fewer than 90 days . . . (Not Applicable)**
 - (iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program**

improvement; and,

- (v) **Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub groups.**

PROCEDURES

1. The Program uses several different sources of data to identify program strengths and weaknesses including child assessment data, family partnership goals, data reports created through Child Plus, On-going Monitoring data, financial reports, budget monitoring/analyzing data, Monthly Progress Reports, Self-Assessment data, Program Information Report Monthly data, Maintenance Action Ticket/Supply Ticket data, CLASS Observations, Professional Development Plans/Performance Evaluations, etc.
2. Data is aggregated at least monthly through Program Progress Reports and On-going Monitoring Reports.
3. Corrective Action plans are implemented where there are identified program weaknesses. These plans are tracked/monitored for progress towards improvement.
4. Information from data reports, improvement plans, and assessments are used to guide the program in change of scope and services, plan upcoming professional development, realign program school readiness goals, family partnership goals, and/or strategic program goals.

(d) Reporting. (Standard 1302.102(d))

(1) A program must submit:

- (i) **Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;**
- (ii) **Reports, as appropriate, to the responsible HHS official immediately, but no later than (7) calendar days following the incident, related to:**

(A) Any significant incident that affects the health or safety of a child that occurs in a setting where Head Start services are provided and that involves;

(1) A staff member, contractor, or volunteer that participates in either a Head Start Program or a classroom at least partially funded by Head Start, regardless of whether the child received Head Start services; or

(2) A child that receives services fully or partially funded by Head Start or a child that participates in a classroom at least partially funded by Head Start; or

(B) circumstances affecting the financial viability of the program, breaches of personally Identifiable Information, or program involvement in legal proceedings, any matter of which notification or a report to state, tribal, or local authorities is required by applicable law; and;

(iii) Reportable incidents under paragraph (d)(1)(ii) of this section at a minimum:

(A) Any mandated reports regarding agency staff or volunteer compliance with Federal, State, Tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;

(B) Incidents that require classrooms or centers be closed for any reasons;

(C) Legal proceedings by any party that are directly related to program operations;

(D) All conditions required to be reported under 1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

(E) Any suspected or known maltreatment or endangerment of a child by staff, consultants, contractors, and volunteers under 1302.90(c)(1)(ii);

(F) Serious harm or injury of a child resulting from lack of preventative maintenance; and,

(G) Serious harm, injury, or endangerment of a child resulting from lack of supervision; and,

(H) Any unauthorized release of a child.

- (2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2)³⁰ of the Act and includes a summary of a program's most recent community assessment, as described in 1302.11(b), consistent with privacy protection in subpart C of part 1303 of this chapter.**
- (3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 644(a)(2)³¹ of the Act.**

PROCEDURES

1. Head Start Preschool/Early Head Start provides status reports to the governing board and the policy council with oversight data monthly. Governing board and policy council reports include Head Start Director's Report, Finance Report, Child Assessment Reports, CLASS Reports, Monitoring/Self-Assessment Reports, Program Information Reports, Human Resources Reports, Support Services Reports, and Progress on attaining Program Goals, School Readiness Goals, Family Partnership Goals with Progress, and CLASS Reports. (Program Goals, School Readiness Goals, and Family Partnership Goals will be tracked for progress at least (3) times per year.)
2. The Agency completes an Annual Report after the conclusion of the audit each year. The Annual Report discloses information listed under 644(a)(2) of the Act and includes a summary of the most recent community assessment.
3. The Agency submits to the responsible HHS official, a quality improvement plan for any deficiencies identified as required in section 641A(e)(2) of the Act.
4. The Agency follows all reporting requirements for all incidents including safety, endangerment, or harm to a child.

(Insert Organizational Chart Here)



Subpart B Administrative Requirements

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.10 – 1303.12)*

Revision 12/8/2020

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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.

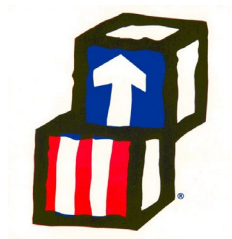
PROCEDURE

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

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**Aligned w/HSPPS
8/21/2024**

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SUBPART D – DELEGATION (Standards 1303.30)

See Performance Standards for delegating program operations. Not applicable to CSNT Head Start

SUBPART E – FACILITIES (Standards 1303.40)

See Performance Standards for the purchase of facilities using Head Start funds.

SUBPART F – TRANSPORTATION (Standards 1303.70)

PURPOSE (Standard 1303.70)

(a) **Applicability**: This rule applies to all agencies, including those that provide transportation services, with the exceptions and exclusions provided in this section, regardless of whether such transportation is provided directly on agency owned or leased vehicles or through arrangement with a private or public transportation provider.

PROCEDURE

1. CNST Head Start implements the transportation regulations as required by HSPPS.

(b) Providing transportation services. (Standard 1303.70(b))

(1) If a program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the families of such children to arrange transportation to and from its activities, and provide information about these transportation options in recruitment announcements.

(2) A program that provides transportation services must make reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.

(3) A program that provides transportation services must ensure all accidents involving vehicles that transport children are reported in accordance with applicable state requirements.

PROCEDURES

1. Each Campus must assist as many families as possible who need transportation in order for their children to attend the program.
2. When a Campus has decided not to provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from its activities. The specific types of assistance being offered must be made clear to all prospective families in the program's recruitment announcements.
3. Each Campus providing transportation services is responsible for compliance with the applicable requirements of this Part. When an agency provides transportation through another organization or an individual, the agency must ensure the compliance of the transportation provider with the requirements of this part.
4. Each Campus providing transportation services will make reasonable efforts to coordinate transportation resources with other agencies in its community in order to control costs and to improve the quality and the availability of transportation.
5. At a minimum, the agency must:
 - a. Identify the true costs of providing transportation in order to knowledgeably compare the costs of providing transportation directly versus contracting for the service;
 - b. Explore the option of participating in any coordinated public or private transportation systems existing in the community; and
6. Where no coordinated public or private non-profit transportation system exists in the community, make every effort to identify other human services agencies also providing transportation services and, where reasonable, to participate in the establishment of a local transportation coordinating council.
7. Each Campus providing transportation services must ensure that all accidents involving vehicles that transport children receiving such services are reported in accordance with applicable State requirements; and
8. All bus accidents are immediately reported to Head Start Transportation manager, insurance representative for the county and the local Police department.

(c) Waiver. (Standard 1303.70(c))

(1) A program that provides transportation services must comply with all provisions in this subpart. A Head Start Preschool may request to waive a specific requirement in this part, in writing, to the responsible HHS official, as part of an agency's annual application for financial assistance or amendment and must submit any required documentation the responsible HHS official deems

necessary to support the waiver. The responsible HHS official is not authorized to waive any requirements with regard to children enrolled in an Early Head Start program. A program may request a waiver when:

(i) Adherence to a requirement in this part would create a safety hazard in the circumstances faced by the agency; and

(ii) For preschool children, compliance with requirements related to child restraint system at 1303.71(d) and 1303.72(a)(1) or bus monitors at 1303.72(a)(4) will result in a significant disruption to the program and the agency demonstrates that waiving such requirements is in the best interest of the children involved.

(2) The responsible HHS official is not authorized to waive any requirements of the Federal Motor Vehicle Safety Standards (FMVSS) made applicable to any class of vehicle under 49 CFR part 571.

PROCEDURE

1. CSNT Head Start follows 1303.70(c) when applying for a Transportation Waiver.

VEHICLES. (Standards 1303.71)

(a) Required use of school buses or allowable alternative vehicles.

A program, with the exception of transportation services to children served under a home-based option, must ensure all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternate vehicles that are equipped for use of height-and weight-appropriate child restraint systems, and that have reverse beepers.

(b) Emergency equipment.

A program must ensure each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguishers, and first aid kits.

(c) Auxiliary seating.

A program must ensure any auxiliary seating, such as temporary or folding jump seats, using in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection required under paragraph (e)(2)(i) of this section.

(d) Child restraint systems.

A program must ensure each vehicle used to transport children receiving such services is equipped for use of age-, height- and weight-appropriate child safety restraint system as defined in part 1305 of this chapter.

(e) Vehicle maintenance.

(1) A program must ensure vehicles used to provide such services are in safe operating condition at all times.

(2) The program must:

(i) At a minimum, conduct an annual thorough safety inspection of each vehicle through an inspection program licensed or operated by the state;

(ii) Carry out systematic preventative maintenance on vehicles; and,

(iii) Ensure each driver implements daily pre-trip vehicle inspections.

(f) New vehicle inspection.

A program must ensure bid announcements for school buses and allowable alternate vehicles to transport children in its program include correct specifications and a clear statement of the vehicle's intended use. The program must ensure vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with applicable FMVSS is included with the vehicle.

PROCEDURES

1. All of the Head Start school buses are equipped for use of height and weight appropriate child restraint systems, have reverse beepers and any other necessary equipment required by the 1302.71 (a) of the HSPPS. The Transportation Department is in full compliance of the regulations concerning school buses and has no alternate vehicles for the program.
2. CSNT school buses are equipped with the following emergency equipment:
 - a. A two-way communication system for emergency or general use;
 - b. A charged fire extinguisher that is mounted near the driver's seat and a sign indicating the location;
 - c. A first aid kit and a sign indicating the location along with additional sanitation supplies located in the front entry of every bus; and,
 - d. Seat belt cutters are located in the drivers' area of every bus and a sign indicating its location.
3. CSNT buses do not have any type of auxiliary seating.
4. The Transportation Department has vendors in all counties in the service area to provide for mechanical needs of buses.
5. Staff ensure cleanliness of school buses
6. School buses have yearly inspections per Texas Department of Transportation Regulations
7. All repairs can be called in by phone and/or through two-way communication system to begin service within 24 hours
8. All bus drivers perform pre-trip inspections and log information in the daily inspection log located on every bus.
9. All new vehicles are inspected upon arrival to ensure that correct specifications have been made
10. The Transportation Coordinator follows the delivery procedures for delivery and new vehicles

VEHICLE OPERATIONS. (Standards 1303.72)

(a) Safety.

A program must ensure:

- (1) Each child is seated in a child restraint system appropriate to the child's age-, height-, and weight;**
- (2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times;**

(3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained, and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,

(4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided, as necessary.

(b) Driver qualifications.

A program, with the exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum;

(1) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as vehicle the driver will be operating; and,

(2) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.

(c) Driver application review.

In addition to the applicant review process prescribed in 1302.90(b) of this chapter, a program, with the exception of transportation services to children served under a home-based option, must ensure the applicant review process for drivers includes, at a minimum:

(1) Disclosure by the applicant of all moving traffic violations, regardless of penalty;

(2) A check of the applicant's driving record through appropriate state agency, including a check of the applicant's record through the National Driver Register, if applicable;

(3) A check that drivers qualify under applicable driver training requirements in the state or tribal jurisdiction; and,

(4) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or

osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

(d) Driver training.

(1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.

(2) Training must include:

(i) Classroom instruction and behind-the-wheel instruction

Sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,

(ii) Instruction on the topics listed in 1303.75 related to transportation services for children with disabilities.

(3) A program must ensure the annual evaluation of each driver of vehicle used to provide such services includes as an on-board observation of road performance.

(e) Bus monitor training.

A program must train each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in 1302.47(b)(4) of this chapter including Cardio Pulmonary Resuscitation (CPR) and first aid.

PROCEDURES

1. All children receiving transportation services on Head Start school buses must be securely fastened with a seat belt no matter their height or weight
2. No baggage or other materials except backpacks will be allowed to enter the bus
3. Children can only be picked-up/dropped off at the location designated on the enrollment application or on the most recent change of status form
4. Bus rosters are updated regularly to ensure that bus drivers have the most current information available
5. At least one Bus Monitor is used on all Head Start buses
6. Children will not be allowed to stand, walk, or play on a school bus at any time
7. Bus Drivers must have a valid state issued driver's license to drive their assigned bus (A Commercial Driver's License (CDL) may be required for some CSNT Head Start buses) before receiving employment as a bus driver
8. All applicants must meet physical and mental requirements to become a Bus Driver
9. CSNT will contract with a licensed doctor at the beginning of the school year to ensure that any personnel driving a school bus will have a complete Texas Department of Transportation physical prior to employment as a Bus Driver
10. All Bus Drivers must complete a background check and motor vehicle record check for moving traffic violations prior to employment
11. All Bus Drivers prior to transporting any children must receive a combination of classroom instruction and behind-the wheel instruction sufficient to enable each driver to:
 - a. operate the vehicle in a safe and efficient manner;
 - b. safely run a fixed route, including loading and unloading children, stopping at railroad crossings and performing other specialized driving maneuvers;
 - c. administer basic first aid in case of injury;
 - d. handle emergency situations, including vehicle evacuation procedures;
 - e. operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;
 - f. conduct routine maintenance and safety checks of the vehicle; and
 - g. maintain accurate records as necessary.
12. All Bus Drivers must receive refresher training courses including the topics listed in eleven (a) through (b) of this section and any additional necessary training to meet the requirements applicable in the State of Texas.

13. All Bus Drivers and any other staff that operate a school vehicle must receive annual training prior to the beginning of the school year.
14. Bus drivers, Transportation Coordinator, Bus Monitors or addition staff directly related to the Transportation Department will receive an annual evaluation in a one-on-one conference and an on-board observation that will be documented and discussed with the driver and/or monitor.
15. All Bus Drivers will receive instruction on the topics listed in 45 CFR 1303.75 Head Start Program Performance Standards for Children with Disabilities relating to transportation services for children with disabilities when a child with disabilities is in need of transportation services
16. Community Services of Northeast Texas, Inc. Head Start Disabilities Services provides school buses with wheelchair lifts, assistance devices or any special occupant restraints.
17. All Bus Monitors prior to performing their job duties will receive training on:
 - a. loading and unloading procedures;
 - b. how to use child restraint systems;
 - c. all forms and documents associated with transportation of children;
 - d. administer basic first aid in case of injury;
 - e. handle emergency situations, including vehicle evacuation procedures;
 - f. operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;
 - g. child pick-up and release procedures;
 - h. how to conduct pre- and post-trip vehicle checks; and
 - i. how to maintain accurate records as necessary

TRIP ROUTING. (Standards 1303.73)

(a) A program must consider safety of the children it transports when it plans fixed routes.

(b) A program must also ensure:

(1) The time a child is in transit to and from the program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical;

(2) Vehicles are not loaded beyond maximum passenger capacity at any time;

- (3) Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers;**
- (4) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle;**
- (5) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle;**
- (6) Either a bus monitor or another adult escorts children across the street to board or leave the vehicle if curbside pick-up or drop off is impossible; and,**
- (7) Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.**

PROCEDURES

1. All Head Start routes will not exceed 45 minutes beginning from when the first child is picked up
2. Head Start school buses will not be allowed to transport more than the legal capacity
3. Campus Directors will check the weekly bus rosters to determine if bus routes need to make additional trips to ensure that buses do not exceed the maximum number of children being transported
4. School buses will not make "U" turns or back up unless it is necessary
5. Bus Monitors will assist the drivers anytime bus moves in any direction
6. Bus stops will be located where it will not cause traffic disruptions
7. Unless it is necessary, bus stops will be located where children do not have to cross streets or highways
8. In the event that it is necessary to cross a street or a highway the bus monitor will hand walk children to and from the bus.
9. Alternate bus routes have been established in case of construction or emergency.

SAFETY PROCEDURES. (Standards 1303.74)

(a) A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including

participating in an emergency evacuation drill conducted on the vehicle the child will be ringing.

(b) A program that provides transportation services must ensure at least two bus evacuation drills in addition to the one required under paragraph (a) of this section are conducted during the program.

PROCEDURES

1. The Head Start program will provide safety training for parents and children at the beginning of each school year that includes an evacuation drill
2. An orientation will be mandatory prior to the beginning of the school year for those desiring transportation services
3. Parents who enroll their children after the school year begins will be required to receive a 30-minute training on safety and sign a transportation agreement prior to their child receiving services
4. Training will include safe riding practices, bus stop procedures, locations of drop off/pickup and evacuation drills
5. Parents must escort children to bus pickup and drop-off location to receive transportation services
6. The Transportation Coordinator, or someone assigned to act on behalf of the Transportation Coordinator, will conduct at least two evacuation drills annually for each bus.

CHILDREN WITH DISABILITIES. (Standards 1303.75)

(a) A program must ensure there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.

(b) A program must ensure special transportation requirements in a child's IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.

PROCEDURES

1. CSNT Head Start provides transportation services for children with disabilities
2. Children with disabilities will ride a regular Head Start school bus provided that a wheelchair lift or other special equipment is not necessary
3. Children with disabilities will receive driveway pickup and drop off services
4. Bus Drivers and Monitors transporting children with disabilities will receive additional training to ensure that they are mentally and physically prepared to deal with any situation.
5. CSNT Head Start will follow all special transportation requirements detailed within a child's IEP or IFSP

TRANSPORTATION FORMS:

State of Texas Form ST-2

Transportation Attendance Log.doc

Vehicle-Bus Inspection Logs.xls

Daily Vehicle Mileage Log.doc

Monthly Vehicle Cost Analysis.doc

New_Bus_Checklist.doc

FEDERAL ADMINISTRATIVE PROCEDURES (Standards 1304)**SUBPART A – MONITORING, SUSPENSION, TERMINATION, DENIAL OF REFUNDING, REDUCTION IN FUNDING, AND THEIR APPEALS (Standards 1304.1 to 1304.7)**

(SEE STANDARDS)

SUBPART B – DESIGNATION RENEWAL (Standards 1304.10 to 1304.16)

(SEE STANDARDS)

SUBPART C – SELECTION OF GRANTEES THROUGH COMPETITION (Standards 1304.20)

(SEE STANDARDS)

SUBPART D – REPLACEMENT OF AMERICAN INDIAN AND ALASKA NATIVE GRANTEES (Standards 1304.30 to 1304.32)

(SEE STANDARDS)

SUBPART E – HEAD START FELLOWS PROGRAM (Standards 1304.40 to 1304.41)

(SEE STANDARDS)

PART 1305 – DEFINITIONS (Standards 1305.1 to 1305.2)



Contracted Teaching Services

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

*Revised 5/4/2021
Revised 8/29/2024
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INTRODUCTION

The following policies and procedures are intended to provide an overview of the contractual teaching services provided by Independent School Districts for CSNT Head Start Preschool/Early Head Start classrooms. The primary purpose of these policies and procedures is to document all the parts that are included in the teaching services contracts. These parts assure that CSNT follows the requirements of the Head Start Program Performance Standards and the OMB Circulars when utilizing contracted teaching services.

These policies and procedures have been approved by the Governing Board and the Policy Council. All teaching services contracts are to align with these policies and procedures and will be monitored for compliance.

OVERVIEW

The purpose of these policies and procedures is to provide clear guidance on creating a teaching services contract with the local school district. There are times when teaching services between the Head Start Program and the School District overlap. One example of this is when the local school district and the Head Start Program have a detailed Memorandum of Understanding that describes the implementation of educational services at either a Head Start Campus or on the School District Campus.

BACKGROUND

CSNT and the local independent school districts within the Head Start service area have a long history of working together to provide exemplary educational services to the children that enroll in the Head Start Program and the School District. As these partnerships have progressed and grown CSNT and the local School Districts have found ways to blend services that are being implemented in partnership classrooms. One of the ways that the partnerships have grown is in the ability to contract teaching services where applicable and available.

To consider contracting services, there must be a partnership classroom that follows the school district calendar and that implements a state adopted curriculum.

Purpose of Contracted Teaching Services

The main purpose for creating a contract for teaching services is to blend Head Start and school district services into one classroom where children receive exemplary services that meets and or exceeds the regulations for both programs.

All parts of the contract must be negotiated by the school district and the Head Start Program. All regulations must be considered, and monitoring must be included to make sure that all parts of the teaching services contract are implemented properly.

Once all the parts of the contract are negotiated, the Executive Director of the Agency and the Superintendent of the school district must sign the contract for it to be implemented. The costs associated with the contract are

agreed upon by both parties. It is a negotiated cost that stems from amounts being paid for similar services within the Head Start Program and/or the school district along with other costs that may occur as part of the Memorandum of Understanding between the school district and the Head Start Program.

Contracted Teaching Services

Head Start Program Performance Standards require programs to collaborate with their local school districts to provide efficient and effective teaching services to children within the Head Start Program service area.

It is the intent of CSNT to develop and implement an integrated process to meet or exceed the requirements set forth by local, state, and federal education requirements. The CSNT Head Start program works closely with the funding agency and the independent school district to provide support necessary to ensure that the Head Start Preschool/Early Head Start Program meets or exceeds expectations.

The negotiated teaching services contract is typically set for a one year term. The terms of the contract run for one school year beginning on the first day of August and ending on the last day of July. The contract is negotiated every spring and is signed and in place prior to the last day of June.

Listed in the contract are consequences of not following the contract by both parties. The contracted teaching services are monitored on a regular basis as part of the CSNT Head Start On-Going Monitoring process and as part of the school district oversight.

If there are concerns with the teaching services being implemented in the classroom, the Campus Director and the Principal along with the Education Coordinator, will meet to discuss the concerns and agree on procedures to correct the specific issues. If the issues are not corrected in a timely manner, the specific issues will be discussed with the Head Start Director, the Principal, the Education Coordinator, and the Superintendent, as necessary.

If the identified issues are still not corrected in a timely manner and either party is not satisfied with the outcome, the issue will go to the Superintendent and the Executive Director for resolution.

Concerns with payment or billing will be handled by the Chief Financial Officer, the Head Start Director, and the Business Manager at the District. There will be contact and correspondence on how to fix the issues. If the issues are not fixed to the satisfaction of either party, the issue will be discussed with the Superintendent and the Executive Director.

Listed below are the sections of the contract with explanations surrounding the section and the type of information that can go in each section. Once again this is just a sample, and each contract can be different depending on the negotiated items that make it into the contract by both parties.

Section 1 of the Contract – Parties to the Contract

Lists the names of the entities that are a part of the contract.

Section 2 of the Contract – Period of Agreement

Lists the effective period for the contract. Most contracts start the first day of August and run through the last day of July. This encompasses a complete school year. Each year in the springs, a new contract is negotiated and signed before the end of June.

Section 3 of the Contract – Teacher/Teaching Assistant Performance

Will include at least the agreed upon tasks listed below:

- Where the teaching services will be performed by the contracted Teacher/Teaching Assistant
- How many hours per day, days per week, and weeks per year the contracted Teacher/Teaching assistant will provide the services
- Start and end date of contracted teaching services
- Types of teaching instruction to be provided (example: hands-on, in-person, one-on-one, small group, large group, etc.)
- Duties to be provided (example: classroom management, behavior management, lesson planning, classroom arrangement etc.)
- Any regulations that must be implemented per state or federal law such as the 45 minute teacher planning period regulated by the state and the Standard Code of Conduct set forth by

Federal Head Start Regulations

- Classroom Assessment Scoring System (CLASS) will be implemented in the contracted classroom
- All Head Start program adopted behavior strategies will be followed in the contracted classroom
- Contracted Teaching staff will adhere to the State and Federal guidelines set forth by the Head Start Program Performance Standards for a Head Start Lead Teacher including a five-year background check that includes a State Criminal History Check, a Federal Bureau of Investigation Fingerprint, a Sex Offender Registry Check, a Child Abuse and Neglect State Registry Check, obtain and keep a current CPR/FA certification, and attend Annual Child Abuse Training
- Contracted Teachers will obtain at least 15 hours of professional development annually in early childhood education
- Contracted Teachers/Teaching Assistant will follow and train on the Head Start Program Performance Standards on a regular basis
- Contracting District will submit an invoice twice per school year:
 1. The amount of the contracted services for 5 or less teaching staff will be determined using the CSNT Head Start Base Salary Scale by position(s) with the appropriate degree and/or certifications along with the current fringe benefit percentage.
 2. The amount will be derived using the determined hourly rate multiplied by 2080 hours. The total will then be multiplied by the current fringe benefit percentage and added to the total.
 3. This total will be divided by half and this amount will be the contracted teaching services amount per contracted teaching staff up to (5) total. The contracted amount will not exceed this amount per contracted staff.
 4. For contracts with more than (5) teaching staff, there will be a negotiated amount. This amount will be based on the impact to the budget. This amount will never exceed more than the Base Salary Scale amount for the contracted position.
 5. The District will submit an invoice for contracted teaching services for the fall semester by the end of November and will send an invoice for the spring semester by the end of July.
- Contracted Teachers/Teaching Assistants will work with the Head Start Education Coordinator to develop and implement approved lesson plans through the school year.

- Contracted Teachers/Teaching Assistants will be evaluated by the Campus Director and the Principal throughout the school year. Areas of improvement documented on the Performance Evaluations will be discussed by the Principal and the Campus Director. Training will be implemented, if needed.

Section 4 of the Contract – Time of Performance

Specify the beginning and ending dates for the work to be conducted. Include the school year for the contract.

Section 5 of the Contract – Financial Obligations

Specify contractual expectation of the contract that includes:

- There will be no draws or advances beyond the initial
- There will be a total of two payments
- The first invoice will be due by November 30th with payment by December 31st and the second invoice will be due by June 30th with the second payment by July 31st.
- Disbursement for work that has been completed in a satisfactory manner
- Sole obligation for CSNT is limited to the work described in the contract
- Payments will be processed within 31 days after receipt of the invoice
- Refunds shall be obtained within (15) days after request for any sum of money that has been determined to be an overpayment

Section 6 of the Contract – Intentionally Omitted

Section 7 of the Contract – Terms and Conditions

Terms of this contract cannot be subcontracted without prior approval by both parties. Contracted staff will not be a part of any IRS qualified benefits for CSNT and shall not qualify for any CSNT fringe benefits including but not limited to health, medical, or pension benefits. The contracted teaching staff shall not commit any act or make any statements that would be harmful to CSNT's reputation and good will or to any of CSNT's affiliates.

Section 8 of the Contract – Legal Remedies

Breeches or violations of the teaching services contract gives CSNT the right to

apply administrative, contractual, or legal remedies. CSNT may choose to suspend all parts of this contract temporarily to give time for corrective action by the ISD or CSNT may terminate the contract at that time.

Section 9 of the Contract – No Waivers

There will be no waivers as part of this contract.

Section 10 of the Contract – Termination and Suspension

CSNT may terminate in writing, part or all the teaching services contract, at any time there is a cause for termination. The contract cannot be terminated without written notice of the following circumstances:

1. Contracted Teaching staff do not deliver satisfactory services in a timely manner
2. ISD/School District is adjudged bankrupt and/or is deemed insolvent
3. ISD/School District attempts to obligate CSNT to any financial responsibility for contractual services or materials
4. ISD/School District commits a willful violation of public laws or ordinances that a direct effect on the contracted agreement

CSNT has the authority to withhold payment and immediately suspend the ISD Teaching services of this contract if CSNT identifies possible instances of fraud, abuse, waste, fiscal mismanagement or other serious deficiencies in the services provided. Suspension shall be a temporary measure pending either corrective action or a decision by CSNT to terminate the contract.

CSNT shall not be liable for any costs incurred by the ISD/School District or teaching staff after the contract has been suspended or terminated. If contract is terminated, CNST can withhold any pending payments due to the ISD/School District until damages owed to CSNT have been determined and paid.

Section 11 of the Contract – Special Compliance Provisions

The ISD/School District shall comply with all the applicable laws and regulations set forth by a federal contract including but not limited to the following:

1. Copeland “Anti-Kickback” Act
2. Fair Labor Standards Act
3. Worker’s Compensation Act
4. The Privacy Act of 1974
5. Sections 103 & 107 of the Control Work Hours and Safety Standards Act (as supplemented by Agency of Labor regulations)
6. The Davis-Bacon Act, where applicable

For contracts exceeding \$100,000 the following requirement apply:

1. Clean Air Act
2. Clean Water Act
3. Executive Order 11738 (Clean Air Act and Environmental Protection Agency regulations)
4. All other required regulations, as required (List any that may apply in the contract)

Section 12 of the Contract – Independent Contractor

CSNT is entering into a contract with an independent contractor and cannot be held liable for claims against the contracted teaching staff by any third party. It must be stated that no employee/employer relationship exists between CSNT and the contracted teaching staff and there are no restrictions regarding the teaching staff providing services to other agencies. Although there is no employee/employer relationship, the teaching staff are required to adhere to CSNT's business hours to maximize the time spent with those who will receive instruction and training as part of the contract.

Section 13 of the Contract – Conflict of Interest/Nepotism

ISD/School District will comply with CSNT's No Discrimination/No Harassment Policy. CSNT will monitor possible conflicts of interest and/or nepotism pertaining to all aspects of the contract.

Section 14 of the Contract – Sectarian Activity

ISD/School District shall ensure that no funds under the contract are used for religious or anti-religious activity including worship or instruction.

Section 15 of the Contract – Political Activity and Lobbying Prohibited

None of the funds used for this contract can be used for influencing the outcome of an election including legislative measures. No funds from this contract can be used to hire employees that are candidates for the legislature, judicial, or executive branches of government for the United States. None of the funds from this contract can be used to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress. None of the funds from this contract can be used for lobbying in any form.

Section 16 of the Contract – Prevention of Fraud and

Abuse

ISD/School District shall establish and maintain internal control systems to prevent, detect, and correct incidents of waste, fraud, and abuse. CSNT will have access to records and documents, if necessary.

Section 17 of the Contract – Changes and Amendments

Any changes to Federal or State law or regulations will automatically be incorporated into the contract on the effective date of the regulation. No other changes shall be admissible without being amended in writing and signed by both parties.

Section 18 of the Contract – Record Keeping Requirements

ISD/District will give access to Federal/State funding agencies, CSNT and/or their designee to records pertaining to this contract. These records may be reproduced, if necessary.

Section 19 of the Contract – Non-Discrimination and Equal Opportunity

ISD/District shall comply with all laws regarding discrimination and equal opportunity.

Section 20 of the Contract – Insurance Requirements

ISD/District will comply with all laws regarding maintenance and proper insurance coverage while doing business under the contract.

Section 21 of the Contract – Use of Alcoholic Beverages

Contracted teaching staff must abide by CSNT's zero tolerance of drug and alcohol use while representing or involved in activities that create the assumption of representation of CSNT.

Section 22 of the Contract – Litigation and Claims

ISD/District will give CSNT immediate written notice of any claim or action filed in a court of law or administrative agency against any the contracted teaching staff. CSNT will receive copies of all pertinent papers received by the

contracted teaching staff.

Section 23 of the Contract – Prior Oral and Written Agreements

All prior oral and written agreements between the ISD/District and CSNT regarding the contracted teaching staff are null and void.

Section 24 of the Contract – Severability

If any portion of the teaching services contract becomes invalid by a court of competent jurisdiction, the remaining contract shall be valid and binding.

Section 25 of the Contract – Legal Authority

The contract must be signed by the legal representative of each entity and both signatories must have the authority to implement legal contracts by both CSNT and the ISD/District providing the teaching services.

Monitoring Requirements

The teaching services provided by the contract and the terms of the teaching services contract will be monitored as part of the CSNT Head Start On-Going Monitoring System. The teaching services and the terms of the teaching services contract will also be monitored by the School District on a regular basis.

Any issues with any of the terms and conditions of the contract shall be discussed by the appropriate parties and corrective actions will be implemented. If the corrective actions do not fix the issues to either party's satisfaction, the issue will be addressed through the proper channels including and up to the Executive Director and the Superintendent of the School District.



Education Operating Manual

*Aligned with the 2024 Head Start Program
Performance Standards
(Standards 1302.30 -1302.47)*

Revised 12/19/2024

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EDUCATION PROGRAM OVERVIEW

The Head Start Program provides young children from birth through preschool aged from low-income families with free, high-quality child-development services. Head Start children explore and learn in a healthy, nurturing environment, while building self – confidence and social skills. Also, they receive complete medical and dental services. Children with special needs are welcomed into the program and receive individual attention from Special Services Staff. Children leave Head Start with a strong foundation for successful learning in school.

During a state of emergency triggered by the Federal, state and/or local governments these Administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments.

Copies of these amended policies and procedures will be included where necessary.

MISSION STATEMENT THE MISSION OF HEAD START

“Prepare eligible children, ages Birth to Five, for successful transition into Head Start and the school system as well as help their families become self-sufficient”

EDUCATIONAL PHILOSOPHY OF HEAD START

The Head Start Program adheres to the philosophy that parents are the prime educators of their children. The Educational Program provides parents with the opportunity to increase their knowledge of child growth and development. The Head Start Program provides parents with the opportunity to learn additional parenting skills, and an opportunity to learn how to work more effectively with their own children.

The Head Start Program works to enrich children with a learning environment and varied experiences appropriate to their age, stage of development and cultural background, which will help them to develop socially, intellectually, physically and emotionally.

Before a teacher can guide the daily activities of a Head Start classroom, he or she must clearly understand the philosophy of the program. Since 1965, Head Start Program Goals state that:

- A. The Head Start Program is based on the premise that all children share certain educational needs, and that children of low – income families, can benefit from a comprehensive developmental program to meet those needs. The Head Start Program approach is based on the philosophy that:
 - 1. A child can benefit from a comprehensive, interdisciplinary program to foster development and remedy problems as expressed in a broad range of services.
 - 2. The child’s entire family, as well as the community, must be involved. The program should maximize the strengths and unique experiences of each child. The family, which is perceived as the principal influence on the child’s development, must be a direct participant in the program. Local communities are allowed latitude in developing creative program designs so long as the basic goals, objectives and standards of a comprehensive program are adhered to.
- B. The overall goal of the Head Start Program is to bring about a greater degree of social and intellectual competence in children of low – income families. Social competence means the child’s effectiveness in dealing with either his or her present environment and later responsibilities in school life. Social competence takes into account and mental health, nutritional needs and other factors that enable a competence. To the accomplishment of this goal, Head Start objectives and performance standards provides for:
 - 1. The improvement of the child’s health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child’s access to an adequate diet, and the improvement of the family’s attitude toward health care and physical abilities.
 - 2. The encouragement of self-confidence, spontaneity, curiosity and moreover, self – discipline will assist in the development of the child’s social and emotional health.

EDUCATIONAL PROGRAM

The Head Start Program offers an educational program for young children.

Head Start for Preschoolers

- A. There are Head Start Campuses located in Cass, Bowie, Marion, and Morris counties.
- B. The Campuses are open from 7:30 a.m. to 4:00 p.m. Diverse time varies by Campus Service area.
- C. Head Start Staff
 - 1. Campus Director

2.Family Empowerment Advocate

3.Classroom Teachers

a. Lead Teacher

b. Teacher Assistant

c. Other support staff

1.Cooks

2.Custodian

3.Volunteers

GENERAL TIMELINES

August: School opens. Majority of children enroll and begin the school year. Lesson Plans and Bus Safety Curriculum begins. Follow Lesson Plan Schedule. Follow Anecdotal Notes schedule. Begin Home Visits.

September: Begin ongoing observations of children. Begin recording anecdotal notes. Begin using the CIRCLE PROGRESS MONITORING. Administer the SPEED DIAL-4 screening to new children. Screenings should be done on new children within 45 days. Begin portfolios for children, saving 2 – 3 entries monthly. (Name, date, explanation of the entry)

Late September: Complete CIRCLE PROGRESS MONITORING. Continue weekly anecdotal records and Bus Safety Curriculum.

October: 1st week of October 45 days complete; Speed DIAL-4 screenings and Bus Safety Curriculum complete. Continue Anecdotal notes and portfolios.

Mid October: Bus Safety Certificate Signed by Parent and Parent Teacher Conference complete.

Early November: Continue Anecdotal Notes and portfolios.

December: Continue Anecdotal Notes and portfolios. Complete all screenings, parent teacher conferences, bus safety curriculum and home visits on all newly enrolled children.

January: Complete 2nd CIRCLE PROGRESS MONITORING. Continue Anecdotal Notes and portfolios.

February: Begin Kindergarten transitions (schedule field trip to kindergarten and practice lunch trays) continue Anecdotal Notes and portfolios. Turn in a supply list of things needed including classroom materials and supplies to the Education Coordinator.

March: Begin 2nd Home Visits and Continue Anecdotal Notes and portfolios.

April: Complete Home Visits and begin 3rd CIRCLE PROGRESS MONITORING. Continue Anecdotal Notes and portfolios.

May: Complete CIRCLE PROGRESS MONITORING and Complete Transition Packet with Parent Teacher Conference: No Anecdotal Notes for this month. An inventory must be complete before leaving for the summer.

SCHOOL READINESS COMMITTEE

1. This committee is comprised of Head Start staff, Head Start parents and other professionals in the child development community and will meet at least twice a year.
2. The purpose is to act as a resource for enhancing the school readiness educational program.
3. Educational materials are reviewed, revised and established by this committee.
4. School readiness goals are reviewed, revised and established by this committee based on data.
5. Each campus will establish their own school readiness team which consist of but not limited to Campus Director, Principal, Kindergarten Teacher, Lead Teacher, Teacher Assistant, Parent, Family Empowerment Advocate and Education Coordinator.
6. Each School readiness team will review, revise and establish campus goals based on data.

APPROPRIATE PRACTICES

1. The Head Start Program requires that teachers always use developmentally appropriate practices in the classroom.
2. According to the National Association for the Education of Young Children (NAEYC) guidelines, developmental appropriateness has two parts:
 - A. First, that activities and expectations in the classroom are age appropriate. This means that the learning environment and learning experiences are planned particularly for an age group.
 - B. For Head Start, the age group includes three to five years of age.
 - C. Second, teachers must recognize that each child is a unique person, and that learning should incorporate experiences which are individually appropriate, not only matching a child's abilities but challenging them as well.
3. Certain atmosphere should be observed in the classroom.
 - A. For example, the learning environment in a Head Start classroom should be colorful and engage young children's interests.
 - B. Bulletin boards, pictures, and artwork should be placed at children's eye level.
 - C. Activities and experiences must be planned in a way that encourages children to participate.
 - D. At this age, children should be given hands – on direct experiences with a variety of materials and manipulative.
 - E. Children remember a surprising amount of what is touched, explored, and experienced.
4. Because children develop differently and at different stages, careful observations, assessment and planning must be done to meet individual needs.
5. In keeping activities appropriate, be sure that activities are relevant to the children's interest.
6. Children must have time to experiment with what they are learning or working on.
7. Children are allowed to learn from their own self – directed problem solving.
8. Children are given choices in joining an activity.

MULTICULTURAL PRINCIPLES

1. Every individual is rooted in culture.
2. The cultural groups represented in the communities and Families of each Head Start program are the primary sources for culturally relevant programming.
3. Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
4. Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.
5. Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
6. An effective program for children with limited English-speaking ability requires continued development of the primary language while the acquisition of English is facilitated.
7. Culturally relevant programming requires staff that reflects the community and families served.
8. Multicultural programming for children enables children to develop an awareness of respect for, and appreciation of individual cultural differences. It is beneficial to all children.
9. Culturally relevant and diverse programming examines and challenges institutional personal biases.
10. Culturally relevant and diverse programming and practices are incorporated in all content areas and services.

THE VALUE OF PLAY

1. Play serves many purposes for the young child.
2. Children learn through play.
3. Play is an outlet of communication where the toys act as the child's words and play becomes the child's language.
4. Below are some ways in which children benefit from play:
 - A. Play is the way the child explores and orients him to the actual world of space and time, of things, animals, structure and people.
 - B. Play is self – chosen activity.
 - C. Through play repetition, children develop their skills.
 - D. As they become more competent, they begin to seek new and more advanced experiences.
 - E. Play serves as a means of self – assertion through which a child can declare his or her needs.
5. Play helps each child to develop social relationships and skills.
 - A. He or she learns to use play materials and equipment.
 - B. Share and cooperate.
 - C. Lead and follow.
 - D. Request information.
 - E. Gain confidence and a positive self – image.
 - F. Communicate and become aware of differences and similarities among his or her peers.

BEHAVIOR GUIDANCE

1. Classroom rules and limits are established early in the year.
2. Adult authority is established without threat to the children, but more related to trust.
3. The ultimate goal is to give children an opportunity to develop into self – controlled, self – disciplined individuals.
4. The classroom management techniques must be geared toward the age level and individuality of each child.
5. The teachers plan ahead by providing a physical environment, which will prevent problems before they occur.
6. This planning includes room arrangements, adequate materials, and developmentally appropriate activities.
7. Teachers are also encouraged to reinforce appropriate behaviors such as touching, eye contact, smiling, and positive statements to the children.
8. Positive redirection is used to distract a child from an inappropriate behavior, thus giving the child an alternative action.
9. “I” statements are used to verbalize a redirection and to avoid a defensive reaction.
10. Time Outs are used to defuse a situation in which the child has harmed another child, himself, a teacher, or equipment.
11. The child is isolated from the situation but remains in full view of the teacher.
12. This gives the child an opportunity to become calm and deal with his/her thoughts and feelings in a safe manner.
13. The time allotted is comparable to the child’s age not exceeding five minutes.
14. Once the allotted time has passed, the child has the opportunity to work through the situation with teacher assistance.
15. A Time Out is not a punishment, but a method of defusing negative circumstances and effectively working with a child on an individual basis.
16. If extreme behaviors persist, they should be referred to Special Services.

THE TEACHING TEAM

1. A Campus Director or Family Empowerment Advocate is located at every site.
2. There is a Lead Teacher and Teacher Assistant in every classroom.
3. The Lead Teacher and Teacher Assistant lead the classroom in a team approach.
4. Each classroom has from fifteen to twenty children.
5. A ratio of no more than ten children to every one adult is maintained through the teaching staff, parents, and substitutes.
6. Whenever possible parents and other volunteers are used to lower the ratios.
7. This staff population allows the needs of children who required individual and small group attention to be met, and for the needs of parents to be involved.
8. The efforts of both parents and volunteers are counted on in meeting the twenty – percent in – kind that local communities must furnish in order for the program to qualify for federal funds.
9. Thus, this arrangement is of benefit to children, parents, teachers, and community.

CIRCLE ASSESSMENT

1. The CIRCLE (valid and reliable assessment) is an ongoing assessment of the child's abilities and is used continuously to evaluate the child's progress.
2. Lesson plans are developed according to the skill or concepts yet to be achieved.
3. The CIRCLE is based on objectives that include predictors of school success and are aligned with the Head Start Early Learning Outcomes Framework and the State Pre-K Guidelines. These objectives are the heart of the system. Teachers use them to focus their observations as they gather information to make classroom decisions.
4. The portfolio contains anecdotal notes, child – creative materials, Ages & Stages Parent Questionnaire, Bus Safety curriculum, and etc. The portfolio is followed and planned by a portfolio timeline. (Early Head Start)
 - A. The portfolio is kept in the classroom, which includes samples of the child's drawings, writings and self – portraits are kept on a continuous basis. (2-3 times per month) (Early Head Start)
 - B. Additionally, it is taken on Home Visits. (Early Head Start)
 - C. The portfolio material is sent home to the parents at the close of the school year. (Early Head Start)
5. Parents / Guardians have access to their child's portfolio.
6. Confidentiality must be maintained.
7. The CIRCLE is to be completed through observations and electronic assessments. Data is collected three times per year.
8. Anecdotal notes are kept on a weekly basis. (Early Head Start)
 - A. Anecdotal notes consist of written records of the child's observed daily activities. (Early Head Start)
 - B. CIRCLE Checkpoints are done three times a year on each child. (Progress Reports are to be discussed during Parent Teacher Conferences and Home Visits. The parent / guardian also has an opportunity to make any notations of the child's development, progress, and/or comments.

9. The CIRCLE Assessment is broken down into areas of skill development.

A. The teacher will use these areas when planning for the child. IEP's will also be discussed during the Home Visit.

DEVELOPMENTAL SCREENING (SPEED DIAL-4 & AGES AND STAGES/E DECA)

1. Dial 4 Screening is an individually administered developmental screening test designed to screen young children ages 2:6 through 5:11.
2. New children are tested within the first 45 days of the child's entry of the program.
3. The results of the screening are used for the teacher to begin individual planning for each child.
4. The results of the screening are given to the parents during the Parent / Teacher Conference or Home Visit.
5. If a child is found to have a potential delay re-screens are done within 4-6 weeks after the initial screening.
6. Ages and Stages is a developmental screener that is filled out by parents and will be discussed during the first parent teacher conference. **(See Disabilities/Mental Health)**

FROG STREET CURRICULUM BY FROG STREET PRESS

FROG STREET Infant/Toddler, Three's and Pre-K Curriculum is a comprehensive, scientifically research-based early childhood curriculum that provides successful learning experiences for teachers and children. FROG STREET Early Childhood Curriculum is aligned with state and national standards including the National Association for the Education of Young Children (NAEYC), the Head Start Outcomes Frameworks, and the Texas Pre-Kindergarten Guidelines.

CLASSROOM DAILY SCHEDULE

****Refer to Each Campus Operating Manual. ****

LESSON PLAN

1. The lesson plan is a tool for the teacher to use in order to plan the week's activities for the classroom.
2. A weekly lesson plan is a detailed written documentation of activities, which include multicultural activities, materials, objectives, and all plans to be carried out for the week.
3. The activities planned should follow the FROG STREET curriculum.
Individualization Plans will be written for all children including children with IEP's.
4. The lesson plan is to focus around a certain theme or themes from the FROG STREET Curriculum Frog Street Press.
5. The Campus Director and Education Coordinator are to evaluate the lesson plan and provide assistance accordingly.
6. When planning a unit, the teacher is to make sure that all materials are available for that particular week. Materials should be gathered and available prior to all lessons.

ROOM ARRANGEMENT

1. Make sure that traffic patterns are clearly defined and that traffic flows freely and limits running.
2. Separate noisy or active areas from quiet areas.
3. Store materials and equipment near the center in which they will be used and allow children to have access to all materials.
4. Learning centers should be clearly labeled (English and Spanish) and defined by low shelves or partitions.
5. Materials within a center should be labeled with words and pictures on the shelves to help the children identify where items belong and to associate items with printed words.
6. Place centers that require light near windows.
7. Place center, which are considered messy, such as sand and water play and art, in an uncarpeted area near a sink when possible.
8. Centers should be arranged to allow the teachers to see all the children from any point in the classroom.
9. Teacher materials should be stored separately out of the room and off children's shelves.
10. Materials need to be at children's eye level.

LEARNING CENTERS

The classroom is divided into "interest centers" or "learning centers." These divisions encourage specific kinds of learning within each activity center. The

themes as well as culturally relevant items are present throughout the learning centers. **Learning Centers include:**

1. Library / Listening Center:

1. The Library / Listening Center are quiet areas.
2. It should be located as far away from the noisy areas of the classroom as possible.
3. The area should be blocked off from disturbances by low shelves or partitions.
4. A small corner of the room with pillows, a beanbag, or comfortable chair will make this area inviting.
5. The area should have a shelf to display books available to the children.
6. Remember to stand books upright with the covers showing so that the children will be drawn to look through them.
7. Torn books or books without covers should be removed and replaced.
8. The books present in this area should be changed according to the themes.
9. A variety of real-life stories as well as fantasy books should be present.
10. Some books available should relate to the current theme.
11. This area needs good lighting. The children will look at print and illustrations. Therefore, a felt board, cassette tapes, earphones and language games can be incorporated into this area.

2. Math / Science Center:

1. Puzzles, beads, pegboards, counting games and other manipulatives are incorporated into this center.
2. There should be a shelf for storing the materials and a small table and chairs for the children to use while working in this area.

3. Helpful hint: Sturdy containers should be labeled and stored on a shelf. The children can learn to match activities with containers, and it teaches order. If possible, sort and classify by labels with pictures.
4. This center should contain items for the children to examine, manipulate, and explore.
5. Space to display leaves, animals, rock collections, sound cans and other scientific items such as scales and rulers.
6. Plants, aquariums, and items that float and sink are part of this center.
7. This center should be located near a source of light, water, and electricity.
8. Rotate tools, supplies, and natural objects according to children's interest and monthly theme.
9. Provide a shelf to store materials and a table is recommended.

3. Creative Arts Center:

1. This Center should be located in an uncarpeted area, near a sink to provide clean up.
2. Shelves are needed to store paints, clay, brushes, paper, crayons, markers, scissors, chalk, yarn, fabric, glue and etc.
3. Materials should be stored in labeled containers.
3. Authentic child-initiated art is recommended for children to express their ideas creativity.

4. Construction Center:

1. The Block area allows children to become the architects of their own world. Space should be allowed for both collaborative play and individual endeavors.
2. Shelves should be provided for storage of blocks and props.
3. Block play is noisy and should be located away from the traffic flow and quiet centers.
4. Carpeting is recommended to help absorb the noise.

4. Pretend and Learn Center:

1. Create a center where children can re-create the everyday life of their home and community or act out imaginary worlds. Through such play, children come to terms with their own experiences and demonstrate what they know, feel, and think about their world.
2. The center may be changed monthly to reinforce the monthly theme.
3. The center should be located near the noisy centers.
4. The center should contain equipment, furniture and material which will encourage the children to be creative.
5. The center can be changed to include:

a. A doctor's office

b. Beauty shop

c. Grocery store

d. Restaurant

e. A Florist

f. A Farm

g. Etc.

5. Writing Center:

1. The writing center should be in a quiet area with a table, chairs and shelves for storage.
2. A variety of drawing and writing materials should be available which includes paper cut in various sizes, whole punch, yarn, paper fasteners, and a stapler, and etc.
3. Journals, sticky notes, small clipboards, name cards, letter stamps, ABC games, and sentence strips should also be included in this center.

7. ABC Center:

1. ABC manipulatives, puzzles, tiles, stamps, upper case and lower-case magnetic letters, rubber letters and etc. should be included in the center.
2. This center should include a shelf, table, labeled storage tubs, and a place to work.
3. Writing materials and ABC books should be included.

8. Computer Center:

1. The Computer Center needs to be placed near or in the quiet center groupings.
2. The Computer Center contains an actual computer and computer games for the children to work.

9. Tablet Center:

1. The Tablets need to be placed near the computer in the quiet center groupings.
2. The tablet use should be monitored by Teacher / Teacher Assistant to ensure proper use of apps and skill development games.

ADDITIONAL INDOOR SPACE

In addition to the learning centers previously described, space is provided for large group activities in which all of the children participate.

This area must be large enough to accommodate group games, circle time, movement, and dancing. Lockers or “cubbies” provide each child with a place for his or her personal belongings.

These are usually located near the entrance to the classroom. The lockers are labeled with the child’s name and / or symbol.

The use of the television in the classroom will be limited. When it is used it will be educational and associated with the theme. It should also be documented on the lesson plan.

DAILY ROUTINES

This information is primarily directed at Head Start Campus staff, although all agency employees whose position requires their presence in the campuses at any time should be familiar with these general guidelines.

1. The children in the centers should always hold priority over and personal or staff business. The atmosphere should be one in which the adults express joy at having the opportunity to be with the children.
2. Each child should be greeted individually each morning by staff.
3. Teachers should utilize planning time.
4. Meal Service (See Nutrition Operating Manual) Family Style Meals
5. In classrooms where children are combined during breakfast (for one reason or another) they should follow the schedule of the Campus.
6. A set of name tags should be kept on hand in each classroom for use when a new adult participates in classroom activities. This is easier on the children as well as the volunteer.
7. These tags could also be used at the beginning of the school year.
8. When children are moving from one room to another, the teacher should always remain at the front of the group, where it is easier to control them. The teacher and teacher assistant should count out aloud and communicate the number of children they have.
9. All broken equipment should be removed or repaired immediately following inventory procedures as necessary.
10. Allow children to share in the concern and care for missing parts and observe minor repairs.
11. The children should be taught to take care of their classroom's supplies and put items away when they are through with them.
12. Adults should NEVER discuss a child in front of ANY other children.
13. Adults should stoop down (or sit in a chair) to a child's level when speaking to him / her.
14. Children's clothing should always be protected while they are involved in messy artwork.
15. Smocks and large, old shirts should be available.

16. Teachers should always prepare for each day's activities so that children will not have to wait for supplies to be gathered.
17. Materials should be gathered either the previous afternoon or early the same morning.
18. If children are too rowdy during a particular activity, the activity and its presentation need to be evaluated.
19. Individual conferences with each teaching team should be held concerning daily schedules.
20. The Lesson Plan is available in the classroom.
21. An identical schedule should be posted in the classroom at all times.
22. The teacher and teacher assistant should work as a team.
23. The teacher and teacher assistant should have shared responsibilities never one teacher having all the duties however, the overall classroom management is the teacher's responsibility.
24. Smooth operation of the classroom is the direct result of a cooperative team effort and open communication.
25. If one feels that he / she is being unfairly given all the work, this needs to be brought to the attention of the other teacher in the room.
26. If this is ineffective, the matter should be discussed in conference with the Campus Director. If for any reason this is ineffective the Education Coordinator will need to be notified.

DAILY EXAMINATION OF CHILDREN PROCEDURE

****See Health Operating Manual** for Check-In-Procedure**

DAILY TRANSITIONS

1. Head Start works to make every experience for the child an educational one.
2. The simple task of changing from one activity to another is an opportunity for learning.
3. Songs, finger plays, and simple games are used to transition the children from activity to activity or from place to place.
4. Creative songs, finger plays, and games serve to transition as well as provide continuous educational learning experiences for the children.

REST ROOM PROCEDURE

1. The program encourages nonsexist roles in all activities provided for the children; therefore, boys and girls might, at any given time, use the same rest room at the same time.
2. Rest room procedures are always supervised by adults at all times.
3. Teachers are encouraged to take small groups of children to the rest room at a time so that children can complete the task and return to the classroom as quickly as possible.
4. The rest room procedures facilitate personal hygiene and independence.
5. Hand washing, zipping and buttoning, independently flushing, and taking turns allow children to develop their personal skills.
6. Teachers assist and guide the children when needed.

MEALTIME

****See Nutrition Operating Manual and Education Standard Operating Procedures ****

TOOTHBRUSH PROCEDURES

****See Nutrition Operating Manual****

OUTDOOR PROCEDURE

1. The playground is checked daily before the children are allowed to go outside.
2. Things to look for include broken equipment, stray animals, and harmful trash (glass, cans, needles, etc.).
3. There is 30 minutes scheduled in the morning and 30 minutes in the afternoon for outdoor time. (ISD times vary)
4. Planned activities need to be included in outdoor play.
5. Teachers are to stay in child staff ratio on the playground.
6. Teachers are to keep moving and to interact with the children.

7. The classroom schedule is followed to prevent too many children on the playground at one time.
8. During nice weather, it is permissible for indoor activities to be done outdoors.

TRANSFER OF CHILDREN

1. The Head Start Program stresses the importance of continuity as a focal point of each child's growth and development.
2. The transfer of a child only serves to prolong the adjustment period.
3. The classes will be decided by the Campus Director and the Family Empowerment Advocate.
4. Newly enrolled children are placed in the classroom through the year by the Family Empowerment Advocate.

FIRE DRILL

1. During a fire drill, teachers and children are to immediately stop what they are doing and proceed in an orderly fashion to the designated exit.
2. One teacher is to be at the front to lead the children, and the other teacher is to be last to check the room for children and to close the door behind them.
3. Proceed to a pre-assigned area outdoors and count to make sure all are present.
4. The sign-in sheet is taken outside with the group.
5. Emergency contacts and first aid (bag) should also be taken outside with the children.
6. The teachers wait until all is clear before they proceed back into the building.
7. In the event of an emergency, the staff and children must be able to safely exit the building within three minutes.

TORNADO DRILL

1. During a tornado drill, teachers and children are to immediately stop what they are doing and proceed to a pre-assigned inner wall away from windows and doors.
2. Children are sitting facing the wall with their knees to their chest.

3. Children place their heads between their knees and clasp their hands behind their neck.
4. Teachers sit behind the children facing the wall in the same position as the children until the danger has passed.
5. Blankets may be used to cover the children to protect from flying objects.

MEDICATION PROCEDURE

****See Health Operating Procedures****

MEDICAL EMERGENCIES

****See Health Operating Procedures****

CAMPUS ACCIDENT REPORT

****See Health Operating Procedures****

EMERGENCY EVACUATION

****Follow Emergency Plans at the Campus level****

ACCESS TO CHILDREN'S RECORDS

1. All children's records are kept in individual folders on site.

2. The education section of the child's folder contains confidential records kept in locked cabinets. File is noted under Progress.
3. The records are not to leave the campus unless the child is transferred or leaves the Head Start Program.
4. Documents within the folders are to be objective and not a reflection of personal opinion.
5. There is a policy for reviewing these records and why someone may see them.
 - A. A person using the records should sign an access sheet.
 - B. Laws state that parents have access to their child's records on request.
 - C. If a parent should request these records, the parent is allowed to view to them while at the campus in the presence of the Campus Director, teacher or support staff person.
6. There is also a policy as to what types of information should be forwarded to the public schools when the child leaves Head Start.
 - A. Usually, a brief summary of pertinent information is forwarded if the parents feel this is necessary.

NON-FEDERAL CONTRIBUTION-GIFT ACKNOWLEDGE FORM

1. When a donation other than money is made, it is necessary to document the donation.
2. This is done on the In-kind Donation Form.
3. The following information should be recorded:
 - A. Component / person receiving the donation.
 - B. Person / Organization making the donation.
 - C. Date received.
 - D. Description of the donation by quantity, cost, and value.
 - E. A copy of the form is made.
 - F. The donor is given a copy for his / her records.

****See In-Kind Policy and Procedures****

LICENSING REQUIREMENTS

1. To obtain a Campus license, the Campus Director needs to request a packet from the licensing representative.
2. The packet must be filled out and mailed back with a check for the current licensing fee.
3. The application requires the signature of the Board President and the Chief Executive Officer.
4. These can be obtained through the Head Start Director Head
5. When the packet is complete with the signatures and a copy of the check that was sent to Austin.
6. A date will be set to visit the campus.
7. After the license is obtained, each year an annually licensing fee of \$35.00 plus one dollar per child will need to be paid.

**** This is for initial licenses ****

TRANSITION POLICY

**** See Transition Standard Operating Procedures ****

**** See Family Services Operating Manual ****

HOME VISITS

1. The Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING will be accessed and copied for the Home Visit. It allows the teacher to review information from the documentation in CIRCLE.
2. During Home Visits if the child has an IEP, the IEP should be taken and discussed with the parent on this visit.
3. The materials taken should include: Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING, Home Visit form, Portfolio, child's IEP (if they have one) and additional educational materials as needed.

4. During the visit, the parent / guardian and teacher will set goals for the child's development and activities that can be done in the home to help reach those goals.
5. The parent / guardian and teacher sign and date the Home Visit form, and the teacher and parent / guardian will write general comments on the overall visit, leaving no blanks on the Home Visit form. If the parent / guardian has no comment about the visit or program, then NO COMMENT should be noted on the form at the bottom.
6. The parent will be provided a copy of Child's Summary Report from CIRCLE/ FROG STREET PROGRESS MONITORING at the end of the Home Visit.
7. In order to keep staff safe and healthy Home Visits may be done at the Campus instead of the home. Due to the increase of violence reported in neighborhoods within the service area as well as viruses and other health hazards, staff will have the option to conduct the home visit at the Campus instead of the home. Home visits may be completed in the home if deemed necessary by the family or the staff. **TWO STAFF** are required for all home visits in the home (Lead Teacher along with the Family Empowerment Advocate, if possible).

PARENT / TEACHER CONFERENCES

1. Parent / Teacher Conferences occur twice yearly.
2. During this conference, the teacher summarizes the child's progress on the form and any concerns or comments the parent may have about the child.
3. The Bus Safety Curriculum Certificate will be discussed and signed at the first Parent / Teacher Conference.
4. The teacher will also address any concerns noted on the Ages and Stages Screening during the Parent / Teacher Conference.
5. If parent has not completed the Ages and Stages form, parent will do so at the Parent / Teacher Conference.
6. Parents are also asked to comment on the services the child and family are receiving.

FIELD TRIPS

Each classroom can take two educational field trips a year (one in the fall and one in the spring). These two trips do not include the kindergarten transition trip or the end of the year celebration.

PROCEDURES FOR COMPLETING THE FIELD TRIP FORM:

1. This Field Trip and Transportation Request form must be completed and turned in **one month prior** to the date of the field trip.
2. The teacher fills out all appropriate information and turns in the forms **one month in advance** of the field trip.
3. The teacher gives the forms to the Campus Director for approval and signature.
4. The Campus Director sends the Field Trip and Transportation Forms to the Education Coordinator.
5. The Education Coordinator will sign the Field Trip Request Form and send it to the Head Start Director for approval and signature.
6. Once the field trip has been approved and has all required signatures. The Education Coordinator will send the Transportation Request Form to the Support Services Manager for approval and signature. The Support Services Manager will return the approved and signed Transportation Request Form to the Education Coordinator.
7. The Education Coordinator will send copies of the approved Field Trip Request Form and the Transportation Request Form back to the Campus Director to schedule the field trip.
8. If the menu has been changed, the Nutrition Coordinator approves all meals and signs the form as well.
9. If at any time in this process the field trip, transportation, meals, etc. are not approved, the forms will be returned to the Campus Director as unapproved with the reason why it was not approved.

PROCEDURES FOR IN HOUSE FIELD TRIPS

1. For in – house field trips, please have the guest fill out an in – kind form.
2. The in – house field trips do not have to go through the full approval process but must be approved by the Campus Director and the Education Coordinator.
3. The copies of the field trip forms will be given to the Education Coordinator.

Note: Nature walks of more than a six blocks radius from the center require a field trip form. Follow – up contacts for field trips should be made two weeks prior to the date of the field trip. Be sure to call a day before to confirm the field trip.

FIELD TRIP RELEASE FORM

1. The Field Trip Release form is needed before any child can participate on a field trip.
2. The Parent / Guardian must fill out the form, sign it and give it back to the child's teacher. Each child must have a parent / guardian signature before attending any field trip.
3. Field Trips must be posted 48 hours prior to the trip on the Campus Bulletin Board or Parent Board and front door.

PROCEDURES FOR FILLING OUT FIELD TRIP REQUEST FORM

1. The teacher can fill out the name of the child, field trip, and date.
2. The teacher will obtain the parents'/guardian signature.
3. The teacher will give the form to the Campus Director to be placed into the campus file.

Note: Children will not travel on the bus for more than one hour.

PROCEDURES FOR PARENTS TRANSPORTING THEIR CHILDREN ON A FIELD TRIP

1. All children will meet at the campus and sign in as a normal day. (Breakfast, tooth brushing, etc.)
2. At the time of departure parents wishing to transport their own child will sign their child out.
3. Upon arrival of the destination the parent will sign their child back in to participate in the field trip activities.
4. When departing from the field trip destination parents that previously transported their child will be responsible for transporting their child back to the campus or home, therefore they must sign their child out.
5. While attending the field trip, all children are required to follow The Head Start Program rules and regulations just as if they are on the campus.
6. Parents in attendance are asked to assist the staff to ensure the safety of the children.

PROCEDURED FOR PARENTS RIDING THE BUS ON A FIELD TRIP

A parent that is volunteering on the day of a field trip will be able to ride on the Head Start bus provided there is space available. The responsibility of the parent volunteer is to aid the Lead Teacher and Teacher Assistant with the supervision of the children. The parent volunteer cannot bring other children on the field trip.

DAILY MEAL COUNT AND ATTENDANCE

****See Nutrition Operating Procedures****

Sign – In / Sign – Out Form

1. Attendance is maintained electronically in the Child Plus Database system by the parent signing the child in and out.
2. On an ISD Campus the Child Attendance is entered by the Teacher or the Teacher Assistant.
3. If a child is relocated throughout the day, the Teacher or Teacher Assistant will enter the time in the notes section in Child Plus.

PARENT CONTACT DOCUMENTATION FORM

****See Family Service Standard Operating Procedures****

PARENT HANDBOOK

****See Center Operating Manual****

FIRE INSPECTION

1. All Campuses are required to have an annual fire inspection.
2. The Campus Director will request the inspection one month prior to the expiration date.
3. The form is completed and turned in to the Service Manager
4. The following items should be completed:
 - A. Name of campus

- B. Telephone number
 - C. Campus Address
 - D. Local inspection
 - E. Local inspection's address
 - F. Last date of inspection.
5. If at the time of inspection, the fire inspector finds areas of noncompliance, a re-inspection will be needed.

GAS LEAK

1. All Campuses are required to have an annual gas leak test.
2. The Campus Director will request the inspection one month prior to the expiration date.
program year.

PROFESSIONAL DEVELOPMENT ASSESSMENT (Classroom Assessment Scoring System)

1. The Classroom Assessment Scoring System (CLASS) will be used to assess the classrooms for school readiness and teacher/child interactions.
2. A 10-minute observation will be conducted by the Education Coordinator at the beginning of the school year to get a snapshot of teaching strategies for teachers.
3. CLASS will be implemented twice during the school year by the Education Coordinator. It will be implemented on or around October 15th and April 15th.
4. Each CLASS assessment will consist of an estimated two 20-minute observations with ten minutes to score. These observations can be scored in-person or videoed and scored at a later date. After videos are used for scoring and mentoring, they will be deleted. No videos will be kept longer than one school year unless otherwise authorized. After each assessment and score is completed, the observation will be discussed with the teaching staff, the Education Team, and the Campus Director.
5. Education Coordinator will keep copies of each classroom assessment and will transfer the information from the scoring sheet to the Child Plus Database System. After reviewing and analyzing the data entered, the Education Coordinator will generate a report

from the aggregated data in Child Plus. The Education Coordinator creates an Action Plan for the strengths and weaknesses for each campus and it is given to the Program Director.

6. Professional Development will be guided by information obtained from the CLASS observations and Coaching Companion videos. This information will be instrumental in the development of the pre- service/in-service training provided to teachers and teaching staff.

PRACTICE BASED COACHING (PBC)

Practice-Based Coaching (PBC) is a professional development strategy that uses a cyclical process that includes three components. This process supports teachers' use of effective teaching practices that lead to positive outcomes for children. PBC occurs in the context of collaborative partnerships with the Teacher / Teacher Assistant.

The coaching cycle components are: 1. Planning goals and action steps 2. Engaging in focused observation 3. Reflecting on and sharing feedback about teaching and home visiting practices.

PBC can be delivered on-site or virtually using technology. Self-coaching can be used to support staff as a part of a program's research-based coordinated coaching strategy. Another strategy is to have instruction recorded, uploaded to a website and reviewed by the Coach who then arranges for a face-to-face debriefing meeting to provide feedback and set goals.

The teaching staff will be monitored by the Education Coordinators at least once monthly. Teaching staff that need more intense coaching will have training at least two times every four weeks.

The tools used in the coaching process are (but not limited to) General Observation Form, Action Plan Form, Coaching Companion, video recording(s) of instruction and Zoom video.

SCHOOL READINESS GOALS

Community Services of Northeast Texas (CSNT) Head Start has as its purpose to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development in a learning environment that supports children's growth in language, literacy, mathematics, science, social/emotional functioning, creative arts, physical skills, and approaches to learning; and through the provision to low-income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary according to Sec. 636. [42 U.S.C. 9831] "Improving Head Start for School Readiness Act of 2007."

Along with the implementation” of the components of the 2007 Head Start Act. CSNT Head Start will also implement the Texas School Ready! Project, a Texas School Readiness Certification System (SRCS) that has as its goal every child being ready to succeed by being able to function in the areas of early literacy, early math, early science, and social studies. This is the goal for all children including children with special needs and dual language learners.

Research has shown that early childhood programs that support effective teaching practices and opportunities for child discovery through play have been shown to lead to significant growth in children’s intellectual and social development, both of which are critical to their future academic success. Quality programs provide challenging but achievable curriculum which actively engage children in thinking, reasoning, and communicating with others. With teacher direction and guidance, children respond to the challenge and acquire important skills and concepts.

The School Readiness goals for the CSNT The Head Start Program include:

1. Assessment approaches that show evidence of a reciprocally linked and mutually supportive relationship between assessment and instruction in early childhood settings. Teachers must have a system of monitoring the progress of children. Along with on-going daily assessments, CSNT Head Start will use the CIRCLE PROGRESS MONITORING, to assess the progress of children’s school readiness. These assessments are implemented three times per year. Information from these assessments is used to assess children’s skill level against the Texas Prekindergarten Guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR 1304.21(a) (1) (IV), 1304.21 (c) (1) (i), and 1304.21 (c) (2).
2. Training and professional development that shows evidence of continuing improvement and support for teachers to improve the quality of preschool experiences. Head Start Performance Standards 45 CFR 1304.52 (k) (1-3), 648A (5).
3. Curriculum implementation and lesson planning to inform instruction that shows evidence of the use of intentional and planned instructional activities in language, literacy, math, and social/emotional growth such as those included in the newly revised Texas Pre-Kindergarten guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR# 1304.21 (a) (c), 642 (f) (3) (B).
4. Teacher best practices that show evidence of responsive interactions between teachers and children and children and families, classroom set-up and design, and grouping instruction that helps strengthen a child’s ability to think through problems and

apply strategies for problem solving. Head Start Performance Standards CFR 45 1304.21 (a) (c), 1304.21 (b) (1) (iii).

5. Literacy knowledge activities that show best practices in cognitive readiness, developmentally appropriate book reading, phonological awareness, print and letter knowledge, and written expression. Head Start Performance Standards CFR 45 1304.21 (a) (c).

6. Oral language development activities that show evidence of appropriate oral language activities including receptive and expressive language. Head Start Performance Standards CFR 45 1304.21 (a) (c), 642 (f) (3) (C).

7. Mathematics activities that show evidence of numbers, concepts and relationships, geometry and spatial sense, patterns and measurement, and comparison. Head Start Performance Standard 1304.21 (a) (3-5), 642 (f) (3) (C).

8. Scientific activities that show evidence of skills and knowledge of the natural and physical world. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

9. Social study activities that show evidence of knowledge of the community, environment, and the family unit. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

10. Physical and health activities that promote well-being, use of the body, muscle control, and appropriate nutrition, exercise, hygiene, and safety practices. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

11. Creative art activities that show the implementation and use of music, creative movement and dance, visual art, and drama. These activities are used throughout the day to enhance understanding and learning. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).

12. Teachers will ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in the English language. During this time, they will also be developing their home language. Head Start Performance Standard 641A (a) (1) (B) (x).

13. Kindergarten reading readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive reading assessment

when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)

14. Kindergarten social skills readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive social competence assessment when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)

ASSESSMENT

1. Teachers will use the CLI Engage Database System to assess school readiness of the children in the Head Start Program.
2. Teachers will assess children three times per year. The assessments will begin around September 15th, January 15th, and April 15th. Each assessment period will last approximately 30 days. At the end of the year, the teacher will provide a copy of the Individual Summary of the child’s progress will be given to the FSW to place in the Progress Notes Section of the child’s file.
3. Information from the assessment will be used to assist children in meeting the CSNT Head Start School Readiness Goals. Teachers will use this information to individualize with children in areas where improvement is needed in certain skill areas. Campus Directors will monitor implementation of the assessment in the classroom.

INTERACTIVE BOARDS/ I-PADS/ MP3 PLAYER AND SPEAKERS

1. No unauthorized devices shall be attached to the MP3 player, Interactive Boards or I-pads.
2. Do not attempt to alter, destroy or disable the devices or speakers.
3. Accessing non-educational content without prior written permission from the Education Coordinators or designee is prohibited.
4. Do not install, download or place any software or external data on the devices.
5. Contact your Education Coordinator to add new songs/music to the devices.

6. Store your assigned devices and speakers in a safe and secure place as you are responsible for the upkeep.
7. Include your assigned MP3 player and speakers on your inventory list.
8. Report immediately to your Education Coordinator any problems with your device/speakers or if either becomes lost or stolen.
9. Delete photos from your iPad immediately after the photo has been used for its original purpose. Do not store children's photos on your classroom iPad. These devices share an Apple Account and all classroom photos can be seen by other classrooms within the CSNT Head Start Program.

Revised 12/19/2024



CSNT Head Start Emergency Preparedness Plan

School Year

In an emergency, the first responsibility of the staff is to make sure that children are safe. Some emergencies may require that children be relocated to a safe designated area. This will be done by using all modes of transportation available at the time of the emergency including buses, vans, and personal vehicles.

In this emergency plan there is an evacuation and relocation diagram with the name and address of the location. When children reach this location, Teachers and Teaching Assistants will take attendance and head count to make sure that all children from their classroom arrived at the relocation site. It is the responsibility of the Campus Director to communicate with teaching staff at the relocation site to ensure that all children and staff reached the site.

Each Teacher and Teaching Assistant will be responsible for supervising their class at the relocation site. The Family Empowerment Advocates will be responsible for calling parents to pick-up their children. All staff will be responsible for making sure that child pick-up at the relocation site is done in an orderly fashion and that all children are picked-up by the appropriate person(s).

As part of the emergency preparedness plan, children diagnosed with a disability or other health impairment will be assigned a buddy (staff person) to assist them with relocating to the relocation site. This designated buddy will make sure that the appropriate actions have been taken according to the disability or health impairment that has been diagnosed. (See Appendix G) for guidance.

The Campus Director will communicate with local authorities on a regular basis throughout the emergency. The Director or their designee will also contact the CSNT Head Start Director and State Child Care Licensing as part of the notification process.

The emergency preparedness plan will be shared with all new staff as part of the orientation process. The Campus Director will make sure that new staff understand their responsibilities during an emergency. Parents are also given general information about the emergency preparedness plan during parent orientation, and it is a part of the parent handbook. Copies of the plan will also be available for parents upon request.

Emergency Contact Numbers:

Fire Department: _____

Police Department: _____

**Emergency
Management Agency:** _____

State Licensing: _____

CSNT Admin Office: _____

CSNT Head Start Campus Emergency Preparedness Plan

Revised 8/5/2025

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EMERGENCY EVACUATION PLAN POLICY

- A. It is the responsibility of Community Services of Northeast Texas, Inc. to prepare plans whereby the facility, can be evacuated quickly in the case of an emergency. Causes for evacuation could be fire, bomb threats, explosion, flood, severe thunderstorms, severe winter storms, hurricane, tornado, toxic fumes, electrical failure or structural failure. In the event of an emergency, evacuation of the facility should proceed as rapidly and safely as possible. This plan has been developed considering three scenarios of evacuation.

Evacuation Scenarios:

1. **In-Place Evacuation:** Keeping children and staff members in place but securing location for the emergency at hand. Example: (tornado and chemical release)
2. **On-Site Evacuation:** Movement of children and staff members out of the buildings affected and relocated to other areas on campus.
3. **Off-Site Evacuation:** Movement of part or all of the children and staff members off campus to another designated location.

These Evacuation Scenarios shall include:

- (a.) Authority
- (b.) Evacuation Routes
- (c.) Evacuation Procedures/locations
- (d.) Evacuation of Handicapped
- (e.) Collection points
- (f.) Accounting of Personnel
- (g.) Assignments of Responsibilities

- B. The Campus Director shall be responsible for reviewing and approving the plan. The plan shall be reviewed annually and updated as needed. A copy of a summary plan should be forwarded to the local Fire Department, local Law Enforcement, and the local Emergency Management Agency for the area.
- C. Each employee at the facility shall be made familiar with the plan and trained annually on his/her responsibilities within the plan. New employees shall receive this review during their Campus Orientation.
- D. Each child shall receive training concerning emergency evacuation procedures during the program year. This training shall follow all State and Federal Regulations.
- E. Floor plans shall be developed and posted in public view showing exits and directional paths for traffic flow. Copies of floor plans shall be given to the local Fire Department, Local Law Enforcement, and local Emergency Management Agency.
- F. Fire Drills will be held monthly (Performance Standard # 746.5205)
- G. Severe Weather Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)
- H. Lock-down Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)

EMERGENCY PROCEDURES AND EVACUATION

I. GENERAL INFORMATION

- A. The safety of the children and staff members at Community Services of Northeast Texas Head Start is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of this facility to ensure the safety of the children and staff members in the event of an emergency.
- B. In the event of an emergency the Campus Director, or his/her designee, will notify the Head Start Director and/or Chief Executive Office as soon as possible regarding the situation and the response to it.
- C. In the event of an emergency the Campus Director, or designee, may require that all staff members on duty remain at work or return to work until the situation is no longer deemed an emergency.

II. FIRE

- A. Evacuate the area (always stay low, as smoke and heated gasses collect near the ceiling first).
- B. Activate the fire alarm (if so equipped)
- C. Call **911**, indicating the need for assistance from the fire department and law enforcement. Other communication networks should be identified and utilized in the event that the fire has caused the telephone system to be out of order.
- D. The Campus Director, or designee, will designate a person, or persons, to go to the nearest intersection to direct the fire department vehicles to the scene (if necessary).
- E. Evaluate the situation; determine quickly, if possible, the size, nature, and location of the fire within the facility.

- F. Upon arrival of the fire department the Campus Director, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her.
- G. Make certain that all of the children and staff members are accounted for and safe. Move to other locations as required. A fire deemed in any way to be a threat to the safety of the children, or the staff calls for evacuation to the outside area, away from the building.
- H. All windows and doors to the facility should be closed, and all electrical switches and breakers turned off. However, do not waste time doing this if the condition is an emergency.
- I. Any of the steps above may be done simultaneously as the number of staff members on duty permits. The decision to not follow any of these steps is justifiable only when there is certainty that there is imminent danger.
- J. If the fire is small, any of the facility's fire extinguishers may be used to put it out, if the staff member has received proper training. Although there should be no hesitation regarding the use of fire extinguishers, the fighting of any fire by staff members should be undertaken only if there is no imminent danger.

1. The Campus Fire Extinguishers are located as follows:

(a.) _____

(b.) _____

(c.) _____

(d.) _____

(e.) _____

2. Each staff member is responsible for becoming familiar with the use of fire extinguishers (drills will be conducted monthly).
- K. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation as follows:
1. **Yellow smoke** may indicate the presence of toxic gases. Evacuation should proceed immediately, and no effort should be made to extinguish the flame.
 2. **Gray smoke** with brown wisps is indicative of any electrical fire. Again, the area should be evacuated immediately, and all should stay clear of the area.
 3. **Gray-black smoke** is indicative of a primary fire. The priority remains the evacuation of the immediate area. Staff members may attempt to extinguish the fire only if there is no severe danger of smoke inhalation.
- L. Ensure that no re-entry is attempted until authorized by the fire department.
- M. Drills will be conducted monthly during school session.

III. INCLEMENT WEATHER

(See separate Appendix B for Hurricane and Appendix C for Severe Weather Plans)

IV. ILLNESS OR INJURY

A. MINOR

1. Treat with medical supplies on hand.
2. Evaluate periodically to see if further medical attention is required.
3. Document treatments and evaluations in children's file.
4. Consult family members.

B. MAJOR

1. Employ first aid techniques as trained, if needed (Please see Attached Appendix A for detailed information)
2. Contact **911**, if immediate medical attention is required.
3. If an illness or an injury requires a doctor's care, but emergency services are not required, the staff members should then arrange for transportation to the emergency room, pediatric clinic, hospital per instructions of the family member.

C. DEATH

1. If a death occurs at the Campus, the following should be contacted immediately:
 - (a.) Call **911**, request emergency assistance
 - (b.) Contact local Law Enforcement; allow them to notify the family members.
 - (c.) The Campus Director, the Head Start Director, and the Chief Executive Office
2. The body should not be moved or tampered with.
3. All children should be moved to a part of the building away from the body.
4. The children should only be told what is essential for them to know about what has occurred but should be offered comfort and counseling as needed.
5. No news media should be contacted. If a news reporter is aware of what has occurred and solicits information, he/she should be referred to the Campus Director and then to the Chief Executive Officer.

D. Communicable Disease Protocol

1. In the event a child or staff member is suspected of having a communicable disease such as COVID-19, that person will be placed in a monitored isolation area away from other staff and children until the Campus Director or other person in charge is able to contact a family member for immediate pick up.
2. When the child or staff member has been picked up or left, cleaning and sanitation procedures for the building and areas occupied by ill person will begin as soon as feasible according to the recommendations provided by the CDC. Campus Director will contact Head Start Management Building and local licensing representative to report the possibility of infection.
3. If a person has been confirmed to have a Communicable Disease, Campus Director or other person in charge will notify HSMB and local licensing and/or Health Department to report the positive result ensuring complete confidentiality of children and staff. Campus staff will then follow the CDC recommendations for cleaning/sanitizing building and temporary closures (if necessary or implemented by local/state mandate) according to CSNT's company policies.

*****NOTE: Never move or touch unidentified or suspicious objects.**

V. BOMB THREATS

A. GENERAL PRECAUTIONS

1. Any bomb threat should be treated as real until proven otherwise.
2. Unidentified or suspicious objects should be reported to the authorities.
3. Evacuation should be to an outdoor area as far from the building as safely possible. The area to be evacuated to should be searched quickly before evacuation.
4. Upon evacuation, all windows and doors should be left open, if possible, to minimize the shock damage from blast.
5. Upon arrival of law enforcement authorities, the Campus Director, or designee, will assist with search (i.e., unlocking doors, identify strange or suspicious objects).
6. The appropriate authorities should be consulted prior to re-entry into the building.
7. See Appendix D for threat information sheet.

B. TELEPHONE THREAT

1. The staff member that received the call should tell another staff member that a bomb threat is in progress so that:
 - (a.) The building may be immediately evacuated,
 - (b.) Local Law Enforcement may be contacted via **911**.
2. The receiver of the call should keep the caller on the line as long as possible.
3. Information should be recorded on the Bomb Threat Form as quickly as possible. Information sheets should be kept near each phone, or specifically record the following information:
 - (a.) The exact time the call was received: _____
 - (b.) The caller's exact words: _____

(c.) A description of the caller's voice: _____

4. If the call receiver has the time and opportunity, he/she should ask the caller for:

(a.) The location of the bomb: _____

(b.) The exact time of the explosion: _____

(c.) A description of the nature and appearance of the bomb: _____

(d.) The caller's name and their location: _____

C. WRITTEN THREATS

1. The staff member receiving the written threat should handle it as little as possible, (to preserve fingerprints), and should save all materials including any envelope or other container.
2. Local Law Enforcement should be contacted first, followed by the Head Start Director and/or the Chief Executive Office.
3. The building should be evacuated until it is determined that there is no longer a danger.
4. All materials involved in the threat should be turned over to the proper authorities.

VI. UTILITIES AND MAINTENANCE EMERGENCIES

A. GAS LEAK

1. If any staff member or children smells gas, act quickly.

2. Open windows immediately.
3. Call **911 from a phone outside of the building** and report the possible gas leak. (Use a cell phone or a neighboring business phone.)
4. Do not turn any electrical switches **on or off**. Eliminate all flames.
5. Check all gas taps and turn them off.
6. If necessary, turn off gas main. The shutoff valve is next to the meter. Using a wrench turn the valve a quarter turn in either direction.
7. If the gas odor remains strong, evacuate the area immediately.
8. Do not return to the building until the fire department announces it is safe.
9. Notify CSNT Service Manager of the emergency.

B. POWER FAILURE

1. The building's emergency lights, if so equipped, should come on automatically.
2. The Campus has _____ flashlights:
Which are located _____.
The spare batteries are located _____.
3. A battery-operated radio is located is located _____.
The radio may be used to monitor weather conditions, etc.
4. In the event of a power failure, the staff members on duty should contact the following:
 - (a.) The power company phone # _____.
 - (b.) CSNT Service Manager with details of the emergency.

C. LOSS OF WATER

1. There is an emergency supply of water located _____.
This water should be used sparingly, and only for emergency.

2. In the event of the loss of water, the staff members on duty should contact the following:

(a.) Local City Water Department: _____

(b.) CSNT Service Manager: _____

D. LOSS OF TELEPHONE SERVICE

1. There is a cell phone located _____ which may be used if regular telephone service is disrupted. Use of the cell phone should be limited to absolute need.
2. In the event of loss of telephone services, the staff members on duty should contact the following:
 - (a.) The Local Telephone Company repair service: _____
 - (b.) CSNT Service Manager: _____

E. LOSS OF HEATING AND AIR CONDITIONING (emergencies only)

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

F. PLUMBING PROBLEMS (emergencies only).

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

VII. EMERGENCY EVACUATION

A. In the event of a fire, bomb threat, electrical, chemical, or other emergency that would require evacuation of the building, all staff members should adhere to the following:

1. Call **911**, indicating the need for assistance from the local Fire Department and the Local Law Enforcement.
2. Make certain that all children and staff members are accounted for and are safe.
3. Evacuate all children and staff members to an area as far from the building as safely practical.
 - (a.) Adhere to predetermined evacuation routes, if possible, do not hesitate to adjust these routes to avoid dangerous areas.
 - (b.) All children and staff members with special needs are to be assisted as needed.
4. Conduct a second head count for children and staff members.
5. Notify the Head Start Director and/or Chief Executive Office as soon as possible.
5. Do not approach or re-enter the building until consultation with the proper authorities.

Appendices

Appendix A of the Emergency Plan

SERIOUS INJURY OR ILLNESS

The immediate concern is to aid the sick or injured person. Proceed according to the following plan:

- A. No staff member should place themselves at risk in the rescue of an injured child or staff member. Call **911** and request the needed emergency responders.
- B. Do not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.
- C. Begin First Aid/CPR. (Make sure that staff member is certified).
- D. Treat life-threatening injuries first in priority order:

1.) Impaired Breathing	2.) Heart or Circulatory
3.) Severe Bleeding	4.) Shock

- (a.) **Impaired Breathing** – Work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. Place victim on his/her back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation (if so trained). After the victim is breathing alone, treat for shock.
 - (b.) **Heart/Circulation Failure** – Work quickly. If possible, get trained help and work as a team. Apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
 - (c.) **Severe Bleeding** – Act quickly. Apply direct pressure on the wound with your hands, using a clean cloth, if one is available. If there are no fractures, elevate the wound. If bleeding is of a spouting or pumping nature, apply pressure to the appropriate arterial pressure point. Never use a tourniquet except as a last resort.
 - (d.) **Shock** – If there is no head or chest injury, keep head lower than the rest of the body. Loosen clothing and cover with blankets. Encourage fluids if victim is conscious and there is no abdominal injury or nausea.
- E. Other injuries/illnesses should be treated in priority with respect to threat of life.
 - F. Depending on the seriousness of the injury the victim should be taken to a nearby hospital by ambulance or driven by someone else.

Appendix B of the Emergency Plan

HURRICANE PLAN

A. The safe place designated by the Campus Director is the

_____.

1. All children will be moved to the safe location.
 2. Maintain flashlights and voice contact among staff members at all times.
 3. Direct all children to sit on the floor in designated area, not in front of doors.
 4. Advise all children to wear shoes.
 5. Make sure to do a head count before moving to safe place, after arriving at safe place, and after leaving designated area.
- B. After being certain that the storm has passed, staff members should do a head count and check the complete building for any damages such as fire, water, or structural.
- C. Notify the Head Start Director and/or Chief Executive Office as soon as possible with an update of the conditions.
- D. Notify all local emergency responders that services are needed.

Appendix C of the Emergency Plan (Page 1 of 2)

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

- A. The safe place in the building is the _____.
 - 1. All children will be moved to the designated safe location.
 - 2. Maintain flashlights and voice contact among staff members at all times.
 - 3. Direct all children to keep down on their knees with their heads between their legs covering their head with their hands.
 - 4. Advise all children to wear their shoes.
 - 5. Make sure to do a head count before moving to safe location, after arriving at the safe location, and after leaving the designated safe location.
- B. After being certain that storm has passed,
 - 1. Staff members should do a head count.
 - 2. Provide any necessary first aid and call **911** for any necessary response agencies.
 - 3. Check the complete building for any damages such as fire, water, or structural.
 - 4. Turn on and test utilities.
- C. Notify the Head Start Director and/or Chief Executive Office as soon as possible with update of conditions.
- D. Notify all emergency agencies that services are needed.
- E. Severe Thunderstorm Watch
 - 1. Advise staff members of the weather condition.
 - 2. Monitor approved electronic devices for updates.
 - 3. Modify outdoor activities to ensure that relatively quick access to shelter is available.
- F. Severe Thunderstorm Warning
 - 1. Advise all staff members of the weather condition.
 - 2. Monitor approved electronic devices for updates.
 - 3. Terminate outdoor activities and seek shelter.
 - 4. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.

Appendix C of the Emergency Plan (Page 2 of 2)

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

G. Tornado Watch

1. Take all precautions including in the Thunderstorm Watch in addition:
2. Upon approach of thunderstorms, cease any outdoor activity that would delay the seeking of shelter.
3. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.
4. Monitor approved electronic devices for updates.

H. Tornado Warning

1. Monitor radio continuously.
 2. Monitor sky conditions continuously. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.
 3. Turn off all utilities, if time permits.
 4. Move all staff members and children to designated safe location:
-
5. Monitor approved electronic devices for updates.

Appendix D of the Emergency Plan

BOMB THREAT INFORMATION FORM

Exact Time of Call: _____ Date of Call: _____

Exact Words of Caller: _____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

DESCRIBE CALLER'S VOICE (Circle)

Male/Female	age _____			
calm	disguised	nasal	angry	broken
stutter	slow	sincere	lips	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

THREAT LANGUAGE

Well Spoken (educated)	Irrational	Message read or recorded
Foul/vulgar	Incoherent	

If voice is familiar, whom did it sound like? _____

Where there any background noises? _____

Remarks made by caller: _____

Person receiving the call: _____

Telephone number/line call received: _____

Appendix E of the Emergency Plan

FLOOD PLAN

When Flash Flood conditions are forecast, the following guidelines shall be used:

- A. Monitor approved electronic devices for updates.
- B. Move records and valuable equipment to higher floors. Store chemicals where flood waters cannot reach them and cause contamination.
- C. Make transportation preparations to move children and staff members in the event that evacuation is needed.
- D. Safe area to be evacuated to is: _____
Safe route three is: _____
- E. Evacuation:
 - 1. If the facility is in a low-lying area vulnerable to flooding, evacuation will be immediate.
 - 2. Evacuation is to follow the safest route possible (listen to weather and news reports for routes). Maintain voice contact among staff members and ensure all children and staff members are accounted for.
 - 3. If time and conditions permit, unplug all electrical appliances.
 - 4. All loose outdoor articles are to be brought in or tied down.
 - 5. Lock all doors.

Appendix F of the Emergency Plan

HAZARDOUS MATERIALS ACCIDENTS

- A. Evacuate the area immediately
 - 1. Do not turn any electrical switches **on or off**.
 - 2. Eliminate all open flames.
 - 3. Evacuation should be to an area (if possible) upwind and uphill of the facility.
- B. Call **911**, and report that there has been a Hazardous Materials Spill.
- C. Do not attempt to contain, touch, or identify (if unknown) the hazardous material.
- D. Do not attempt to rescue someone who has been overcome by fumes.
- E. If a child or staff member has had contact with chemicals; the chemicals should be washed off immediately.
- F. Do not return to the building until authorized to do so by the fire department.

Appendix G: Disability Tips for Relocation of Students

Categories of Disability under IDEA Law

Federal Disability Term	Alternative Term	Brief/Description/ Factors that Elevate Risk in Emergencies	Factors that Reduce Risk Emergencies
Autism	Autism Spectrum Disorder	Characterized by extraordinary difficulty in social responsiveness; often resistant to environmental change or change in daily routine and experience anxiety over interruption. May be non-verbal or use argumentative communication	Structure, routine, normalcy, and familiarity with activity
Deaf blindness		A simultaneous significant hearing and vision loss; limits the speed of movements.	Guidance from a sighted person
Developmental delay		A delay in one of the following areas: physical development, cognitive development, communication, social or emotional development or adaptive (behavioral) development.	Minimize disruption of routine patterns of activity, modulate sensory input
Emotional disturbance	Behavior disorder, emotional disability	Has limited ability to understand environmental events, situations, or procedures. Needs are categorized as mild, moderate, or severe. May disobey or resist direction, may panic.	Regulated sensory input
Hearing impairment	Deaf, hard of hearing	A complete or partial loss of hearing that adversely affects a child's educational performance. May not respond to auditory cues.	Written instructions, sign language, specialized communication for direction in an emergency
Mental retardation	Intellectual disability, cognitive impairment	Significant limitations in intellectual ability and adaptive behavior. This disability occurs in a range of severity.	Regulated sensory input
Multiple disabilities		The simultaneous presence of two or more impairments, the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. Does not include deaf blindness.	

Orthopedic impairment	Physical disability	A significant physical limitation that impairs complete motor activities, strength, vitality, or an alertness to environmental stimuli.	Adaptive physical equipment cane, walker, wheelchair. May require alternative, accessible evacuation route
Other health impairment		A disease or disorder so significant that it negatively affects learning; examples include cancer, sickle-cell anemia, and diabetes	Continuity of medication management regime
Specific learning disability	Learning disability	A disorder related to processing information that leads to difficulties in reading, writing, and computing.	
Speech or language impairment	Communication disorder, stuttering	A disorder related to accurately producing or articulating the sounds of language to communicate	Sign language, hand signals, specialized communication for response in an emergency
Traumatic brain injury	TBI	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychological impairment, or both that may affect cognition, behavior, social skills, and speech.	
Visual impairment	Low vision, blindness	A partial or complete loss of vision	Guidance from a sighted person

Source: National Dissemination Campus for Children with Disabilities

In addition to the children with disabilities specified under IDEA law, the site director or designee must identify individuals with a temporary impediment such as a broken leg or hidden impairments such as asthma, panic attacks, significant allergies or heart conditions. Children with such documented medical conditions may not have an IEP in place that would highlight the need for continuing a special medical regime, particularly during a crisis or disaster.

Security Awareness Tips for Child Care Providers

*(Unless noted otherwise, these are just suggestions – **not** requirements. However, it is important that steps are taken to make sure that children are safe.)*

1. Monitor access to your facility.

- Make sure there is security for facility entrances. For example, single-action locks (which only lock people *out* of a building) and buzzers or bells that sound when doors are opened.
- Mandatory sign-in for all parents and visitors, with a staff person always assigned to answering the door or monitoring the building's entrance.
- Make sure that all adults who pick-up children are authorized to do so. For any adult staff do not know, the staff should check the adult's identification to make sure that the information matches the child's pick-up information.

2. Develop policies about information to share with the public.

- Never share information about a child with anyone except his/her parents or guardians. Decide if there is other information that is sensitive and should be shared only with certain people.
- Tell staff which information should (or should not) be shared, with whom, and how. Advise staff on what to do if they receive an unusual information request.
- Parents need information about your program to make informed decisions about their children. Be sure to balance security measures with responsiveness to parents/guardians.

3. Be alert and aware of your surroundings. Report anything out of the ordinary.

- Be aware of adults near your Campus or office who are not supposed to be there. Take notice of unusual visits or phone calls.
- Report anything out of the ordinary to the police and/or the Campus Director.

4. (Hopefully as usual) *maintain high standards for hand washing/other aspects of sanitation.*

- Ask all children, staff, and visitors (including parents) to wash their hands upon entering the Campus.
- Make sure that all children and staff wash their hands when coming in from outside; before preparing, serving, or eating food; after toileting; and after cleaning up sneezes.

- Take precautions in dealing with body fluids such as blood and vomit.

5. Get prepared for various types of emergencies.

- Call your local Emergency Management Agency to find out about your area's risks, what you can do to prepare, and how to develop an emergency plan.
- Train your staff on how to be prepared and how to use the emergency plan.
- As part of the emergency plan, develop a plan for relocating children off-site in case they need to be moved quickly for their safety. Identify two places (e.g., schools, recreation centers, other childcare facilities, etc.) about a mile away where you can take your children. Make arrangements with other facilities to accept your children and staff in case of an emergency. Tell parents ahead of time where they can find their children if they are relocated during an emergency.
- Make arrangements for transportation, if it is not readily available.
- Learn how to identify suspicious packages that could contain dangerous materials. Please note that the risk of this danger to childcare facilities is extremely low.
- As part of your monthly fire drill, have your staff identify at least two ways out of each room and practice through alternate exits.
- Each month, test smoke alarms to make sure that they are in working order and check any fire extinguishers you have to make sure that the gauges show they are still "charged." Train staff on how to use any fire extinguishers you have. The Local Fire Departments can help with training needs.

EMERGENCY PREPAREDNESS FOR CHILD CARE PROVIDERS

Before an emergency...

Know Your Risks

Call your local Emergency Management Agency to find out the potential risks in your area and how to prepare for them

Plan Ahead

Your program may want to build on the required emergency procedures to develop a comprehensive emergency plan.

Consider...

1. What will you do if an emergency occurs while children are in your care?
2. How might your response vary depending upon the type of emergency?
3. Where will you take children to minimize the risks of injury?
4. In case an emergency requires relocation, do you have secondary sites and emergency transportation lined up? Do you have portable records/supplies?
5. What will you say to children to reduce their fear and increase safety?
6. How will you communicate with parents, local authorities, and CSNT Admin Office?
7. What will you do if phone lines, or cell phone towers are down/circuits are busy?

Prepare An Emergency Supplies Kit

(Should be portable in case of emergency)

1. List of emergency phone numbers
2. (As available, cell phone, calling card, change for pay phones, or walkie talkies
3. Water – backup supply of what you typically use in a day (Note: boiled water is not good for infants)
4. Non-perishable food; manual can openers
5. First Aid Kits and blankets
6. NAAO Radio, flashlights, and extra batteries
7. Hand washing solution that does not require running water
8. Extra clothing and shoes for children
9. Other items for safety and comfort
10. If evacuating/relocating, remember child records, attendance sheets

Help Staff and Children Prepare

1. At least once per year, train staff on your emergency plan, specific disaster roles, and the location of disaster supplies.
2. Train new staff as part of the Campus orientation
3. In addition to monthly fire drills, have other periodic drills for other possible emergencies.
4. Look for approved training on emergency preparedness topics.
5. Identify “Safe Places” in your Campus to take children during storms.
6. Prepare children for emergencies through in-formative yet not threatening activities.
7. Provide parents with emergency preparedness materials for the home.



**Family and
Community Engagement
Transition Services
&
Child Records Protections
Operating Procedures
Manual**

*Aligned with the 2024 Head Start Program
Performance Standards*

(Standards 1302.50 -1302.53)

(Standards 1302.70 -1302.72)

(Standards 1302.20 -1302.24)

Revision 12/3/2024

Revision 7/3/2025

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INTRODUCTION (Standard 1302)

The focus of the Parent, Family, and Community Engagement program is on the child, the family, and the community as a group of interacting personalities. The role of the staff is to provide support to the child and family. Social Services/Parent Engagement staff also serves as a resource to the family by serving as a liaison between the Head Start Campus and Early Head Start Center, the family and the community. Out of this interaction; empowerment, enhancement of problem solving skills, and self-reliance is the desired outcome for each family system.

Head Start Family Empowerment Advocates/Campus Staff also perform the following roles:

1. Provide support and serve as a resource to families.
2. Act as a bridge between, the family and the community.
3. Provide training and education to families in using available resources and services, and in locating those that are unavailable or inaccessible.
4. Serve as a resource within the Head Start program for other *staff* members.
5. Maintain accurate records for the benefit of families and other staff members.
6. Act as an advocate of the children and families enrolled in the program, both within the Campus and in the community.
7. Involve parents in the process of making decisions about the nature and operation of the Head Start program.
8. Involve parents in the classroom as paid employees, volunteers or observers.
9. Assist parents in working with their children in cooperation with the staff.
10. Involve parents in planning activities for themselves in the Campus and in the Community.
11. Work with donors that make in-kind contributions to the Head Start program.
12. Work with Administration, campus teams, parents, and community volunteers in generating the program's 20% non-federal share annually.

This "Content Area Plans "will outline how these tasks will be accomplished by the Family Empowerment Advocates/Campus Staff in collaboration with other Head Start team members.

II. FAMILY EMPOWERMENT ADVOCATES/PARENT ENGAGEMENT DESK PROCEDURE

1. Family Empowerment Advocates meet monthly to outline and document activities for the following month.
2. Check with teachers daily and document absenteeism.
3. Document absences reasons and follow up with a call and/or home visit if necessary.
4. Schedule home visits with families at least two a year according to FS/PI time line and as needed to meet individual family circumstances and to complete Family Partnership

Agreements. (First is due to the FSA the middle of August) (Second is due by the last day of April). (See Education Manual – Home Visit for procedure in scheduling home visits)

5. Enter applications and enrollment data on Child Plus weekly or as needed to ensure information on system is current. (Speak with management staff to allow information to be checked and followed through.)
6. Update Child Plus waiting list monthly.
7. Assist Campus Director in compiling the Non-Federal Share report monthly (Inkind).
8. Update Child Plus weekly, and encourage Campus staff to document contacts with families weekly or as they occur.
9. Update emergency cards as changes occur or at least once a week.
10. Partner with families on a continuous basis, to ensure that their needs and/or concerns are being met.
11. Conduct case management meetings monthly in order to ensure all enrolled families are staffed by FS/PI time line deadline. (100%)
12. **Conduct parent meetings/parent engagement events.** Send out flyers at least **one** week in advance of meeting. Conduct, as needed, monthly volunteer orientations for new parent and/or community volunteers.
13. Make community contacts monthly via telephone, correspondence or scheduled office appointments to acquire in-kind and/or resource information for enrolled families.
14. Follow up and document within two weeks the results of referrals. The maximum time for follow up is 30 days.
15. Include Policy Council Meeting report in monthly parent meeting.
16. Recruit and enroll as needed to maintain Campus capacity. Conduct folder review after each enrollment. Fill all vacancies within 30 days. Process dropped folders within 30 days.
17. Maintain locked files daily. Collaborate with Campus staff to keep in order weekly.
18. Attend ARD meetings and team meetings as scheduled.
19. Plan and coordinate with Campus staff, parent-training activities monthly or as needed.
20. During the first part of the year, include transition information on parent meeting agenda.
21. Conduct election of parent officers and policy council members at the September parent meeting. All other parent training topics will be determined from the results of the Parent Survey.

Job Descriptions

See Human Resources Director Job Description

CAMPUS OPERATING PROCEDURES

Campuses open at 7:30 a.m. and close at 4:00 p.m. Children of working parents will be accepted in the campus as early as 7:30 a.m. and will be picked up by 3:00 p.m.

1. Any changes in a family's work or school status are to be reported to the Family Empowerment Advocate. Families failing to adhere to the appropriate time slots will receive a conference upon each occurrence. The Campus Director and Family Empowerment Advocate are to outline a written plan of action to bring them into compliance. A copy of the plan with staff and parent signatures will be given to the family and a copy will be kept in the child's folder. Family Empowerment Advocates will monitor the family's progress toward compliance and provide support and encouragement.
2. Head Start offers children two-thirds of the daily nutritional requirements through breakfast, lunch and afternoon snack. Breakfast is served from 7:30 a.m. to 8:30 a.m. Lunch may be served as early as 11:00 a.m. or from 11:30a.m. to 12:30 p.m. Afternoon snack is served at 2:30 pm.
3. No child is accepted in the campus after 8:30 a.m., unless approved by the Campus Director or other designated staff person.
4. It is the responsibility of each parent or person bringing a child to the campus, to escort the child to the campus to be checked in by campus staff. During check in, backpacks and carry ins are checked to ensure the safety of all children.
5. If a child is going to be absent, it is the responsibility of the parent to inform the Campus Director or campus staff as soon as possible. Each time a child is absent, the parent must write a note or bring a doctor/clinic excuse to the Campus Director upon the child's return to school.
6. If a child is absent three consecutive days, and the Campus Director has not been notified, the Family Empowerment Advocate will make contact in regards to absenteeism and prepare proper documentation. Every effort will be made to keep each child enrolled in the program.
7. A child will not be released to anyone who is not listed as a designated pickup person, without prior written parent/guardian authorization.
8. A child will not be released to anyone who appears to be under the influence of alcohol or other drugs.
9. Head Start parents are asked to bring an extra pair of garments to be left in the campus in the event of an accident (i.e., spilled paint, wetting or food spilling).
10. Children are not allowed to wear open toed shoes or sandals for safety reasons. A child is allowed to wear modified footwear as deemed necessary by the parent. The parent must submit a written request /authorization to verify qualifying condition.

After three (3) days a doctor's statement is required for the child to continue to wear the modified footwear. (See Head Start Standard Sec. XVII. F).

11. Head Start will not be liable for theft or damage to children's clothing or jewelry.
12. Parents are to notify the Campus Director and Family Empowerment Advocates/Parent Involvement staff immediately if there is a change of address, telephone number, emergency number and/or name. It is the responsibility of parents to keep place of employment and any change of income current with the Site Manager and Social Services/Parent Involvement Specialist.
13. Two home visits are required for each enrolled child by his/her teacher. Support services staff may make additional home visits; the visits will be scheduled.
14. Parents are encouraged to contact the Campus Director with any questions and suggestions concerning campus operations. A Grievance Policy is posted in each campus, and parents should read and follow the policy.
15. Head Start provides enrollment opportunities to any eligible child regardless of race, creed, color, sex, disability or national origin.
16. The Campus Director or other designated staff will bring any special problem or occurrence that affects an enrolled child to the parents' attention.
17. Parents are responsible for keeping all appointments and maintaining current immunizations on the enrolled child.
18. Parents are encouraged to participate in classroom and other programs activities designed to promote or enhance the development of parent skills, self-confidence and child awareness on a weekly basis.
19. Parent meetings are held once a month at each campus. Parents are encouraged to attend these meetings.
20. Parents may take advantage of all training opportunities that will help them become more aware of their role as the child's first and most important teacher.
21. Parents may take advantage of every opportunity available to participate as volunteers and observers in the classroom.
22. Head Start staff will partner with parents to establish goals, responsibilities and time lines.
23. Head Start parent trainings are designed to help parents better understand the principles and philosophies of infant/toddler growth and development and preschool education. We urge all parents to take advantage of these trainings.

- 24.** Parents are provided with transition services when their children enter into the Head Start program. Families are also provided transition services when their children enter kindergarten programs.

PARENT COMMITTEES (Standard 1301.4)

PROCEDURE

1. A parent committee will be created at the first parent meeting of the year in September.
2. Parent/Guardian(s) will elect officers and Policy Council Representative and Alternate at the first meeting.
3. In order to hold an office, the person must be a parent or legally responsible adult of a child currently enrolled in the Head Start Program at that designated campus.
4. Assistant Head Start Director will train parent/guardian(s) on Roberts' Rules of Order and will conduct the election process following these rules. Assistant Head Start Director will also inform parent/guardian (s) of the roles of each office that is elected.
5. Parent Committee meetings will be held throughout the year on dates selected and voted on by the Parent Committee.
6. Parent/Guardian(s) will learn of new policies and have opportunities to participate in planning of activities on the campus.
7. Policy Council Representatives will be listed on the agenda each month to share information received at the prior month's Policy Council Meeting

Subpart E - Family and Community Engagement Program Services

FAMILY ENGAGEMENT (Standard 1302.50)

PROCEDURE

1. Family Empowerment Advocates will recognize parents as the child's primary teachers. Parents will be encouraged to be their child's primary teachers throughout the school year. Training will be made available to support the parent/guardian(s) in this area.
2. Communication with the parent/guardian(s) will begin during the application process and will continue to build through the orientation into the program.
3. Applications and orientations will be made available in the families preferred language, when available, and an interpreter from Head Start or the local LEA will be available to parents that need this service.
4. During the orientation process, parent/guardian(s) will complete the Family Partnership Agreement which includes the agencies needs assessment. Completing the Family Partnership Agreement at orientation allows Family Empowerment Advocates to have adequate time to work with families on their goals and provide resources to the family

for any needs that may be available.

5. Interpreters, when available, will be used at Parent Engagement Trainings and Parent Meetings so that all parents will feel welcome and comfortable during attendance.
6. Family Empowerment Advocates will encourage parent/guardian(s) to participate in volunteer opportunities on campus. Parent/Guardian(s) will be welcome in the campus and staff will ensure that parent/guardian(s) are aware of job opening in the program and areas volunteers are needed.
7. Family Empowerment Advocates, Campus Staff, Management Team will collaborate as much as possible to ensure that parents family engagement strategies are used in the classroom, home and the community.

FAMILY ENGAGEMENT (Standard 1302.51)

PROCEDURE

1. Parent/Guardian(s) will participate in the Read Across America literacy program each school year.
2. Parent Engagement staff will provide training in areas of literacy at Parent Meetings.
3. Family Engagement Coordinator will attend the first parent meeting of each school year and stress the importance of attendance of the children. Family Empowerment Advocates will also discuss the importance of attendance at Parent Meetings and Home Visits.
4. Parenting education training will be done with Parent Powered Parenting Curriculum.

FAMILY PARTNERSHIP SERVICES (Standard 1302.52)

PROCEDURE

1. Family Partnership Agreements are completed at time of orientation giving Family Empowerment Advocates adequate time to work with the family to meet their needs.
2. The Family Partnership Agreement includes the needs assessment.
3. Trainings for the parent/guardian(s) will be based off the needs assessments and parent interest survey.
4. Family Partnership Agreements will be taken on the first home visit in August. Family Empowerment Advocates and parent/guardian(s) will jointly develop a plan on how to assist the family with achieving these goals and inform parent/guardian(s) of any resources that may be available to them.
5. Home Visits will be entered into Child Plus, along with each goal the family has, with a plan of action outlining the steps that both the parent/guardian and Family Empowerment Advocates.
6. A follow up home visit will be conducted in November.
7. A final home visit will be conducted in March and any goal adjustments will be made at this time.
8. Home Visits will be conducted in the parent/guardian(s) home when possible. However, if parent does not agree to a Home Visit or there is a significant safety hazard to Family

Empowerment Advocates, an alternate location can be used to conduct the home visit.

9. Parent/Guardian(s) will be given a parent handbook at the beginning of each year that contains a community resource directory.
10. Family Empowerment Advocates will discuss with the family regarding any services that they are currently receiving from other agencies so that there will not be a duplication of services.

COMMUNITY PARTNERSHIPS (Standard 1302.53)

PROCEDURE

1. Parent/Guardian(s) are provided with a community resource directory at the beginning of each school year.
2. A formal and informal network of contacts have been developed with community organizations.
3. Agreements and MOU's have been established with various state and community agencies.
4. Community members serve on the Policy Council, Advisory Committees and as volunteers.
5. Referrals are made to WIC and Texas Department of Health and Human Services when needed.
6. Informal and formal agreements have developed with Health Providers and Nutritionist. See Health and Nutrition Plans
7. A Disabilities/Mental Specialist is available to parents. See Dis./MH Plan.
8. Staff receives training on child abuse/neglect and the reporting procedures.
9. Head Start cooperates with local reporting agencies for child abuse.
10. Children have the opportunity to visit the library thru field trips.
11. There are hands on activities with books and other manipulatives in the classroom.
12. Parents are invited to help with cultural activities in the classroom.
13. Representatives from state and local agencies are encouraged to participate on Policy Council and provide trainings for parents during parent meetings.
14. Agency will work with local school districts to share data and information at both Partnership meetings and through software if allowed.

Subpart G – Transition Services

Transition from Early Head Start (Standard 1302.70)

PROCEDURE

1. Beginning six months before a child's third birthday, Family Empowerment Advocates will have a transition meeting with the family to decide the best place

for the child to transition to.

2. Family Service staff will verify if the child will be able to transition into the Head Start Preschool program by re-verifying the family's income. If the child is eligible for Head Start Preschool the staff will ensure that the child transitions to Head Start Preschool the following school year. If the child is no longer eligible for Head Start Preschool, the Family Services staff will assist the parent in locating quality child care and will assist the parent with the transition into their new location.

Transition Services (Standard 1302.71)

PROCEDURE

1. Each child will receive a transition packet at the end of each school year that contains information to be used in the summer to continue the child's education.
2. Each child will receive a transition into Head Start Preschool bag at the first home visit or orientation if it is after the first day of school.
3. Family Empowerment Advocates will ensure that the final parent meeting contains information about that transition of their child to kindergarten.
4. Students on standalone campuses will complete a field trip to the receiving ISD in April/May of the school year.
5. Kindergarten teachers, when available, will be in attendance at Parent's Transition Meeting to provide information about kindergarten.
6. On-going communication between campus staff and ISD staff throughout the year regarding child's records.
7. Final Parent/Teacher Conference will discuss the child's readiness to transition into the kindergarten classroom.
8. CSNT will follow all privacy requirements as defined in subpart C of part 1303. (See Transition Plan for more information)

Transitions between programs (Standard 1302.72)

PROCEDURE

1. CSNT will assist parents that are moving out of the service area to ensure that a local Head Start Preschool program has all needed information. If a Head Start Preschool program is not available Family Empowerment Advocates will assist parent with finding another early education program.
2. CSNT will work with local pre-kindergarten and other early education centers that our students may transition to for the year prior to kindergarten.

Subpart C – Protections for the Privacy of Child Records

1303.20 Establishing procedures

PROCEDURE

1. The Agency will maintain confidentiality with all PII in child records.
2. Procedures will be updated at least annually or as needed.

Program Procedures – applicable confidentiality provisions. (Standard 1303.21

PROCEDURE

1. The Agency will follow FERPA.
2. The Agency will follow Individuals with Disabilities Education Act procedures for all children with a disability or concern.

Disclosures with, and without, parental consent. (Standard 1303.22)

PROCEDURE - Disclosure

1. All parents will be notified of the Agency's confidentiality procedures during orientation.
2. All staff will sign a confidentiality statement at the beginning of each school year.
3. Parents will sign a "Consent for Disclosure of Confidential Information" form when they request any PII.
4. The "Consent for Disclosure of Confidential Information" will contain the person requesting the information, the purpose of the request, the signature of both the parent and the staff.
5. Parents will be informed when records are transferred to a school district or program that their child will enroll or transfer to.

PROCEDURE – Disclosure with Parental Consent

1. Parent has the right to refuse transfer of the information if done so in writing.
2. If Parent does not refuse, all needed information will be transferred to the requesting school district or program.

PROCEDURE – Disclosure without Parental Consent

1. PII in a Child's file can be released without the parental consent in the following situations: Contractors/Providers, School Districts, Audits, Federal Review teams, Federal or State Entity conducting a study on Child and Family Outcomes, Emergency Situations, Judicial Orders, USDA/CACFP, or CPS cases.
2. If allowed, Parent/s will be notified, in advance, of any subpoenaed records.
3. Any information collected by an outside agency listed above must be destroyed when no longer needed for the purpose of disclosure.
4. Parents will be notified of agencies that may request information, without their prior

consent, in the parent handbook and during the parent orientation.

PROCEDURE – Written Agreements

1. MOU and Interagency agreements will contain information regarding the FERPA procedures.
2. MOU and Interagency agreements will reviewed annually and updated as needed.
3. The Agency will address violations on a case-by-case basis.

PROCEDURE – Annual Notification

1. Parents will receive notification of FERPA and confidentiality procedures in the parent handbook.
2. The handbook is available electronically or in a hard copy version.

PROCEDURE – Disclosing PII

1. Only information requested will be disclosed.

Parental rights. (Standard 1303.23)

PROCEDURE – Parent Rights orientation

1. At orientation, parents are informed that they are allowed to see their child's record.
2. If parent requests access to their child's record, the parent will sign "Consent for Disclosure of Confidential Information" form.
3. Parents will be given access to the requested information within 45 days after receipt of request.
4. Parents are allowed access to only their child's record.
5. No record will be destroyed with an outstanding request for review.

PROCEDURE – Amended Information

1. Parents are allowed to ask the program to amend information that may be incorrect or may violate the child's privacy.
2. The Agency will consider the parent's request and if a denied will inform the parents in writing within 30 days.

PROCEDURE – Hearings

1. Parents are allowed a hearing if they disagree with the decision to amend their child's record.
2. If a hearing is granted, a person that does not have direct interest in the outcome will conduct the hearing.
3. Parent will be allowed to present evidence that is relevant to the issue.

4. If information is found to be inaccurate, misleading, or violates the child's privacy act, the information will be amended or removed from the child's record.
5. If information is found to be accurate, parents must be allowed to make a statement placed in the child's file that states why they disagree with the program's decision.

PROCEDURE – Right to Copy of Record

1. The program will provide a parent with a free copy of any information that is disclosed to a third party with parental consent if requested.
2. Copy of information requested by a court order will not be released to the parent.

PROCEDURE – Right to Inspect Written Agreements

1. Parents will have the right to review any written agreements with third parties.

Maintaining records. (Standard 1303.24)

PROCEDURE

1. Child's records are kept within a locked filing cabinet in the Family Empowerment Advocate's office.
2. The key for the filing cabinet will be located within the Family Empowerment Advocate's office but will not be visible to a parent or staff member.
3. Family Empowerment Advocates will keep two years of records looked on the campus for review.
4. Older records will be stored in a locked facility until they are destroyed.
5. All staff that access a child record will sign in on the Confidentiality form located in the front of the child's record.
6. Any disclosure of information will be documented on the Confidentiality form.
7. The Agency uses Child Plus to maintain child's records. Child Plus has security settings to ensure that only allowed staff have access to the child's record and Child Plus is password protected requiring frequent password changes.
8. Parent Statements will be disclosed with disputed information.

**Community Services Head Start
Transition Plan-Head Start
Preschool**

Date Planned	Required Activity	Responsible Person	Parent Involvement	Date Completed
January	Staff attend transition IFSP/IEP Meetings	Education Coordinator / Family Empowerment Advocates	Yes	May
January	Teachers to begin transition activities in classroom.	Teachers	None	End of School
January	Begin implementing Nutritional Transition Component. Will include carrying trays during meal time.	Teachers / Nutrition Coordinator	None	End of School
January	Look at child's record to determine if meeting is needed with receiving program.	Family Empowerment Advocates / Coordinators	Yes	1st of May
February	Initiate contact with receiving programs.	Campus Directors / Family Empowerment Advocates	None	1st of May
March	Survey sent to determine School District.	Family Empowerment Advocates / Teachers	Yes	April
April	Initiate joint training for field trips to receiving program	Family Empowerment Advocates / Teachers	Yes	End of School

May	Parent/Teacher Conference for all children transitioning from Program. Complete Transition Summary and parents are to receive transition bags.	Teachers / Education Coordinator	Yes	End of May

Parent, Family, and Community Engagement Framework School Readiness Goals 2024-2025

1. Goal: Parents will ensure that all children are healthy.

Objective: 85% of all students will complete health requirements.

Action Steps:

1. Compliance on initial physicals
2. Compliance on initial dentals
3. Compliance on six-month dentals
4. Compliance on annual physicals
5. Compliance on lead
6. Compliance on hemoglobin

2. Goal: Parents will increase family engagement skills.

Objective: 80% of Parents will participate in Family Engagement Activities.

Action Steps:

1. Parent Engagement Events
2. Participation in Read Across America
3. Parent Powered Parenting Curriculum Participation

3. Goal: Parents will be prepared for transition into kindergarten.

Objective: 80% of parents will complete activities that will ensure their child is ready to transition to ISD campus.

Action Steps:

1. Parent participation in Home Visits
2. Parent participation in Parent Teacher Conferences.
3. Completion of home activities.

4. Goal: Parent and Staff will participate in Mental Wellness activities.

Objective: 90% of parents and staff will participate in mental wellness activities.

Action Steps:

1. Participation in quarterly staff wellness activity.
2. Parents will participate in Parent Powered Parenting Curriculum
3. Participation in staff wellness training

(Head Start Performance Standard 45 CFR 1304.53(b))

1. CSNT Head Start will purchase personal cleansing wipes and pull-up (only) unless parents request the use of diapers. All requests for pull-ups and wipes must be directed to Family Empowerment Advocate. Family Empowerment Advocate will purchase pull-ups at the request of Campus Director as needed.
2. Documented medical advice from a Health Care Professional is required from parents who request a brand of pull-ups/diapers or wipes different from the brand chosen by CSNT. Request for pull-ups/diapers and wipes when documented medical advice is received must be directed to Family Engagement Coordinator.
3. Request for pull-ups and personal cleansing supplies must be submitted in timely manner to allow for requisition preparation.

Diaper/Pull-up Changing Policy:

1. CSNT Head Start staff will adhere to Child Care Licensing Standards 746.3501, 746.3501, 746.3503, and 746.3505 for Pull-up/Diaper changing, changing equipment and sanitization guidelines to prevent spreading of germs. See Health Policy Procedures, Sec. 7.
2. CSNT will provide a change of clothes for children when needed. Family Engagement Coordinator will assess at the beginning of the school year and again in January each campus's clothing needs.

MALE INVOLVEMENT

“It’s easier to build strong children than to repair broken men”

Fredrick Douglas

The focus of Male Involvement is to increase male and family involvement through leadership training, parenting classes, literacy involvement and other activities men enjoy.

GOALS

- Head Start will support and encourage men and families to be involved in parent campus meetings, Policy Council and other Head Start Programs.
- Head Start will help fathers face the challenges of family, work and community.
- Head Start will recognize different cultural heritage within the family.
- Head Start will emphasize the importance of a positive male role model within the home.
- To increase coordination of other community agencies that focus around male and family involvement.
- To increase the amount of time fathers are engaged with their children around literacy and other educational activities.

Information Websites: www.fatherhood.org

www.fatherhood.hhs.gov www.nhsa.org

www.fatherlove.com

www.fathers.com

Healthy Marriage Initiative

Goal: To assist couples in developing the skills and knowledge to form and maintain healthy marriages. To assist couples in gaining access to marriage education services on a voluntary basis.

1. Couples or individuals who contact Head Start Family Empowerment Advocates with concerns dealing with relationship and/or marriage will be referred to the appropriate agency.
2. Family Empowerment Advocates will make referral within 10 days of initial contact and will follow-up at least 30 days after referral is made.

Referral Agencies:

*Family Systems – Couples Counseling – Bowie County 5321
Summerhill Rd.
Texarkana, TX
903-791-1051
Accepts Medicaid and Private Insurance*

*Counseling Services of Pittsburg
200 W. Marshall, Ste. E
Pittsburg, TX
903-856-6001
Accepts Medicaid and Private Insurance. Reduced Rate based on family size and income.*

*Lighthouse Counseling Services
217 N,. Jefferson, Ste. 3
Mt. Pleasant, TX
903-575-1330
Accepts Medicaid and Private Insurance*

Family Empowerment Advocate Timelines

See Family Empowerment Advocate Timelines in Forms



Health Operating Manual

*Aligned with the 2024 Head Start/Early
Head Start Program Performance
Standards
(Standards 1302.40 -1302.47)*

Revised 1/17/2024

Revised 11/14/2024

Revised 7/28/2025

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PURPOSE (1302.40)

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

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

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

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

COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)

IDENTIFICATION OF NEEDS AND/OR ASSESSMENT

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

A program must establish and maintain a Health Services Advisory Committee that includes Head Start/Early Head Start parents, professionals, and other volunteers from the community.

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

(b) CSNT will obtain advanced authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services.

(c) CSNT will share with parents the policies for health emergencies that require rapid

response on the part of staff or immediate medical attention.

PROCEDURE

All children (new and returning) enrolled must receive a vision, pure tone hearing screen, a hematocrit/hemoglobin, height, weight, lead blood test and/or results from previous test and blood pressure screening within 45 calendar days of entering the center. If a child fails his/her initial screening, the child must be re-screened 4-6 weeks after the initial screening date for the pure tone hearing and 4-6 weeks for the hematocrit/hemoglobin.

It will be determined at enrollment whether or not the child being enrolled has an established medical home. If the child has a medical home, then he/she will be referred to their primary provider for a physical examination. The initial physical exam must be completed within 90 calendar days of the child entering the campus. The primary provider should treat any abnormalities detected during the physical examination. All follow-up treatments must be referred back to the primary provider. All follow-ups will be deemed complete by individual Health Care Providers. Follow-up referral process will be deemed complete based upon Family Service staff documentation and/or by individual Health Care Providers.

All children enrolled must receive a dental examination every 6 months. New students must receive an initial dental exam within 90 calendar days upon entering the campus. Parents must be informed of required dentals and dental schedules during enrollment.

All children entering Head Start/Early Head Start must have the following:

- Current or up-to-date immunizations. Parents will be notified during enrollment that children cannot begin attending classes without up-to-day/current immunizations and of all immunizations needed.
- Parents will be notified during enrollment that CSNT Head Start/Early Head Start is required to adhere to the Texas Department of State Health Services Immunization requirements. Parents will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

CHILD HEALTH STATUS AND CARE (Standard 1302.42)

(ENROLLMENT PROCEDURES)

{Refer to Family Services Policies and Procedures} 1302.15

POLICY

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

(2) CSNT Head Start/Early Head Start Family Service staff will assist families as soon as possible

in accessing a source of ongoing care and health insurance coverage or access to care through the Indian Health Service (if applicable), when a child does not have a source of ongoing care and health

(b) Enrollment allows for the opportunity to identify any potential health problems that may interfere with a child's learning ability, self-esteem etc. If a problem is identified, the Head Start/Early Head Start staff will ensure that the problem is remedied or that the child is receiving continuity of care. It is the responsibility of the Family Service Worker to provide orientation and inform the parent of all required services as well as the rationale and expectations for those services. All children enrolled in the Head Start/Early Head Start program are required to receive a physical examination, which includes a hearing, vision, growth assessment, anemia and lead blood test screening, as well as a dental examination as per the Texas Health Step Periodicity Schedule.

PROCEDURE

1. The staff will provide the following information to parents at the time of enrollment regarding the health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a "medical/dental home. If it is determined that the child:
 - DOES NOT have a "medical/dental home," the staff will assist the parent/guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
 - DOES have medical/dental home services should be provided from their chosen primary care provider (PCP)
3. Family Services Worker/s will discuss with the parent and/or guardians of Head Start/Early Head Start Requirements and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.
4. A copy of the Texas Health Step physical form or the physician's individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start/Early Head Start.
5. A copy of the Dentist's individual dental form is acceptable. If the dentist requires a form, a copy of the Head Start/Early Head Start Dental form must be provided.
6. During orientation, the Family Service Worker will introduce themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
7. After the detailed explanation of services, the parent(s) and/or guardian must sign the "Consent for Services". – SEE FAMILY SERVICE

PROVISION OF SERVICES Standard 1302.42 (e)

PROVISION OF DIAPERS/PULL-UP SUPPLIES (Standard 1302.42(e)(1))

POLICY

CSNT staff will adhere to OHS Program Instruction PI-HS-09-03 as applicable for students who have received medical advice/instructions that require diapers or a brand of pull-ups and personal cleansing wipes that are different from the brand supplied by CSNT Head Start/Early Head Start.

Documented medical advice from a Health Care Professional is required from parents who

Requests for pull-ups/diapers and wipes when documented medical advice is received must be directed to Family Service Administrator.

DIAPER/PULL-UP CHANGING AREA POLICY

CSNT Head Start/Early Head Start staff will adhere to Head Start Performance Standards 1304.22, 1304.53(a)(xiv) and Child Care Licensing Standards 746.3501, 746.3503 and 746.3505 for Pull-up/Diapering/changing procedures, changing equipment requirement and sanitization guidelines to prevent spreading of germs.

PROCEDURE

1. Designated privacy area required for pull-up/diaper changing situations and must be separated from areas used for cooking, eating or children's activities.
2. Hand-washing sink required in pull-up/diaper changing area.
3. Delegated cot/changing bed required for all pull-up/diaper changing situations.
4. Delegated cot/changing bed must be sanitized after each use with designated sanitizing solution- wait two minutes before drying cot/bed to perform another changing session.
5. Designated waste container must be lined with two liners and remain covered at all times.
6. Staff must wash hands with soap and water and wear gloves before pull-up/diaper changes.
7. Staff must ensure child safety at all times.
8. Promptly change soiled or wet pull-ups/diapers when indicated.
9. Thoroughly cleanse children with individual disposable cloths or wipes as directed by Health Care Professional and discard soiled materials in designated waste container.
10. Fecal incontinence episodes require children to lie on cot to ensure thorough cleansing.
11. Children must be dry using a clean dry cloth or disposable cloth before placing new diaper and or pull-up. Discard disposable drying cloths in designated waster container. Cloth drying material must be laundered per center staff before re-use.
12. Staff must wash hands with soap and water after pull-up/diaper change complete.
13. Staff must ensure and/or assist children in washing their hands with soap and water after pull-up/diaper change complete.
14. Application of powders, creams, ointments or lotions require **medical direction and parental permission**. Label powders, creams, ointments or lotions with the individual child's name.
15. Diaper/Pull-up changing supplies must be kept out of children's reach.

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will promote the following:

The physical examination, dental examination and health screenings are utilized to identify children with potential health problems. Medical and dental treatment will be provided for all health problems detected. The Health Services Delivery Plan will consist of four phases:

1. detection of children with health problems
2. diagnosis and treatment
3. assistance with obtaining transportation and payment of services when warranted,
4. prevention

PROCEDURE

Family Service Staff will pursue community resource funding for child health, dental and vision services. Head Start/Early Head Start funds are available only as final source of payments.

Funding allocated as follows:

Dental

Primary Care--\$150 total allocation

- includes initial exam, bite wing X-rays, cleaning and fluoride treatment.

Secondary Care--\$850 total allocation

- includes extractions, fillings and normal periodontal treatment.

Specialized—Up to \$1000.00 includes caps, dental surgery or other invasive measures

Health

Primary Care—Up to \$150 total allocation

- includes physical exam and required Head Start/Early Head Start screenings as indicated

1. Lead lab screen
2. TB lab test
3. Hemoglobin/Hematocrit lab test

Secondary Care---Up to \$850 total allocation

- includes follow up treatments as indicated with primary care physicians,
 - Allergists and Ears, Nose and Throat Coordinator
- Specialized Care—Up to \$1000.00 per entity

Vision Care—Up to \$ 150 total allocation

- includes eye exam and glasses.

For treatments with costs exceeding these limits, each case will be reviewed. Payments for such excessive treatments will be made only when:

- The case has been reviewed by Head Start/Early Head Start
- An Authorization form has been submitted
- Head Start/Early Head Start has funds budgeted for the treatment
- All other possible methods of payment have been explored

PAYMENT OF SERVICES (Standard 1302.42(e)(2) POLICY

Community Services of Northeast Texas Head Start/Early Head Start will supplement funding for children who come into the program without a source of payment for health services. Payment of Services is applicable only when no other funding source is located.

Family Service Worker/s will assist families in obtaining a payer source such as Medicaid or CHIP programs by determining their income eligibility during orientation. If a family is not

eligible for Medicaid, Medicaid will then refer them to the CHIP program.

For Head Start/Early Head Start children who have Private health insurance through one of their parent's employers, Head Start/Early Head Start will assist parents with any coinsurance and/or deductibles for the child's treatment, as needed.

If none of these sources of payment apply to a child, then it is the program's responsibility to pick up the cost of any medical and/or dental care as applicable per assigned provision of services allocations.

AUTHORIZATION FOR PAYMENT PROCEDURE

[Criteria must be met before submitting Authorization for Payment request]

Family Service Worker responsibilities to include the following:

1. Determine and submit services needed and all charges for services per each provider visit. (Medical- fees for exam, required lab test, immunizations, etc. - Dental-fees for exam, x-rays, all treatments, etc.)
2. Inform parent/s and providers of cost allocations on medical/ dental services. (See Provision of Services Section)
3. Obtain Payer Source Information: Medicaid, Chip, Private Insurance or No Payer Source.
4. Have parents provide either a Medicaid denial letter and/or no coverage statement from private insurance.
5. Indicate on AFP if service needed is either an initial exam or follow-up

{Note: Medicaid denial due to income ineligibility indicates immediate AFP approval}

- Procedure - NO MEDICAID - Medicaid Denial Letter Required

Denial for any of the following reasons: Family Service Worker Responsibilities:

1. Failure to re-certify: Parent notification of Medicaid re-certification requirement. Assist parents with re-certification process - obtaining appointment and transportation assistance as per protocol
2. Never applied: Parent notification of Medicaid service and provide information regarding income eligibility requirements. Assist parents with obtaining appointment and offer transportation assistance per protocol.
3. Illegal Alien Status: Document on {AFP} NO Social Security # on child per parent verification and submit a copy of Medicaid eligibility requirements which indicate Social Security # required.
4. Procedure - Private Insurance - No Dental Coverage
5. Have parent provide statement from their private insurance carrier to verify no dental coverage with policy and attach copy with AFP request.
6. If parent non-complaint with obtaining insurance information, notify parent that you must contact their private insurance carrier to verify no dental coverage with policy and document on AFP (parent non-complaint and contact made by Family Service Worker and of no dental coverage verified per insurance carrier.)
7. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
8. Obtain cost information from dental provider for payment assistance. (Written estimates)
9. Contact and document at least 3 community resource contacts for payment

assistance made, include contact numbers.

- Procedure - Private Insurance - Dental Coverage
 1. Obtain amount insurance will pay for services and submit information with AFP request.
 2. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
 3. Obtain cost information from dental provider for payment assistance. (Estimates)
 4. Document three community resource contacts for payment assistance made, include contact numbers.
- Procedure – Chip - Applies only for dental services and parent payment assistance if needed.
 1. Obtain Chip information for student file.
 2. Determine and submit services needed and all charges for dental services per each provider visit.
- Procedure - AFP for Medical Services- Private Insurance Coverage
 1. AFP procedure applies for co-pay amounts. (Deductibles, parent percentage)
 2. Obtain Co-pay amount and/or parent percentage amount from provider as well as estimate of planned service and submit to Health Coordinator with AFP request.

REFERRALS (Standard 1302.42 (d) (1)(2)(3)

(Refer to page 23 of Health policies & Procedures)

After health problems have been detected, the child will receive competent and continuing care until they are remedied or until a pattern of continuing care has been well established.

PARENT TRAINING (Standard 1302.46)

Health Coordinators will provide or arrange “Health Education” training for parents and children at each campus during first annual parent meeting and upon request. Health Coordinator and Health Coordinator/Family Services Administrator will work with Family Service Workers to provide necessary tools for training upon parents/guardians request.

COMMUNITY PARTNERSHIPS (Standard 1302.53)(1-2)(I)(II)(III)(IV)(V)(VI)(VII)(VIII)

POLICY

Community partnerships are essential for providing medical and dental services to all children enrolled in the program. The Health Coordinator will initiate and maintain community partnerships with various providers in the medical and dental area per:

1. Interagency Agreements
2. Health Advisory Committee Meetings

HEALTH STAFF: JOB DESCRIPTIONS & RESPONSIBILITIES (Standard 1302.15)

SEE HUMAN RESOURCES DIRECTOR FOR COMPLETE JOB DESCRIPTION

CAMPUS ENROLLMENT PACKET (Standard 1302.15)

{Refer Family Services Policies and Procedures}

The following forms should be available and completed by the Family Service Worker during enrollment at the Campus. Staff should obtain information from parents/guardian via interview during the enrollment. After obtaining, the completed forms are correctly filed in the Health section of the folder. After obtaining the completed forms, health information must be documented in Child Plus then health forms are filed in their designated content area sections of the child's folder.

CONSENT FOR SERVICES FORM (Standard 1302.47(b)(1)(vi))

POLICY

All parent(s) and/or guardians will be given a comprehensive overview of all health services provided to all children enrolled in Head Start/Early Head Start Program and must complete, sign and date the Consent for Services Form in order to receive Head Start/Early Head Start Health services.

PROCEDURE

1. Family Service worker will provide detail explanation of consent for services form. Parent/Guardian must initial each service listed and then sign the consent for services form.
2. During re-enrollment, the parent(s) and/or guardian must complete the Consent for Services and permission forms again.
3. Should the parent/guardian refuse to sign the Consent for Services Form, they are then required to complete and sign the documentation of nonparticipation form indicating the refusal of stated services. Children who require medical or dental emergencies care, the parent will be notified and the Campus Director or designated personnel in Campus Directors absence will call 911. (Standard, 1304.20(e)(5))

MEDICAL/DENTAL HOME FORM (Standard, 1302.42 (a)(1)(2))

POLICY

The Medical/Dental Home Form is used to identify the medical/dental provider/home of the child during orientation. This process is completed during orientation by the parent and the assistance of the Family Service worker when indicated

PROCEDURE

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker will refer the family to the Medicaid or CHIPS program.
2. Family Service Worker should document follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family will be given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or

- through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process should be completed within ninety (90) days of the child entering the program.

HEALTH HISTORY FORM (Standard 1302.42) (b)(4)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Health History Form for each child to obtain the child's medical history from birth.

PROCEDURE

1. Family Service Workers must confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker should complete a "Consent to Release Records" form and send it to the medical provider for further medical information.
2. Documentation should be made in the child's file.
3. All medical records obtained should be filed in the Health and Licensing section.
4. The Health Coordinator is notified using the Health Request and Results Form.

CONSENT TO RELEASE RECORDS FORM (Standard 1302.41 (b)(1))

POLICY

The Consent to Release Records Form is used to obtain information regarding identified past and/or current health problems with the child.

PROCEDURE

1. The Family Service Worker will inform the parent/guardian the purpose of the Consent to Release Records Form and obtain parent signature during orientation.
2. Family Service Worker will send to the provider for the purpose of obtaining required health information.

LEAD QUESTIONNAIRE FORM (See Forms) (Standard 1302.42(b)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Lead Questionnaire Form annually for all children in conjunction with obtaining the most current Lead Blood Test Screening results. The Lead Blood Test must have been received at 2 years of age or older. The significance of this form is tracking related for the detection and/or documentation of possible lead exposure when the most current Lead Blood Test Screening is one year old.

PROCEDURE

1. A response of "Yes" or "Do Not Know" to any question on the form requires that the child be referred for a blood lead screening when most current test level is over one year old.
2. Children who have answered "Yes" or "Do Not Know" to any questions on the Lead Questionnaire must be referred to their Primary Care Provider for follow-up.
3. Children with a lead blood level of 5 or greater, the Family Service staff must follow-up with the child's parents to ensure the child has been seen by their PCP and is under a physician's care for elevated lead level and document efforts and contacts in Child Plus.
4. The Health Coordinator is notified using the Head Start/Early Head Start referral form.

TB QUESTIONNAIRE FORM (Standard 1302.42(b)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed T.B. Questionnaire Form for all children annually. The significance of this form is tracking related for the detection and/or documentation of possible TB exposure.

PROCEDURE

A response of "yes" or "Do Not Know" to any question indicates that the child should receive a T.B. skin test. Referral to child's Primary Health Care Professional is required and results documented on the child's Health record and results documented in Child Plus.

ORGANIZATION OF HEALTH SECTION IN CHILDREN'S FOLDER (Standard, 1302.42 (1))

{Refer to Family Services Policies and Procedures}

POLICY

To maintain accurate child records which facilitate monitoring of health, dental and mental health needs, Community Service of Northeast Texas Head Start/Early Head Start staff will perform the following:

PROCEDURE (See Health checklist)

1. The Family Service Worker will be responsible for arranging each child's folder within thirty (30) days of the child entering the campus.
2. The Family Service Worker will ensure that the Health section of the folder is properly organized when reviewing campus records and denote on Health checklist all completed items.
3. Health section of each child's folder should be appropriately documented and arranged within thirty (30) days of the child entering the campus.

4. All referral/follow-up forms, treatment (medical/dental) forms, and medical requests should be added to the appropriate section ASAP of receiving the information with copies of all referral and follow-up forms forward to Health Content Area staff.

SCREENING PROCEDURES (STANDARD 1302.42 (b)(2))

POLICY

Health screenings will be performed for the detection of possible health needs. The health screens consisting of height and weight, blood pressure, hematocrit and hemoglobin, lead blood test screening, hearing pure tone, vision, and other tests, when indicated. All health screenings are applicable per the Texas Department of Health EPSDT schedule.

All screenings must be completed upon forty-five (45) calendar days of the child's entry into the center. The screenings are good for one year (see Enrollment Packet). This information should be recorded and documented in Child Plus and in the child's file on designated forms and placed in designated areas.

Returning students must complete the required screens within forty-five (45) calendar days of the new school term.

Health screens will be performed by trained Health Care Professionals and/or certified Head Start/Early Head Start staff (Family Service Worker, Teaching staff, Health Component team). Health screens applicable for Head Start/Early Head Start staff are Vision/Hearing and Height and Weight.

PROCEDURE

1. Family Service Worker/s will obtain screening information from child health records and document the information in the child's file in the designated areas.
 - a. Family Service Worker/s will submit the Consent to Release Records form to the child's Primary Care Physician or other Health entities to obtain required screening information and document all information received in the child's file in the designated areas and document all information in child plus in each designated area
2. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens if none are noted on health records when none are noted on physical. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens
3. Family Service Worker/s and the Health Component team (Health Coordinator/Family Services Coordinator and Family Services Administrator) will work collectively when needed, to perform hearing re-screens within the required time frame of 3-4 weeks after initial screen performed.
4. Family Service Worker/s will submit health screen referrals within the required 4-6 week time frame.
5. Family Service Worker/s will file all referral/follow-up forms, treatment (medical/dental) forms, and medical requests to the appropriate section of receiving the information

IMPORTANT NOTICE/MISSING INFORMATION FORM

(Refer also to Family & Community Partnership Policies & Procedures)

POLICY

This Important Notice/Missing Information form will be used to notify parent(s) and/or guardian of a child's needed immunizations and health concerns.

PROCEDURE

1. Fill in the child's name and date.
2. Check the appropriate item of missing information needed.

SCREENING NOTIFICATION LETTER

{Refer also to the Nutrition Policies and Procedures}

POLICY

This Screening Notification Letter will be used to notify parent(s) and/or guardian of a child's screening results and of any referrals warranted.

PROCEDURE

3. Fill in the child's name and date.
4. Check the appropriate screening performed and results. Indicate referrals when applicable.

HEALTH INTERVENTION ACTION PLAN

Health Requirements/Missing Health Requirements:

PROCEDURE: FSW staff and Health Team will implement the following:

1. FSW will inform parent of all Health components required during Parent Orientation and document parent notification in Child Plus.
(Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).
2. Beginning September 15th of each school term, Family Service Staff will initiate sending Parent Missing Information notifications every two (2) weeks for six (6) weeks and document in Child Plus under each individual requirement.
 - Missing information notifications will require:
 -  Offering assistance with funding when qualified, making appointments, obtaining insurance, etc.
 - 1st notification will be a parent missing information notification letter.
 - 2nd notification will be a personal contact either by phone call or in person.
 - 3rd notification- preferred method by phone call or in person notification. If difficulty is met with personal contact then a parent missing information

notification letter is required. (Two Sided Document)

3. FSW staff will give parents two (2) weeks to respond to the last Missing Information notification.
 - FSW staff will submit an email to the Health Coordinator and/or Family Services Coordinator notifying them of the students whose parents have not responded.
4. Health Coordinator and/or Family Services Coordinator will continue with Parent Notifications by:
 - Sending informative letters regarding the importance of annual physicals to educate parents on the importance of knowing their child's health status.
 - Making phone calls to inform parents of required physical; work and assist parents in obtaining the required physical and its components by offering assistance with funding when qualified, making appointments, obtaining insurance.
 - Monthly Missing Information requests will continue to be sent to parents; when no response from parent or missing information has been received. Monthly requests must be sent until missing requirements have been received.
5. FSW are required in August and November during Home Visits to inform parent/s of the following:
 - a. Missing Health Components (i.e. initial dentals, 6 month dentals, Physicals and or missing physical components.
 - b. Home Visit contact notifications must be documented on Home Visit form, listing all notices given.
 - c. FSW must document Home Visit notification in Child Plus in the Home Visit note section.
6. Monthly monitoring for Notification and Documentation Compliance by the FSW Coordinator and Health Team will be initiated on September 30th of each year and will continue monthly until end of school term.

TIMELINE CALENDAR (Standard 1302.42 (a))

POLICY

Two specific timelines are indicated by the performance standards; 45 days and 90 days. Timelines are determined based on the child's entry into the center. The Timeline Calendar is designed to predetermine dates to assist staff with identifying deadline dates for physical exams, dental exams, and other screenings.

PROCEDURE

1. The Timeline Calendar should be used by the staff when reviewing the Health records for the campuses.
2. The Timeline Calendar should be updated annually by the Health Component Team.

VISION SCREENINGS (STANDARD 1302.42 (b)(2))

Recognizing the important relationship between vision and the learning process, the 68th Texas Legislature passed the Special Senses and Communication Disorders Act of 1983, Chapter 36, Texas Health and Safety Code helps identify those children in need of professional vision and hearing examinations. All preschool and school health-screening programs aim to detect those problems, which could limit the child's educational opportunities.

POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board. All children enrolled will receive a vision screening within forty-five (45) days of enrollment into the program. The Vision and Hearing trained staff will do these screenings. The Health Management team will assist as needed and requested. Vision screening is not a complete full examination. Its goal is to detect those children who may have a visual problem and who should be further evaluated by an ophthalmologist or an optometrist.

Staff designated at each campus will be vision certified by the Texas Department of Health. This certification will be renewed every five (5) years or when indicated by the state training board. The Health Coordinator will arrange for these training through Region 8 Education Service Center.

A record of vision screening should be completed and kept by Head Start/Early Head Start for any child who is required to be screened. It should contain distance acuities for both eyes, observed signs or symptoms, any other vision results, date of screen and name of screener.

Indication of physical injury to the eye will always warrant professional examination. Referral for examination by an eye care professional is indicated when there are signs and symptoms of a visual problem, whether the child passes or fails any of the vision screens.

A screening program will not be effective unless it has the follow-up components, diagnostic evaluations, treatment when indicated, and educational consideration.

PROCEDURE: SPOT Screener

A SPOT Screener is a portable Auto refraction Device used to quickly and easily identify refractive errors and ocular misalignment. Early detection and treatment of vision problems are critical to help prevent permanent vision loss. The American Academy of Pediatrics now recommends photo screening for children aged 12 months to 5 years.

1. After you power on the screener the Home screen will appear. Select age range and enter personal data for child to be screened.
2. Select GO and begin screening process. Follow the instructions as they appear on the screen until screening is completed.
3. The SPOT Screener will tell you if the child passed/failed complete exam required
4. Print a copy of examination results to put in the child's file and a copy to send to the vision exam.

Referral Criteria for Vision Screening

1. If the child fails the SPOT screener, then he/she will need to be referred to an Ophthalmologist or Optometrist within one month of the referral date.
2. This information should be documented on the Referral Form as well as in the health record.

Refer the child when:

1. He/she FAILS the second distance acuity screen.
2. He/she repeatedly FAILS either muscle balance test.
3. He/she shows signs or symptoms of a vision problem.
4. He/she FAILS any other professionally recognized, age appropriate vision test.
5. The outcome of the eye care Coordinator's evaluation should be provided to Head Start/Early Head Start.

NOTE: Photophobia, nystagmus, and poor ocular fixation observed during this test are also reasons for referral to an ophthalmologist RECORDING

RESULTS:

Complete the Vision portion of the Vision and Hearing form.

HEARING SCREENINGS/OAE(STANDARD 1302.42 (b)(2))

TONE POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board.

The Health Coordinator will arrange for training's through Region 8 Educational Service Center. Head Start/Early Head Start will perform Pure Tone screening for hearing testing in children ages 3-5 years and children ages 1-3 will be tested using the OAE. The Health Management team will assist as needed and requested. Results are recorded on the Vision and Hearing record form and filed in the child's file in the licensing section. A copy will be provided to the Health Coordinator.

PURE-TONE SWEEP-CHECK SCREENING

The purpose of sweep-check screening is to screen many children in a relatively short period of time, in an attempt to identify those who may have a hearing problem and those who apparently do not.

1. Frequencies to be screened are; 1000, 2000, and 4000 HZ at intensity of 25 dB HL This screening intensity is just outside the upper limit of normal hearing.
2. In noisy settings, where all the sweep-check frequencies cannot be heard at 25 dB HL, screening should be suspended rather than set the HL dial at a level higher than 25 dB
3. As much as possible, each child is screened individually in a quiet setting, although they may be conditioned as a group.
4. The child should be instructed to respond generally by raising his/her hand for each screen tone given at a set intensity of 25 dB HL.
5. The screener should demonstrate to the child first without placing the headsets and a setting of 60dB HL (loud enough to be heard without being placed on their heads) and preset the tone for one to two seconds.
6. When the screener is sure the child understands the instructions, the earphones

- should be placed securely on the child's head and screening begin.
7. Set the HL on 25dB and leave it there for the entire sweep check screening to test the right ear.
 8. Set the frequency selector on 1000 Hz and present the tone for one to two seconds.
 9. Record the child's responses on the screening form using a plus (+) for each frequency heard and minus (-) for any frequency with no indicated responses.
 10. Repeat steps 7-10 for frequency 2000 and 4000 for each ear.
 11. A CHILD IS CONSIDERED TO HAVE FAILED THE SWEEP-CHECK SCREEN IF HE/SHE FAILS TO RESPOND TO ANY ONE OF THE THREE FREQUENCIES IN EITHER EAR.
 12. RESCREENING:
 - a. Each child who fails the initial screening should be re-screened with another sweep check within 3-4 weeks.
 - b. On the second screen, a failure of one frequency in either ear requires an extended recheck. (see TDH screening book)
 - c. If a failure of one frequency occurs, when performing the extended recheck, a referral is required.

PRECAUTIONS TO OBSERVE:

1. Do not let the child watch you operate the audiometer's presentation controls.
 2. Do not look at the child when the tone is presented (use peripheral vision to observe the child).
 3. Do not present the tone when there is a noise which you suspect would interfere with the child's hearing the tone.
 4. Do not give any clues as to when the tone is presented; control eye, head, and, or other body movement, reflections, shadows, etc.
 5. Do not establish a rhythm in tone presentations; vary the time intervals between the tones
- HEARING REFERRAL PROCESS FOR FAILED PURE TONE SCREENINGS**
6. Children who fail the initial hearing screen will be re-screened within 3-4 weeks.
 7. Children failing the second hearing screen must be referred for follow-up by a Health Care Professional within ten (10) days of the second failed screening.
 8. Family Service Worker/s must notified parents per the Hearing Referral form of the required follow-up.
 9. Family Service Worker/s must document referral information on the Hearing/Vision form and forward a copy to the Health Coordinator.
 10. Family Service Worker/s must perform follow-up contacts with parents monthly to obtain follow-up information and document contact attempts on the Health Request/Results form.

HEARING/VISION REFERRAL PROCESS TIMELINE

INITIAL (1st) SCREEN— required within the first 45 days of school entry.

- Pass—No further testing required
- FAIL—Re-screen required within 3-4 weeks
 - Pass—No further testing required
 - Failed x 2 screens—Parent notification of referral required

Results documented in Child Plus. Re-screens must be scheduled on Child Plus calendar.

M-62 ANNUAL REPORT

POLICY

Community Services of Northeast Texas Head Start will comply with all Department of State Health Services requirements regarding Vision/Hearing State reports.

1. The M-62 should contain completed screening and follow-up information for all children screened and/or evaluated within the school year; that means the report should show whether or not every child referred was seen by an eye care Coordinator
2. The vision screening annual report, the M-62, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-62 to the Texas Department of Health by June 30th of each year.
3. It is the responsibility of the Campus Director to ensure completion and admittance of the annual report by the due date. A copy of the report will be provided to the Nutrition Coordinator.
4. The Vision/Hearing screening annual report, the M-52, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-52 to the Texas Department of Health by June 30th of each year.
5. The initial vision and pure tone is done within 45 calendar days of the child entering the campus.

OTHER TESTS POLICY

Based on community health problems, other selected screenings when appropriate will be done (i.e. sickle cell anemia, lead poisoning, and TB. etc.) However, children who are enrolled in the Texas Health Step program should receive a sickle cell anemia, anemia and lead poisoning screening during their physical assessment from their medical provider. If the child is determined to be "High Risk" screening should be performed if it has not been completed previously. Results should be provided for Head Start/Early Head Start files

FURTHER SCREENINGS PERFORMED

1. Anemia
2. Measurements (height/weight)
 - a. (Refer to Nutrition Section for Policy and Procedures)

BLOOD PRESSURE

POLICY

All Head Start children regardless of insurance type are required to follow the Texas Department of State Health Services EPSDT schedule for required health screenings. All Head Start/Early Head Start children must have a blood pressure reading within the first ninety (90) days of school entry.

DENTAL EXAMINATION (1302.42 (b) 1 (ii))

POLICY

All children enrolled must receive a dental examination every 6 months and adhere to as required by the Texas Department of State Health Services Medicaid EPSDT schedule. Although a child may be receiving treatment, the second dental examination is due 6 months after the initial dental exam date.

APPOINTMENT SCHEDULE FOR DENTAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a dental exam and if the family has a primary Care Dentist. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a dental home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "dental home" is established and documented using the Medical/Dental Provider Form. i
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to due date, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
 - a. Request for an appointment time and to notify staff (with in week of receiving letter) of their child's scheduled appointment time.
 - b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the dental exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the dental appointment.
9. Family Service must inform parent/s a completed dental exam should indicate what was performed at the time of the dental appointment, such as cleaning or fluoride treatment as well as any follow-up treatments that may be needed and whether the child is complete or not.
10. Family Service Worker/s must assess exam forms the dentist signature and date of service.
11. Family Service Worker/s must perform monthly parent contacts for all dental non-compliance and document all contacts on the Health Request/Results form and/or on the Family Contact form sheet.
12. Family Service Worker/s will refer dental non-compliance to the Health Coordinator after three (3) failed attempts.
13. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

PHYSICAL EXAMINATION (Standard 1302.42 (b)(1(i) (Minimum Standard §746.611))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of State Health Services Medicaid EPSDT schedule and Child Care Licensing requirements that all children enrolled must receive a physical examination annually.

APPOINTMENT SCHEDULE FOR PHYSICAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a physical exam and if the family has a Primary Care Physician. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a medical home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "medical home" is established and documented using the Medical/Dental Provider Form.
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to known due date of physical, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
 - a. Request for an appointment time and to notify staff (within week of receiving letter) of their child's scheduled appointment time.
 - b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the physical exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the physical appointment.
9. Family Service must inform parent/s: Head Start/Early Head Start mandates our children receive a Texas Health Step physical following the Texas Medicaid EPSDT schedule.
 - a. Parents informed to ask their PCP for Hemoglobin and Blood Lead Test results.
10. Family Service Worker/s must assess exam forms (Child Health Record) for the following:
 - a. The physician signature and date of service. (Date must reflect current status)
 - b. Medical treatments received during exam as well as chronic health conditions.
 - c. Hemoglobin and Blood Lead Test results
 - d. Blood Pressure and Height/Weight findings.

11. Family Service Worker/s must perform bi-monthly(monthly) parent contacts for all physical non-compliance and document all contact dates on the Missing Information form and in Child Plus under the physical event notes.
12. Family Service Worker/s located on Head Start/Early Head Start stand-alone campuses must (within the first 5 days of entry) ensure parent/s complete and sign the required Minimum Standard Parent statement which verifies their child has received a physical with in the past 12 months and is cleared to attend daycare or school.
13. Family Service Worker/s will refer physical non-compliance to the Health Coordinator after three (5) failed attempts.
14. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

TUBERCULOSIS SKIN TESTING

TB TESTING FOR CHILDREN (Standard 1302.42 (b)(2))

POLICY

All children must have a completed TB questionnaire upon enrollment. Family Service staff is responsible for interviewing the parent/s or guardian/s to answer the questionnaire and determine TB risk. Referral procedure is to be followed for any "Yes" response noted on the TB questionnaire.

REFERRAL PROCEDURE:

14. Parents are notified per Health Request form of required referral and assessment by their child's Physicians, local Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions, to determine if a TB test is deemed necessary.
15. Any newly identified positive reactions will be monitored and/or referred for further testing/ evaluation by the assessment provider (PCP, local Health Department or Health Care Professional)
16. Family Service Workers are required to follow-up with the assessment provider to obtain results of the TB "High Risk" referral and document all correspondence.
17. Any suspected or diagnosed cases of TB are to be reported to the local Health Department. Family Service Workers are required to contact assessment provider to ensure the TB reporting has been completed.
18. Children who have received treatment for latent TB infection or were deemed a positive reactor must be assessed annually by their PCP, the Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions.
19. Written clearance for school attendance is required from the child's assessment provider.
20. The Health Coordinator is notified of any positive TB skin tests or diagnosed cases.

ADVERSE REACTIONS

In highly sensitized individuals, strongly positive reactions including vesiculation, ulceration or necrosis may occur at the test site. Any child having a reaction at the site of the injection must be referred to the assessment provider performing the test. Strongly positive reactions may result in scarring at the test site.

Immediate erythematous or other reactions may occur at the injection site. The reason/s for these infrequent occurrences is presently unknown.

The result is read @ 48 to 72 hours after administration. Induration is considered in interpreting the test. Since a positive tuberculin reaction does not necessarily indicate the presence of active tuberculosis disease, individuals showing a positive reaction should be subjected to other diagnostic procedures.

Those individuals giving a positive tuberculin reaction may or may not show evidence of tuberculosis disease. Chest X-Ray examination and microbiological examination of the sputum in these cases are recommended as a means of determining the presence of absence of pulmonary tuberculosis.

TB TESTING FOR EMPLOYEES-{PS 1304.52(j)(1)}

Refer to Personnel Policies & Procedures—Policy # 183

TB TESTING FOR VOLUNTEERS

(Refer to Volunteer Handbook)

IMMUNIZATION RECORD & SCHEDULE (Standard 1302.429B)(1)(I)

POLICY

IMMUNIZATION REQUIREMENTS

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code. All Campuses are required to maintain a record of the immunization status of individual children during the period of attendance for each child admitted. The record must be made available for inspection at the Campus. All immunization records will be check by Management staff prior to the child starting to school.

Parents of students that attend Head Start/Early Head Start in licensed classrooms will be notified that a delay in enrollment or attendance will be enforced if they do not provide an Up to Date immunization record for their child. Students will be excluded if they miss required doses as they become due.

Parents of students, who attend Head Start/Early Head Start in ISD classrooms, will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

All immunization records must be validated by physician signature or health clinic stamp. The month, day, and year must be indicated on the record.

PROCEDURE

1. All parents must be notified when a child's immunizations are due. Family Service Worker/s will notify parents of immunizations during enrollment (first notice) or as they become due during the year. It is the parents' responsibility to provide all updated immunization documents in order for the new dates to be recorded in the child's record. These documents are returned to the parents after a copy has been placed in their permanent file and they are recorded in Child Plus.
2. Staff requests the parent to get the immunizations at a community clinic/private provider.
3. Staff must give the parent an Important Notice/Missing Information form to notify the parent of which immunizations are due.
4. Staff will notify parents of immunizations at least 1 month before the due date.
5. If the child is overdue (more than 10 days) the parent has 10 working days to have his/her child immunized. If the parent has not complied by the second notice (10days) the child must be excluded from school attendance until he/she has received the needed immunizations.
6. Children are excluded from receiving the required immunizations on an individual basis for medical contradictions or religious conflicts. Children in these categories must submit evidence for exclusion from compliance.

MEDICAL CONTRADICTIONS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit or certificate signed by a physician, duly registered and licensed to practice medicine in the United States. The affidavit or certificate must state that it is the opinion of the physician that the required immunizations would be injurious to the health and well-being of the child or any member of the family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date it is signed by the physician, and it must be renewed every year, in order for the exclusion to remain in effect.

RELIGIOUS CONFLICTS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit signed by the parent or guardian stating that the immunization conflicts with the tenets and practice of a recognized church or religious denomination of which a child is an adherent or member. However, this exemption does not apply in times of an emergency or outbreak declared by the commissioner of health or local health authority.

DOCUMENTING HISTORY OF VARICELLA (CHICKENPOX) ILLNESS

Amendment to 97.67

All histories of Varicella illness must be supported by a written statement from a physician or the child's parent or guardian containing words such as: "This is to verify that (name of child) had Varicella disease (Chicken Pox) on or about (date) and does not need Varicella vaccine, or by serologic confirmation of Varicella immunity. Family Engagement Coordinator may also write this statement to document cases of Chicken Pox that they may observe. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child's parent or guardian, evidence. Otherwise, varicella vaccine is required.

*Varicella requirement effective August 1, 2000:

INSTRUCTIONS FOR DOCUMENTING PRIOR ILLNESS

A written statement from a physician, school nurse or the child's/student's parent or guardian containing wording such as:

This is to verify that (Name of student) had Varicella disease (Chicken Pox) on or about (DATE) and does not need Varicella vaccine.

Parent Signature

Date

Relationship to Student

TRACKING PROVISION OF HEALTH SERVICES (Standard 1304.42 (C)(3)(D)(2))

POLICY

The purpose of the tracking procedure is to monitor student files to determine which services the child needs, document any allergies, health problems or parent concerns, ensure that the immunization requirements are met and etc.

Monitoring tools include: Program Monitoring Form, Health Coordinator Monthly Report form, Child Plus Data System, and PIR monitoring form.

PROCEDURE

PROGRAM MONITORING FORM

1. Program monitoring performed monthly on at least 10% of student files and at one or two campuses per month.
2. Monitoring performed per Health Coordinator.

3. Monitoring findings documented and reported to Family Service Staff verbally and or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Program monitoring report must be submitted to the Program Monitor by the 5th of each month.

Nutrition Coordinator/Family Engagement Coordinator MONTHLY REPORT FORM

1. Health Coordinator Monthly report obtained per data collected from Child Plus data base reports and from data collected when 100% file review is performed.
2. Monitoring performed per Health Coordinator.
3. Report findings documented and reported to Family Service Staff verbally or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Health Coordinator Monthly report must be submitted to the Program Monitor by the 5th of each month.

PIR MONITORING FORM

1. PIR monitoring begins with in the first forty-five (45) days of school enrollment.
2. PIR monitoring performed per Health Coordinator /Family Services Administrator and Health Coordinator. Report findings documented and reported to Family Service Staff verbally or written.
3. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
4. PIR monitoring involves 100% student file reviews and occurs two times during school year.

CHILD PLUS DATA BASE

1. Community Services of Northeast Texas Head Start/Early Head Start utilizes the Child Plus computer data base record-keeping system.
2. Information data entry is performed primarily by the Family Service Staff and assisted by the Health Team and the Nutrition Manager whenever need is indicated.

FOLLOW-UP/TREATMENT (Standard 1302.42 (D)(1)(2)(3)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow the mutually agreed upon treatment plan, which will include the goals, supports and services the family may need. Family Service Worker/s will document on the Family Partnership agreement Family goals and needs and will document all health related needs the Health Section Family Contact section and will document all health related needs the Health Section in Child Plus.

INTERNAL REFERRAL POLICY & PROCEDURES

Any new or reoccurring health problems should be documented on the Agency Referral Form and given to the Health Coordinator or the Health Coordinator/Family Services Administrator to disseminate to the appropriate health care professional.

The treatment plan should be obtained and documented and the FSW must ensure that services are being provided in a timely manner and properly documented.

EXTERNAL REFERRAL POLICY & PROCEDURES

When a child is being referred to a Coordinator who is not contracted with the Agency, the responsible staff (Family Service Worker/s) must ensure that the child is not eligible for Medicaid, CHIP or any other "spend down" programs.

Once it is determined that the child is not eligible for any other resources, the Family Service Worker/s or other support staff must record information such as the date, name of contact, organization contacted, and the results of the contact on the Health section progress notes. This record serves as documentation of your efforts to access funding sources. This information is then passed to the Health Coordinator to facilitate the payment of Head Start/Early Head Start funds for the needed or requested health services.

The referral process will require documentation reflecting efforts to obtain services with contracted providers. If services are not available, all efforts should be made to reflect an establishment with either a contracted provider or an agreement should be arranged for payment of services provided with that health provider

REFERRAL PROCEDURE

As soon as a child has been identified as having a health problem, the information must be shared immediately with the parent.

1. The parent will also be given an Important Notice/Missing Information Form that will indicate the recommended follow-up plan.
2. The parent will also have the opportunity to comment on any concerns or observations he/she may have regarding the child's health.
3. Once the parent and staff have shared observations; the staff along with the parent will make a decision regarding the child's follow-up plans for further evaluation and intervention.
4. Health Coordinator must be notified of findings, follow-up plans and interventions scheduled. Health Coordinator is available to assist with parent conferences and explanations of health related issues.

DOCUMENTATION PROCEDURES (Standard 1302.42 (C)(3)(D)(1,2,3)

POLICY

In order to ensure the Health Component activities are in process of completion or are complete, it is the responsibility of the Family Service Worker/s, Nutrition staff, and Health Component staff to document their work efforts pertaining to the health content area. Documentation is required in the Health Section of Child Plus in the appropriate areas of

activity.

ABSENCES

If a child is absent from the Campus for scheduled screenings, the Family Service Worker/s must document on the appropriate form, and make a notification in the health section progress notes what services the child missed. It is the responsibility of the Family Service Worker to arrange for the child to receive the health services.

REFERRALS

Referrals for either in-house or out-of-agency institutions should be documented on the health section progress notes including the name and title of the person assessing the child. This information should also be documented on the referral form and a copy sent to the Health Coordinator.

The FSW should perform follow-up on referrals within two to three (2-3) weeks to ascertain the current status for the child. This effort should also be documented and dated in the health section progress notes.

The referral form is filed in the Health Section of the Child's file.

The parent is primarily responsible for obtaining a copy of the follow up record from the provider for the child's file. If the record is not returned with a treatment plan then the Family Service Worker/s should document the completed/closure process of the referral in the Health Section of Child Plus in the appropriate areas of activity.

TREATMENT PLAN

All health problems should be addressed and/or closed by the appropriate documentation procedures enacted in the Health Section of Child Plus in the appropriate areas of activity.

If a child is already receiving health services from a Coordinator, outside the agency, this should be documented in Child Plus in the health section progress notes in appropriate areas of activity (monitoring for heart murmurs, vision services, etc.) The staff confirms services per conversation with parent or with the agency. No further documentation is needed until the end of the school year (May). Documentation must reflect either a continuation of services or services no longer needed via follow-up with parent or agency.

If a child is receiving services from the Disabilities or Mental Health Services component, the staff should indicate this on the health section progress notes - "Disabilities or Mental Health Services is assisting the child or family with the health concern. Any further information will be available in the Disabilities Services folder."

When a treatment plan prescribed (antibiotics, antihistamines etc.), for a child enrolled in Head Start/Early Head Start, the FSW should document closure based on the recommended guidelines per the providers directions (2-3 weeks or 1 month). If there is evidence that more treatment is needed, the FSW should contact the parent or provider for instructions (another prescription, referral, etc.)

If a case has been identified, a medical case for which there is no further treatment should be documented by the FSW in Child Plus in the health section progress notes in appropriate areas of activity

EXAMPLES OF DOCUMENTATION

Ex.: Medicine consumed. No signs or symptoms (illness-state signs and symptoms or diagnosis present at this time.

Ex: ringworm resolved in 1 month or no further evidence of ringworm of the head.

Ex: Doctors Appointment kept. No further treatment need for condition.

Ex.: appointment scheduled to see child

CONFIDENTIALITY OF RECORDS (Standard 1303.21)

POLICY

All information obtained on a child enrolled in Head Start/Early Head Start will be treated in a confidential and professional manner. Health information will only be released when written permission from a parents/ guardian is obtained.

Public Law 96-46 (Buckley Amendment) requires the following:

- All records should be kept in a safe and secure place.
- A "Custodian of Records" should be named for each Campus where records are maintained.
- Each person who handles or transmits records should be trained concerning the provision of the law.
- A listing of all individuals who have a legitimate educational interest and have access to the records should be posted.
- A record of all individuals who have reviewed the records will be posted.

Records may be transmitted if:

1. A written request of the parent/guardian is obtained
2. Transportation or forwarding of any requested child health records to other schools/agencies that the child seeks/needs for future enrollment in another program/educational institution, etc.
3. Educational records must be made available to state and federal officials in order to meet legal requirements for evaluation purposes. Such persons will identify themselves to the agency and supply evidence to the appropriate authority.
4. State or federally approved organizations conducting studies for these educational agencies must conduct the study in a fashion whereby personal identifiable information is not disclosed. After the completion of the study all such information should be destroyed.
5. Educational records can be inspected and requested by the parent(s) or guardian(s). Parents generally have information rights when the student is under age.
6. Information can be disclosed to the appropriate persons in an emergency, and this person must have this information in order to protect the health or safety of the student or other person.
7. Parents have the right to request that the record be amended through a hearing process within a reasonable period of time.
8. The Open Records Acts requires that citizens have the right to inspect records, and obtain copies at a reasonable price. If the "Custodian of Records" cannot determine if the Open Records Act applies to a specific request within ten (10) days of the request, an Attorney General's "Open Record Decision" must be requested. If there is not a request for a decision, the material is presumed to be open.

NOTIFICATION OF CHILD ENROLLMENT (Refer to Family Service Section)

In the event that a child has entered the Campus and the Family Service Worker/s has not

been informed, staff should document in the Child's record and in Child Plus:

1. Date of notification or date child was first observed to be on the Campus.
2. Entry date of child
3. Date when "Parent Permission" is obtained for health services/screenings

CONSENT FOR TO RELEASE RECORDS (Standard 1302.41 (b))

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder with copies of the following submitted to the Health Coordinator:

1. Physicals
2. Dentals
3. Medication information including physician's orders for health procedures.
4. Height/Weight and Vision/Hearing information.

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder and results documented in Child Plus in their designated event area and copies of the following submitted to the Health Coordinator :)

1. **Physicals with noted medical conditions/concerns
2. **Allergy Action Plans (Food & Insect Sting)
3. **Asthma Action Plans
4. **Seizure Action Plans

Medication information including physician's orders for health procedures

FAMILY PARTNERSHIP *(Refer to Family & Community Partnership Policies & Procedures)*

This section is located in the "Social Services" area of the child's folder. Family Service Worker/s should address three (3) areas of concern.

COMMUNITY PARTNERSHIP

CSNT Head Start/Early Head Start will work with community resources such as Health Care Providers and Dental Providers to establish Inter-Agency Agreements/MOU's between entities to collaborate agreements to best serve Head Start/Early Head Start children and families.

PARENTAL/GUARDIAN CONCERNS

If the parent(s)/guardian(s) voice any health concerns related to the child, the staff should document what the concern was and how Head Start/Early Head Start will assist them.

HEAD START/EARLY HEAD START CONCERNS

If the child is identified to have a health problem during the screenings and exams, the staff should document how Head Start/Early Head Start will treat and or assist parent/guardian and child.

NO CONCERNS

If, there have not been any health problems identified, (parent/health services), the staff should document that the performance standards will be provided for the child.

CHECK-IN-PROCEDURE

Purpose: Every day, a trained staff member shall conduct a Health Check of each child. This health check shall be conducted as soon as possible after the child enters the campus. This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. Necessary information to complete the daily health check shall be gained by direct observation of the child, asking parent, and conversing with the child. Parent shall be immediately notified of concerns identified during the daily health check. Documentation of findings shall be noted on Health Alert Form, with assigned copy forwarded to Health Coordinator.

POLICY

Children need to be assessed daily in order to detect possible child abuse and to prevent the spread of communicable diseases. The Daily Health Check is performed by Head Start/Early Head Start staff on each child upon entering the campus. (Refer to the Check In and Out Policy and Procedure found in the Education section). Daily Health Checks are completed daily with health concern findings documented on the Health Alert form. CDC guidelines followed and implemented for parent notifications and exclusions.

(Copies are provided as follows: Original placed in the child's file and a copy sent to the Health Coordinator and parents/guardians.) Accidents involving children and occur during Head Start/Early Head Start hours must be documented on the Accident report form on back of Health Alert form. Accidents involving student who require professional medical or when warranted the required Child Care Licensing Incident form must be completed per protocol.

During "Daily Health Check" staff must inspect any backpacks, etc. of entering children only for any inappropriate or dangerous items such as guns, knives or other items that could be used as a weapon. If these items are discovered during the inspection the Campus Director should be immediately notified and he/she must notify the police and make parent/s aware of the incident.

PROCEDURE

The following is a recommended guideline for the check in procedure for children in Head Start/Early Head Start.

1. Ask the parent about the child's last 24 hours.
2. How was he/she last evening? Did he/she sleep okay?
3. Ask the child how he/she feels this morning?
4. Document daily any concerns from the previous day
5. Observe the child for any change in behavior (sluggish, crying, or sleeping)
6. If the child has complaints, inquire to the parent as to the reason for these complaints and ask if a doctor has seen the child.
7. Rule out a fever. If a rash is present, request a FSW member to assess the child.
8. Check eyes for swelling, redness or drainage.
9. Assess the head for any bruises, patches, or nits.
10. Look at extremities and hands for sores, swelling, and rashes.
11. Observe for fast breathing. If the child is a known asthmatic, ask when the last treatment was done.

12. If the parent brings the child to the campus, it is their responsibility to sign the child in and indicate the status of the child. If they do not indicate the child's status it will be assumed the child was in good condition. '
13. If the child is picked- up at the home by a Head Start/Early Head Start vehicle it is the driver/monitors responsibility to assess the child before accepting that child. If the child is in poor condition, the child should not be picked up and parent informed of need for further assessment.
14. If during assessment a problem is indicated, document findings in Child Plus under the Health Note section of the Health Information tab.

After assessing the child:

1. If the child appears well, allow the child to go to classroom
2. If the child has a symptom, review Communicable Disease or Symptoms and document concerns.
 - a. Fill out form if minor or major symptoms/concerns are present.
 - b. Determine if the child goes home or stays.
 - c. Parent signs form.
3. If the child stays, another assessment will need to be done.
 - a. Copy of form needs to be given to the Campus Director.
4. Never look under a child's clothing unless the child says or acts in a manner that invites initiative. You MUST have another staff member present when looking under a child's clothing.
5. Always provide the check in staff with a list of names of children who were excluded from the campus during the day.
6. When a child is sent home in need of medical attention, he/she must provide documentation from the health care provider or exhibit no further signs/symptoms of illness.
7. In the case of ringworm of the scalp, a physician's return to school release is required.

SIGN IN / OUT PROCEDURE

It is the parent/guardian's responsibility to sign their child out on the Check -In form located at each center. All spaces must be filled in. If the Parent indicates a concern, a meeting must be arranged with the Center Director in order to address the concerns.

COMMUNICABLE DISEASES (Standard 1302.47 (b)(4)(A)(7)(3)

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.

Each campus is required to have a chart posted where every staff person can readily survey for information when needed.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency

policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

Head Start/Early Head Start stand-alone campus staff must refer children with symptoms of communicable disease to the Campus Director during the morning, or as soon as the symptoms are noted. If the Campus Director is not present, the designated staff person should follow recommended guidelines for class and/or care of injured child or staff.

Head Start/Early Head Start staff must confirm reports of communicable disease and require a physician's release to return to school to ensure exclusion criteria is met. Staff must inform parent/s of exclusion criteria during pick up of student.

An exception may be made if medical clearance or symptoms have been resolved. In the event of an unusual communicable disease or need for special epidemiological consideration, the Health Coordinator should be notified.

Any child with a temperature of 100.0 degrees F must be sent home and fever free for 24 hours, as specified per the Centers for Disease Control and the Department of State Health Services Communicable Disease Guidelines for Schools and Childcare Centers.

Children with chronic reportable disease, e.g. Hansen's disease (Leprosy), Hepatitis B, HIV, AIDS, or other infection under medical management, may attend the campus in their usual instructional setting with approval of the attending physician. Disabilities Services will need to be informed of the child's condition. Confidentiality must be stressed and maintained.

REPORTING COMMUNICABLE DISEASE

POLICY

Community Services of Northeast Texas, Head Start/Early Head Start will adhere to the Texas Communicable Disease Prevention and Control Act (TCDPCA), which requires this Agency to contact the affected person's Primary Care Physician to ensure the confirmed communicable disease case, has been reported to the determined entity set forth by the TCDPCA.

PROCEDURE

Head Start/Early Head Start staff must confirm reports of communicable disease by contacting the student's parents for a physician's diagnosis of the disease and require a physician's release to return to school to ensure exclusion criteria is met.

Staff must inform parent/s of exclusion criteria and reporting requirements of certain communicable diseases during pick up of student/s.

EXCLUSION/S (Standard 130.47 (b)(7)(iii))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of Health Communicable Disease (Rule §97.7) exclusion requirements and Child Care Licensing Minimum Standard exclusion requirements and shall continue exclusion until the readmission criteria for the conditions are met.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion and re-entry guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

PEDICULOSIS (Head Lice) Screening

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Center Pediculosis guidelines and will adhere to the following. (ISD campus classrooms will follow their ISD guidelines)

1. Parents are notified of infestation and informed of CSNT Pediculosis procedures.
2. Treatment must be implemented by parents/guardians.
3. CSNT Pediculosis procedures are as follows:
 - a. Pediculosis Referral Letter and initial treatment form given to each parent/guardian at time of pick up and/or sent home with student at end of day.
4. Short-term exclusion will be implemented with active infestation of lice noted after treatment has been received.
Active infestation = live bugs
5. Watch for signs of head lice such as frequent head scratching and check all children for lice and nits when indicated.
6. Bag items such as stuffed animals and hats for 2 weeks to bring infestation under control.
7. Teaching staff should maintain two set of these items and rotate usage.
8. Wash all linens in hot water and vacuum all carpets and questionable areas or items if frequently used.
9. Teach and encourage families to treat the child, siblings and all adults who live in the same household
10. Remember, all lice killing products are PESTICIDES. If suggesting lice products, inform parents/guardians to carefully follow the directions and use with caution.
11. Encourage parents/guardians that Manual Removal of nits is the best option when lice removal products are unsuccessful.
12. HIPPA requires confidentiality. Encourage parents/guardians to inform teachers.
13. Protect our children's self-esteem by monitoring our words and attitudes.

PEDICULOSIS SCREENING PROCEDURE

Poor Self-Esteem disease prevention and control:

A screening area must be used and secured for privacy. Arrange with your Campus Director for items you may need to partition a room if necessary and for all notification/scheduling of classes.

1. Teachers should accompany classes to screening area and remain until screenings complete.

2. Provide appropriate literature to each teacher.
3. Teachers are to notify their class of pediculosis screenings, informing them that staff will be examining their hair and scalp.
4. Teachers should use this opportunity to discuss personal hygiene and pediculosis control with their students.

Suggestions to the teacher for student health education may include the following information:

1. Avoid sharing brushes and combs or wearing another person's hat or scarf.
2. Avoid touching your head to another person's head.
3. Avoid hanging your hat or scarf on a public hat rack.
4. Avoid putting your head on another person's pillow.
5. Avoid wearing another person's coat or clothes.
6. Avoid putting your clothes in another person's locker.
7. Avoid wearing another person's hair ribbons.
8. Thorough cleaning of personal articles, i.e., combs/brushes, clothing and bedding

HEAD START/EARLY HEAD START (STAND ALONE) CAMPUSES RE-ENTRY CRITERIA

1. Students must be brought to school by parent/guardian. Parent/guardian must bring signed initial treatment form along with the empty treatment container.
2. Students must be examined before re-entry to class.
3. (Upon re-entry exam, if active infestation noted student must return home with parent)
4. Parents/guardians are informed of required 2nd treatment and given 2nd treatment form at time of 1st re-entry.
5. Students must be brought to school after second treatment given.
6. Parent/guardian must bring empty treatment container and signed 2nd treatment form at that time.
7. (Upon second treatment exam, if active infestation noted- child must return home with parents)
8. Physician's statement does not indicate clearance to return to class, student must show no signs of active infestation.

CHILD ABUSE REPORTING (Standard 1302.47(b)(5)(1))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of Family and Protective Services guidelines and a requirement for child abuse reporting and providing annual training to all CSNT Head Start/Early Head Start staff.

POISON INGESTION & DRUG OVERDOSE (Standard 1302.47(B)(7)(i))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of State Health Services guidelines regarding Poison Control. Children having ingested potentially fatal toxic substances are to be considered medical emergencies

until proven otherwise.

PROCEDURE

1. Telephone the Poison Control Center.
2. Poison Control will tell you the toxicity of the substance in the amount ingested and will give staff direction until EMS arrives.
3. Supply them with all on the subjective and objective information you have obtained.
4. Telephone 911 when indicated and or when directed Poison Control or parent/s.
5. Supply them with all on the subjective and objective information you have obtained.
6. Contact parent/s as per protocol.

TOOTH BRUSHING (Standard 1302.43)

{Refer to the Nutrition Policies and Procedures}

POLICY

Community Services teaching staff will promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Component team.

PROCEDURE

1. Staff will wash hands and don gloves.
 - a. Staff will wash hands and change gloves when cross contamination occurs.
 - b. Do not leave tooth brushing area with gloves on.
2. Apply a "pea size" amount of toothpaste on wax paper or paper cup (one per child) the child then applies to tooth brush (staff is to assist the child if needed.) Do not touch the open end of the toothpaste container to toothbrushes.
3. Child should be instructed to wash hands and allowed to brush their own teeth. Staff will provide assistance and instruction when needed.
4. Each child will utilize their toothbrush to manipulate the toothpaste on the individual toothbrush.
5. Child should be instructed to rinse/clean their toothbrushes before they are sanitized.
6. Toothbrushes must be sanitized after each use during the school day and left in the sanitizer unit.
7. Staff must dry toothbrushes with clean paper towel before placing in sanitizing unit
8. Staff must legibly label each toothbrush with child's name and place with bristles facing UV light and close lid. Sanitizing cycle takes ten (10) minutes.
9. Sanitizer units must be unplugged at the end of each day and plugged back in upon arrival the next school day.
10. If sanitizing unit must be transported to sink to perform tooth brushing, unplug from unit, not the wall.
11. Toothbrushes must be replaced every 3 months, after any contamination or appropriate illness requiring a new toothbrush, which may include but not limited to mouth sores or ulcers.

HANDWASHING (Standard 1302.47 (b)(6)(i))

POLICY

The practice used to prevent the transmission of communicable diseases by using good hand washing techniques and/or gloves when indicated.

Staff, volunteers, and children must wash their hands with soap and running water for the following.

1. After diapering or toileting.
2. Before food preparation, handling, consumption, or other food related activity (setting the table).
3. Whenever hands are contaminated with blood or other bodily fluids: and
4. After handling pets or other animals.

Staff and volunteers must also wash their hands with soap and running water:

1. Before and after administering medications;
2. Before and after treating or bandaging a wound (non-porous gloves should be worn if there is contact with blood or and/or body fluids)
3. After assisting a child with toileting.
4. After smoking

HANDWASHING PROCEDURE:

1. Have necessary supplies on hand: running water, soap and disposable towels.
2. Turn on the faucet
3. Scrub hands with soap, preferably liquid, and water for at least 10 seconds.
4. Rinse hands well under running water. Leave the water running/
5. Dry hand with a paper towel/
6. Turn off the faucet with the paper towel, instead of with bare hands.
7. Discard the paper towel in the trash can.

Keep the children's hands washed; especially before they eat or drink, and after they use the toilet. If they're too young to do it themselves, YOU wash their hands for them. Teach children to get into the habit of hand washing to help control the spread of disease.

MEDICATION ADMINISTRATION (Standard 1302.47 (b) (4) (c) (7) (iv))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide annual medication administration training for all designated staff and will adhere to the following Medication requirements to ensure safe administration of medications to children and will work in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start/Early Head Start classrooms are located on their campus.

Head Start/Early Head Start classrooms located on ISD campuses- Staff must sign out students who are required to receive medication during Head Start/Early Head Start class time and then take to the ISD nurse to receive medication. Once medication is received, Head Start/Early Head Start staff must sign student back into the Head Start/Early Head Start classroom and monitor student for any adverse effects or behavioral changes and notify nurse and parents and document on "ISD Medication Monitoring Form" each time medication has been given.

Head Start/Early Head Start only campuses will follow the following guidelines to ensure safe administration of medication.

1. A physician's order/directive is required for all Routine and PRN medications, medical procedures (i.e. tube feedings, catheterizations), and Over the Counter medications including topical creams.
2. Dietary supplements (i.e. liquid thickener). (See Nutrition Content Policy & Procedures)
*If the prescribed medication is a dietary supplement or alters student's diet, refer and/or contact the Health Coordinator and the Nutrition Manager.
3. Medication received through Emergency Room visit/s requires the following:
4. Physician's ER discharge directive required for any medications that may need to be administered during school hours. If a follow up with the child's primary care physician cannot be immediately obtained, Head Start/Early Head Start staff will assist parent/s with obtaining a medical home and a follow-up appointment.
5. Medications which warrant administration longer than fourteen (14) days (i.e. Inhalers or EPI Pen's), parents will be notified of the required Physician follow up visit and a standing physician directive for school administration.
6. If a follow-up appointment is required and is not received, parent/s will be notified that 911 will be contacted for assistance in the event that a child needs the required medication.
7. Prescribed Medications: Any prescribed medications brought into the facility by the parent or the legal guardian, must be dated and kept in the original container provided by the pharmacist, with the child's first and last name, the date of the prescription was filled, the name of the health care provider who wrote the prescription, the medication expiration date; and the specific, legible instructions for the administration and storage of the medication.
8. PRN medications: Medications administered "as needed" must have specific directions for administration, including minimum time between doses, maximum number of doses and criteria for administration.
9. A Medication Administration Form must be completed and maintained on an ongoing basis by Head Start/Early Head Start staff to include the following: Medication checklist, signed parental consent, special instructions and possible side effects, and administration log documenting the name of the medication, dose, date, time and signature of the staff member assigned to administer medication, and staff comments and observation notes.

PROCEDURE

1. Staff must inform parents of required physician's order/directive for all medications and or medical procedures (i.e. tube feedings, catheterizations), and dietary supplements (i.e. liquid thickener).
2. To ensure all precautions and safety measures have been met before medication acceptance, staff must complete a Medication Checklist section of the Medication Administration Form with the parent. Staff must count medication and note on Medication Form the amount of medication received, date and initial. The checklist is completed upon acceptance of the medication, is signed by the staff member, and is included on the Medication Administration Form.
3. The Parent must complete and sign the top portion of the Authorization to Administer Medication section of the form giving Head Start/Early Head Start permission to administer their child's medication and verifying their child has received at least two doses of the medication and has had no adverse reactions.
 - a. This section is used to document the administration of the medication. Staff will use this section to record date, time and dosage of medication. Staff will document any changes in the child's behavior or allergic reactions by checking the appropriate box and completing a Health Alert form if needed. This

- information will be reviewed with the parent and attached to the Medication Administration Form.
4. Staff will assist the parent in consulting with the physician if there are consistent administering problems.
 5. Staff will ensure that safety measures are observed when preparing to administer medications as follows:
 - a. Read medication labels when accepting medication.
 - b. Read medication label a second time and compare with the Authorization to Administer Medication Section.
 - c. Read medication label a third time and compare with the Authorization to Administer Medication section before administering any medication to the child
 - d. Adhere to the "FIVE RIGHTS" to administering Medications:
 - i. The Right Child
 - ii. The Right Medication
 - iii. The Right Dosage
 - iv. The Right Time
 - v. The Right Route
 6. Staff should closely monitor a child for at least an hour after administering medication for any changes in the child's behavior. If a noticeable change does occur, staff should immediately contact the child's parent/guardian. If the parent/guardian cannot be contacted the Emergency Procedures will be followed.
 - a. When the child exhibits behavior changes, staff must document changes on the observation section of the Medication Form.
 7. All expired medications or medications belonging to a child that is no longer enrolled will be disposed of in the following manner:
 - a. Parents/guardian/ must be notified to pick up any remaining medication/s left at school.
 - b. Liquid medications not picked up by parents/guardians will be poured into cat litter and mixed with water and tablets/capsules will be crushed and placed in cat litter and water by a designated staff member while in the presence of another staff member. Once the water/medication mixture has been absorbed by the litter, the litter will be double bagged and disposed of in a regular trash receptacle. Both staff members must sign and date the disposal section of the Medication Administration Form.
 8. The student medication record must be kept in the Medication Notebook until the end of the school year.
 9. The Campus Director will be responsible for administering, handling and storing of all medications.
 10. The Family Service Worker will be responsible in the absence of the Campus Director.
 11. The Lead Teacher will be responsible in the absence of the Campus Director and the Family Service Worker.
 12. All medications (including staff, volunteers and child) will be stored separate and out of reach of children in a locked cabinet. If the medication requires refrigeration, it must also be kept in a locked refrigerated container and kept separate from food items.
 13. To ensure staff remain familiar with the EPI PEN administration process; (designated) staff is required to practice EPI PE administration one day a month and document on monthly training log.

MEDICATION INFORMATION:

Refer to each campus Medication Book for specific information regarding medication or contact the Health Coordinator for further assistance

SPECIAL SITUATIONS

POLICY

Head Start/Early Head Start Performance Standards for children with disabilities requires 10 % enrollment of children with disabilities in any of the following diagnosed by a diagnostician or physician. Such as: mental, hearing, speech/language, visual, emotional, orthopedic, autism, traumatic brain injury, and any other impairment. Many of these disabilities are life lasting and may be life threatening.

The Education Coordinator of Head Start/Early Head Start and its delegate agencies ensures that children with special needs are enrolled by collaborating recruitment/enrollment efforts with Education, Transition, Health, and Social Services/Parent Involvement (SSIP) staff members.

Special situations frequently occur for medically challenged and other children enrolled in Head Start/Early Head Start campuses. Special situations may be associated with the death of a parent or guardian; divorce; separation from parents; or any societal event that may affect a child. Often these children are referred to Disability/ Mental Health Services in order to assist the child and family to move forward through their situation. However, any situation pertaining to child abuse/neglect is everyone's responsibility. Head Start/Early Head Start will adhere to the state law and the policy previously presented.

PROCEDURES

1. Medical procedures are often needed for medically challenged children.
2. Often these procedures may be a temporary situation for any given child. This section outlines and/or described in generic formation the delivery of health care service for medical procedures for any child. These procedures are design to include all Head Start/Early Head Start staff and each procedure will be revised by the Family Engagement Coordinator and Education Coordinator for individual educational plan (IEP) for children enrolled in Head Start/Early Head Start campuses when indicated.
3. The Family Service Worker/s of the child should schedule an interdisciplinary meeting. For special situations or procedures, it may be the Education Coordinator or Family Empowerment Coordinator. Members present may include staff from the different components as well as parents), Campus Director, etc.
4. For special procedures, the initial instruction, training and demonstration will be provided by the caregiver (Parent or guardian) of the child.
5. The Family Service Worker will notify the Family Engagement Coordinator when assistance is needed with contacting the child's Primary Care Provider.
6. Family Engagement Coordinator will obtain Physician's Directive when medical procedures are needed if indicated.
7. The Family Engagement Coordinator will be present or obtain Health Care Professional to be present to clarify the procedures and to determine the scope of capability for Head Start/Early Head Start staff.
8. A decision for admittance into the campus will be determined at the initial meeting.
9. An IEP and protocol will be written specifically for the child's procedure and placed in the child's folder (health section) within 2-3 weeks following the initial meeting. A second meeting will be held to discuss the protocol, which should explain the "step by step procedure" to those individuals involved with performing the task.
10. The Campus Director will verify and monitor staff performance at regular intervals throughout the year.

SEASONAL FLU PREVENTION POLICY (1302.47 (b)(7) (iii))

The guidance is designed to decrease exposure to regular seasonal flu and H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in CSNT Head Start/Early Head Start Campuses. It outlines conditions of short-term exclusion and admittance to protect the health of the affected child, other children, and staff. Effective use of hygiene procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs.

1. **Stay home when sick:** Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever of 100 degrees or greater, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
2. **Conduct daily health checks:** Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child. He or she should look for changes in the child's behavior, a report of illness or recent visit to a health care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms. (refer to Daily Health Check Procedure)
3. **Separate ill students and staff:** Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill children and staff wear protective gear such as a mask.
4. **Hand Hygiene and Respiratory Etiquette:** Wash hands frequently with soap and water when possible following program's Hand Washing Procedure, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
5. **Routine Cleaning:** Staff must routinely clean areas that students and staff touch often, areas and items that are visibly soiled should be cleaned immediately, with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (such as, toys and play areas). Staff must follow the CSNT Head Start/Early Head Start Procedure for Cleaning and Sanitizing Tables and Surfaces and the Procedure for Cleaning and Sanitizing Toys.
6. **Early Treatment of high-risk students and staff:** People at high risk for influenza complications who become ill with influenza-like illness should speak with their healthcare provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

EXTREME WEATHER CONDITIONS (1302.47 (b) (7) (i))

CSNT Head Start/Early Head Start recognizes the value of time spent outdoors for children and the benefits that active play affords in the fight against childhood obesity. When properly clothed, children can participate in safe, vigorous play in an outdoor environment in most weather conditions.

1. During periods of extreme heat or cold, CSNT Head Start/Early Head Start campuses will monitor weather conditions using the Child Care Weather Watch chart and determine when safe outdoor learning activities and play can be permitted.
2. Head Start/Early Head Start Campus Directors must assess the humidity and heat

index levels (in their local area) daily and refer to the Child Care Weather Watch chart to determine if weather and conditions permit any outdoor activity.

3. Staff must use discretion and caution as to whether or not to take children outside and/or for how long. Each campus will have some discretion due to different conditions on the playground and age of children.
4. When campuses have determined temperature range is in the "yellow" zone, staff must keep outside time short (going outside 2-3 times a day at shorter intervals). Children will not be outside during threatening weather such as severe snowstorms, thunderstorms, windstorms or bad air quality warnings.
5. To maintain Head Start/Early Head Start performance standard compliance, Head Start/Early Head Start teaching staff must provide required activities indoors.

GUIDELINES FOR CHRONIC HEALTH CONDITIONS Standard (1302.46)

Community Services of Northeast Texas Head Start/Early Head Start adheres to and follows all physicians' directives regarding children health concerns and conditions.

ASTHMA

Asthma is a chronic inflammatory disease of the lungs causing episodes of difficult breathing. The airways are super-sensitive to many different things or "triggers."

The main signs and symptoms include

1. Coughing
2. Wheezing
3. Shortness of breath
4. Chest tightness

Triggers:

1. Allergens --Pollens, mold, dust mites, animal dander, cockroach allergen
2. Irritants --Smog (ozone), smoke (tobacco, wood), chemical odors and sprays
3. Infections -Colds and upper respiratory tract infections
4. Exercise and sleep-related airway changes
5. Abrupt weather changes
6. Gastro esophageal reflux --upset stomach, spitting up
7. Strong emotions -laughing, crying, playing

When an asthma attack is occurring, the muscles surrounding the airway spasm and tighten. This is called a bronchospasm. The lining of the airways become inflamed and swollen. This is known as airway inflammation. Excess mucus is produced, and the airways become plugged with mucus.

Asthma episodes are prevented and controlled by appropriate medications and an asthma action plan. An asthma action plan is prepared by the doctor to help guide decisions about the type and dose of medication needed day to day. The plan is based on the severity of signs and symptoms of asthma and daily peak flow readings (if applicable).

HYDROCEPHALUS

Hydrocephalus is an excessive accumulation of cerebrospinal fluid (CSF) in the brain ventricles (cavities), which causes increased pressure within the brain. Hydrocephalus

usually is treatable with surgery. The most common surgery is insertion of a narrow tube (shunt) into a ventricle to divert fluid away from the brain. The tube is passed under the skin and attached to a tube in the abdominal cavity (or occasionally the heart). The shunt is permanent and will require periodic surgeries to replace, usually when it stops functioning or needs to be adjusted for the child's growth. Hydrocephalus is a chronic condition, not a disease. Early identification and intervention may help compensate for known deficiencies and stimulate development of the child's abilities.

Many children with hydrocephalus have normal intelligence and physical development. However, they are at risk for delays in cognitive, motor and sensory development, such as hand-eye coordination and walking skills.

SIGNS AND SYMPTOMS frequently seen with untreated hydrocephalus and shunt malfunctions:

1. Abnormal enlargement of the child's head
2. Bulging or tense soft spot (fontanel), dilated scalp veins.
3. Vomiting and nausea
4. Feeding difficulties (poor oral-motor coordination)
5. Irritability
6. Sleepiness, lethargy
7. Downward deviation of the eyes
8. Seizures
9. Change in academic performance
10. Complaints of headache, coordination problems and/or vision changes

CAUSES: Hydrocephalus may be acquired or congenital:

- Acquired hydrocephalus may be caused by head injury, meningitis, intraventricular hemorrhage or brain tumor.
- Congenital hydrocephalus is caused by genetic factors during pregnancy and frequently is seen in children with spina bifida.

SICKLE CELL DISEASE and BETA THALIASSEMIA

PROBLEM: Malformation of red blood cells caused by a genetic factor. This results in almost constant anemia. The red blood cells tend to form into sickle shapes and break down rapidly. The most common complication is pain, which may be severe enough to require hospitalization.

MEDICATION: The usual treatment for painful episodes is pain medication.

Teachers and Center Directors must make themselves aware of the types of medication being used and how each medication is given.

- Note: Campus Directors and/or Teachers may give pain medication to a sickle cell child based on written instructions from the child's physician. As with all other medications, follow Medication administration policy.

SPECIFIC PROCEDURE: Contact the Campus Director, parent, immediately when a painful episode occurs, begin pain medication, encourage fluids and rest. Never leave the child alone and keep the child as comfortable as possible.

SICKLE CELL DISEASE

In sickle cell disease, the red blood cells contain abnormal hemoglobin called hemoglobin S. In sickle cell anemia, the individual inherits a sickle cell gene from each parent. In other forms of sickle cell disease, the individual inherits the sickle cell gene from one parent and abnormal hemoglobin from the other parent. The condition must be distinguished from

sickle cell trait. In which the individual inherits only one sickle cell gene from one parent and a normal hemoglobin gene from the other parent. With sickle cell trait, the individual's health usually is not impaired.

Hemoglobin S causes the red blood cells to become deformed in shape or "sickle." The abnormal shaped cells do not flow smoothly through the capillaries, or smaller blood vessels. They may clog the vessels and prevent blood from reaching the tissues. This blockage causes anoxia, or lack of oxygen, which makes the sickling worse. This can lead to sickle cell pain Hemolysis or premature destruction of red blood cell also occurs. This leads to chronic anemia. Sickle cell trait and sickle cell disease occur predominately in people of African descent and in individuals from parts of Italy, Greece, Arabia and India. About one in every 10 black Americans has sickle cell trait.

SIGNS AND SYMPTOMS

An individual with sickle cell disease may have symptoms of anemia, such as being more easily fatigued and having less stamina and endurance. Fever is a sign that may indicate that infection is present. Jaundice (yellowish eye color) is associated with the rapid breakdown of the red blood cells. The child's growth may be delayed.

WHAT ARE THE RISKS

There is virtually no risk from sickle cell trait, but a man and a woman who both have sickle cell trait may produce a child with sickle cell disease.

TREATMENT

Acute pain is the most common problem. This is treated with pain medications, extra fluids and rest. It is extremely important that the individual do everything to maintain good health, and obtain prompt treatment for fever. Also, the individual should see a physician regularly who is familiar with the disease. Special precautions may be necessary before any surgery.

BETA THALASSEMIA

Beta thalassemia is a blood disorder affecting the formation of the red blood cells. The majority of the red blood cells produced in this condition are destroyed constantly within the circulation. These red blood cells are smaller in size. Due to the small size and the constant destruction of the red blood cell, anemia is one of the features of the disorder. Other features include changes in the facial bones and delayed growth. Beta thalassemia occurs primarily in people of Mediterranean and Asian origin. It is also presents in people of African, Southeast Asian and Middle Eastern ancestry. The most severe form of the disorder is Thalassemia Major. Thalassemia Major occurs if an individual inherits the beta thalassemia gene from both parents. If the beta thalassemia gene is inherited from only one parent, the individual will have beta thalassemia trait, which rarely causes symptoms. The treatment of thalassemia major includes regular blood transfusions.

HEMOPHILIA (FREE BLEEDER)

PROBLEM: Hemophilia is a genetic disorder in which one of the clotting proteins in the blood is decreased or absent, resulting in excessive bleeding. Hemophilia A is a deficiency of the factor VIII clotting protein and hemophilia B is a deficiency of factor IX. Bleeding most commonly occurs in the skin, muscles and joints. Life-threatening bleeds may involve the head, abdomen or neck. Any trauma to the head, neck or abdomen should be evaluated immediately.

SIGNS AND SYMPTOMS:

1. A bubbling or tingling sensation into a joint.
2. Warmth, pain, stiffness and/or swelling.
3. Refusal to bear weight or favoring a joint or limb.

MEDICATION: Bleeding episodes are promptly treated with factor concentrates, which are

administered intravenously. These infusions replace the clotting protein that is deficient or absent. Some children receive infusions of factor concentrates on a regular basis (Le. 3 times a week) to prevent bleeding episodes whereas others receive treatment for the bleeds as they occur. Prompt treatment of bleeding episodes is essential. Parents or an authorized health care professional should administer the medication.

GENERAL PROCEDURE:

1. If a medical crisis occurs, get the child to a doctor immediately.
2. Contact the Center Director, parent, Family Engagement Coordinator and Education Coordinator immediately.
3. Keep the child quiet and resting until medical assistance has been obtained. A child with hemophilia should have periodic check-ups with a pediatric hematologist, which is a Coordinator in children's blood disorders.

CHILDREN WITH HIV / AIDS

Because of the seriousness of the issue, children with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Disease Syndrome (AIDS) will be addressed separately from the other health policies. Children tested positive for HIV or children diagnosed with AIDS will be permitted to enroll into the Head Start/Early Head Start campuses. Head Start/Early Head Start will adhere to the Communicable Disease Chart for Schools and Child Centers recommended by the Texas Department of State Health Services.

Appropriate services will be provided based on the medical practitioner's recommendations. Head Start/Early Head Start campuses will provide the least restrictive environment for that child. The Education Coordinator will provide rules and guidelines of IFSP/IEP implementation. Campuses will not need to take any special precautions to protect other children beyond their routine procedures for cleaning up body fluids (UNIVERSAL PRECAUTIONS) after any child has an accident. These provisions generally allow for the attendance of a child with HIV / AIDS with the following exceptions:

1. Children who are biting
2. Children who have open sores
3. Incontinence
4. Behavioral problems (scratching)
5. Communicable diseases, etc.

If a HIV child exhibits the exceptions described (above), the child will be placed immediately on hold. A meeting should be held by the Education Coordinator and all involved support staff to discuss a plan of action for intervention. The parent will be informed of the plan and re-admittance permitted for the child (if possible) once the accommodations have been made.

Children with HIV / AIDS will need protection if there is an outbreak (communicable) of measles or chicken pox since the child is unable to fight off or be protected by vaccines against such diseases. Those children with HIV will be exempt from school during this time for their protection.

PROCEDURES

All children diagnosed with disabilities must be pre-staffed by the Education Coordinator. An Admission/Review and Dismissal (ARD) committee will discuss the child's status and determine placement before a child enrolls into a Head Start/Early Head Start campus. The committee will consist of the parent (and medical provider if possible or paper work),

Education Coordinator, Campus Director, and Family Engagement Coordinator. If it is determined that a risk of transmission exists (per ARD and medical doctor) then the child will not be enrolled or will be removed from the classroom until one of the following occurs:

- An appropriate program adjustment, alternative or special education program can be established.
- The physician/health authority determines the risk has abated and the child can return to the classroom.

A decision to remove a child from the classroom for his/her own protection (situation involving communicable diseases) shall be made in accordance with the Texas Department of Health guidelines; however, only an ARD committee can change the placement. The ARD committee and/or a group of professionals who are knowledgeable about the child's condition shall make any decisions regarding restriction, participation, and hygiene. This committee may consult the local authority, parent and physician in making such decisions.

All health information will be kept separate from the child's standard file in the Disabilities File.

GENERAL QUESTIONS AND ANSWERS RELATED TO HIV / AIDS

What is HIV?

- HIV is the acronym for human immunodeficiency virus. This is a retrovirus that causes AIDS.

What is AIDS?

- AIDS is the acronym for acquired immunodeficiency disease syndrome. AIDS is a disease that has a long incubation period manifested by various opportunistic infections.

How can it be transmitted?

- HIV a virus that is spread by
- Blood-to-blood contact (blood transfusions, open wound contact with another person's blood (indirect transfusion)
- Intimate sexual contact with persons infected with the virus
- IV drug use with an HIV infected needle/syringe
- From mother to the unborn child
- To date, HIV is NOT spread by casual contact (shaking hands, hugging, etc.)

Can my child catch HIV from adults or other children?

- Children like adults can only catch this disease from intimate sexual contact or blood-to-blood contact with a person who has AIDS virus infection. The children who are known to have the disease received the infection from exposure to their mother's blood during pregnancy or in the course of childbirth, from a blood transfusion, or from blood products used in treating hemophilia.

Are there certain precautions that will be taken if a child with HIV is present in the school?

- Schools will not need any special precaution to protect other children beyond their routine procedures for cleaning up body fluids after any child has an accident or injury. The child with AIDS/HIV will need protection if there is an outbreak of measles or chickenpox, since the child is unable to fight off or be protected by vaccines against such disease.

Isn't there the possibility that the AIDS/HIV child can cut him/herself and not inform anyone? After all, a four-year-old cannot understand how serious the implication of this could be. What if the child bleeds in the bathroom and doesn't tell anyone?

- There is no risk of spread of infection from the blood of a child with HIV / AIDS

unless the blood is inoculated into another person through a cut that is open to their bloodstream. Teachers monitor activities on the playground and children are taught to report any accident that may occur. Children will often seek care if they are injured, even for minor cuts.

What about spit/saliva? Are you 100% positive that this can't transmit HIV?

- From everything that has been studied, there has been no documentation of transmittal of the disease by saliva even in the intimacy of the family setting.

With all the cold germs that children carry, wouldn't it be a risk to the HIV child to be exposed to these germs?

- Most children with HIV / AIDS are under medical treatment to protect them as much as is possible from common germs. It is not considered appropriate to deprive any child with an immune deficiency of normal socialization with other children. Those who are too ill to tolerate childhood infections will not be sent to school.

CATHERIZATION

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will provide medical procedures prescribed for students and will obtain health care professionals or aids certified to perform catheterizations.

PROCEDURE

Clean intermittent catheterization may be provided upon receipt of a physician's standing order and parental request indicating that catheterization is necessary for school attendance. Students should be taught self-catheterization as early as possible in order to develop independence.

Students who need clean intermittent catheterization may be on a training regimen, have no bladder control or have residual urine.

The purpose of catheterization is to empty the bladder, reduce the incidence of urinary tract infections, prevent bladder distension, remove residual urine and prevent urinary leakage.

OSTOMY CARE

POLICY

An ostomy pouch remains secure from one to seven days. Emptying an open-ended pouch may need to be done at school. Change of a pouch at school is usually needed only because of a leakage and should be done to control leakage, protect and inspect skin, to control odor and to provide comfort and security. Irrigation should be done at home.

PROCEDURE:

1. Assemble equipment in appropriate private location.
2. Position student, lying or sitting position.
3. Remove ostomy pouch. Gently peel pouch away from skin, using skin safe solvent

- as necessary
4. Place absorbent material over stomach to absorb drainage. It is important to protect the skin from irritating drainage. Absorbent material remains in place until you are ready to attach pouch.
 5. Empty ostomy pouch into toilet.
 6. Save reusable pouch or discard disposable pouch. Know whether pouch is reusable or disposable.
 7. Rinse out reusable pouch over toilet, Send home in a suitable container.
 8. Discard empty disposable pouch in waste receptacle
 9. Clean skin thoroughly but gently with washcloth, soap and water; dry thoroughly.
 10. Apply skin barrier according to skin condition and type of pouch.
 11. Cut or mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as a flange pouch. Failure to cover all skin surrounding stoma will cause leakage and skin breakdown.
 12. Prepare pouch for application; cut to fit if necessary and apply additional adhesive if necessary
 13. Inner flange of pouch should be 1/8 inch (3 mm) larger than the stoma. Cut to fit as needed.
 14. Place pouch securely over skin barrier
 15. If pouch is open-ended, secure open end according to package instructions.
 16. Cut strips of tape 1 inch longer than flange of pouch. Apply half on skin and half on flange to completely seal to skin.
 17. Window Pane outer flange of pouch with hypoallergenic tape and attach belt if used, and record procedure on log.

TRACHEOTOMY CARE

EMERGENCY CLEANING OF INNER CANNULA

POLICY

This procedure is used only when a mucus plug is present and there is not enough time to follow the procedure for care and cleaning of tube and stoma. This procedure is also used when you need to maintain airway by keeping inner cannula open; to relieve labored or interrupted breathing; to investigate signs of restlessness and/or apprehension.

PROCEDURE

1. If child is on a respirator, determine breathing tolerance when he/she is off the equipment.
2. Assemble supplies on a small disposable tray and wash hands per protocol.
3. Position child with tracheostomy area exposed.
4. If ventilation is needed during cleaning, the following may be done:
 - a. Plug tracheostomy opening and child ventilates by gloss pharyngeal breathing (PB)
 - b. Attach Elder Demand Valve or Amby bag to fit outer cannula.
 - c. Place the correct size adapter into outer cannula and secure with spring or rubber band
 - d. Check that the child is being adequately ventilated
 - e. Be sure to suction thoroughly
 - f. Two persons may be needed to complete this procedure
 - g. Auscultate to determine adequate aeration in all lobes of the lungs. Postural

drainage and percussion may be needed to dislodge mucus plugs.

5. Set out three paper cups
6. Fill one cup with hydrogen peroxide and one with sterile saline
7. Put on gloves
8. Unlock and remove inner cannula
9. Place inner cannula in paper cup filled with hydrogen peroxide
10. Soak inner cannula in peroxide. This removes mucus by bubbling action
11. Cleanse inner cannula, using pipe cleaners and/or plastic drinking straw
12. Place inner cannula in cup with sterile saline or water
13. Allow cannula to soak for a brief time
14. Remove cannula from cup and pour sterile saline over it until it is thoroughly clean
15. Shake out excess moisture and place cannula in clean cup
16. Suction outer airway according to appropriate suctioning procedure, if necessary
17. Replace inner cannula and secure in place
18. Attach respirator if removed prior to cleaning
19. Dispose of all supplies and wash hands
20. Record procedure in log

CAMPUS ACCIDENT REPORT (Standard 1302.47(b) (7) (c))

The Campus Accident Report is used to report any accident (severe or non-severe) that occurs either at HEAD START/EARLY HEAD START campuses or HEAD START/EARLY HEAD START sponsored activities. This form is usually filled out by the Teacher in charge of the child during the time of injury.

INSTRUCTIONS FOR CAMPUS ACCIDENT REPORT FORM

1. Fill in the Campus name.
2. Fill in child's name (first, middle, last)
3. Fill in birth date (month, day, and year)
4. Fill in age.
5. Fill in parent(s) or guardian(s) name, address (Street number, street name, city, state, zip) and telephone number including area code.
6. DESCRIPTION OF ACCIDENT
 - a. Fill out, in the appropriate spaces, the date, time, location and nature of injury.
 - b. BE VERY SPECIFIC & DETAILED.
7. OTHER CHILDREN/ADULTS INVOLVED
 - a. Check off the appropriate answer. If "Yes", write a detailed explanation.
8. PERSONS CONTACTED REGARDING INJURY
 - a. Check off the appropriate answer(s). Write the full name (first and last) including a contact number for that person.
9. MEDICAL SERVICES PROVIDED (FIRST AID, AMBULANCE, HOSPITAL)
 - a. Write in the specific services the child received.
10. Have teacher or person in charge of the child at the time of injury.
11. Date and sign the Campus Accident Form.
12. Have Campus Director Date and sign the Campus Accident Form.

IF CHILD IS TAKEN TO EMERGENCY ROOM/CLINIC OR TREATED FOR DENTAL EMERGENCY

Submit the following to the Family Engagement Coordinator:

1. Two (2) Copies of the Campus Accident Report
2. One (1) Copy of the Insurance Claim Form
3. One (1) Copy of the Hospital/ clinic Or Dental Invoice
4. Original Copies of the Preceding Forms

PROCEDURES FOR CHILD WITH MINOR INJURIES

1. Notify the parent/guardian about the accident.
2. Complete the Campus Accident Report Form
3. Copy - Parent/Guardian
4. Copy – Family Engagement Coordinator
5. Copy - Child's Health Folder

EMERGENCY ACCIDENT PROCEDURES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

1. PRIORITIES TO CONSIDER IN AN EMERGENCY
2. BASIC EMERGENCY ACTION PLAN
3. EMERGENCY ACCIDENT PROCEDURES POSTED
4. ADHERE TO THE FOLLOWING PROCEDURES FOR A CHILD(REN) SEVERELY INJURED OR MINOR INJURIES AT HEAD START/EARLY HEAD START CAMPUSES AND/OR HEAD START/EARLY HEAD START SPONSORED ACTIVITIES.
 - Designated staff trained in First Aid/CPR must remain with the child.
 - Cover the child with a blanket to prevent shock.
 - Keep the child quiet and calm.
 - Apply direct pressure to pressure points or to bleeding area with latex- gloved hands.
 - Perform CPR if necessary

DESIGNATED HEAD START/EARLY HEAD START EMPLOYEE

1. Designated employee should telephone an Emergency Ambulance if needed - Dial 911.
2. Designated employee must notify the child's parent/s or guardian of the emergency and instruct parent/guardian to meet the child at the emergency room or clinic.
3. Designated employee must notify the Campus Director
4. Instruct the Paramedic to transport the child to the nearest hospital.
5. Bring the child's Health Record and Insurance Claim Form to the Emergency room or clinic.
6. If parent/guardian or emergency contact person(s) is not available, then use the Services Permission Form for authorization for the child to receive emergency medical attention.
7. Notify the Family Engagement Coordinator and Head Start Director for any major emergency.
8. Notify Child Care Licensing Representative per protocol.

DENTAL EMERGENCY FIRST AID (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted

Dental Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

THE DENTAL EMERGENCY FIRST AID FORM SHOULD BE:

1. Posted at each Campus in the following locations.
2. Main Bulletin Board and each Classroom.
3. Posted in a location visible to all Head Start/Early Head Start staff; parents and volunteers.
4. Posted in languages of staff members and the population being served.
5. Read thoroughly by Head Start/Early Head Start staff at the beginning of the school year (August) and reviewed periodically by all campus staff, to ensure comprehension.

IN THE EVENT OF A DENTAL EMERGENCY

1. The Campus Director should notify the Family Engagement Coordinator immediately.
2. Designated employee should telephone the child's parent/s or guardian/s immediately.
3. Designated employee should telephone the child's dentist if applicable for instructive care.
4. The child's complete folder, as well as the insurance claim form needs to be taken to the dentist's office.
5. If the emergency is severe and requires immediate attention, the Campus Director or designated employee needs to transport the child to the dentist's office and another designated employee must notify the child's parents. In addition, the child's complete folder, as well as, the insurance claim forms, needs to be taken to the dentist's office.
6. The Family Engagement Coordinator will meet all parties involved at the dentist's office if applicable.

In the event of an accident involving the tongue, lips, cheek or teeth:

1. Attempt to calm the child. All incidents should be handled quickly and calmly; a hysterical child is likely to complicate the treatment and cause further trauma.
2. Wearing latex gloves, check for bleeding.
 - a. If the child is Bleeding:
 - i. Stop bleeding by applying pressure to the area.
 - ii. Wash the area with clean, cool water
 - iii. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.

If tooth is knocked out, fractured, chipped, broken, or loose:

1. Calm the child.
2. If injured area is dirty, wash gently with clean, cool water.
3. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
4. Take child and wrapped tooth to dentist immediately.

If teeth are loosened in an accident:

1. Rinse out the child's mouth with clean, cool water
2. Do not attempt to move the teeth or jaw.
3. Take the child to the dentist immediately.

If tooth is knocked into the gums:

1. Do not attempt to free or pull on the tooth.
2. Rinse out the child's mouth with clean, cool water

3. Take the child to the dentist immediately.

If the tongue, cheeks or lips are injured:

1. Rinse affected area with clean, cool water
2. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
3. Take the child to the dentist or a physician if bleeding continues or if wound is large.

If in the event of any soft tissue injury, as in the case where the Tongue or lips become stuck to an object and the tissue tears:

1. Cover the affected area with gauze.
2. Stop the bleeding by direct pressure with latex gloved hands.
3. Take the child to the dentist or a physician.
4. If tooth is knocked out wrap it in a damp paper towel and take it with the child to the dentist.

MINOR FIRST AID GUIDELINES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

(Foot injuries may require modified footwear) (Footwear modifications found in Health Policy & Procedures, section XVII G & Family Service Area Section VII # 10)

ACUTE MEDICAL PROCEDURE CHART

These medical procedure charts have been designed to aid staff in managing potentially dangerous or troublesome situations in the Head Start/Early Head Start Centers. The steps are presented in concise situation outline without unnecessary details that can be distracting during an emergency.

WHEN A MEDICAL SITUATION OCCURS:

1. Remain calm. Take a deep breath. Read these instructions. With all health situations, except cardiac arrest or respiratory failure, one or two minutes spent getting the situation under control will improve your effectiveness.
2. Look up the major problem in the Contents. If a serious emergency occurs that you cannot find listed, the best procedure is to obtain emergency or medical assistance, unless you are very familiar with the problem and its management.
3. Provide only the care outlined in these charts unless you are a health care professional trained in emergency procedures or you receive instructions for additional care from a health care professional.
4. Use common sense with these charts; only you know your particular situation. The primary rule of first aid is to cause no further injury.
5. Most important during any medical emergency -. Remember the ABCs: Make sure the airway is unobstructed. Make sure the person is breathing. Check for circulation and the pulse.

{These Procedures are meant to be comfort steps used to sooth the child until he/she is picked up by the parents/guardians.}

BITES—ANIMAL & HUMAN

SIGNS AND SYMPTOMS:

In the presence of a puncture and/or open wound, e.g. tear or laceration of the skin, bleeding, pain, soreness, redness or swelling may be present at the wound site.

HEALTH CARE:

1. Wash the wound thoroughly and repeatedly with soap and water for at least 10 minutes and rinse well.
2. Apply sterile dressing if needed.
3. If bleeding heavily, apply direct pressure with the palm of the hand over the wound dressing.
4. Take the child for medical treatment.
5. If possible take the child's immunization record with date of last tetanus vaccine.
6. If animal bite, contact the City Health Department Animal Control with the following information to aid in the capture of the animal:
 7. Child's name, address, race, sex, age, and telephone number.
 8. Time of the incident.
 9. Description of the injury site.
 10. Emergency care administered.
 11. Description of the animal and the owner's name and address, if known.

****NOTE: DETAIN ANIMAL IF POSSIBLE. DO NOT KILL ANIMAL ****

BITES & STINGS (INSECTS)

SIGNS & SYMPTOMS:

Emergency Allergic Reaction: Breathing difficulty or wheezing, faintness, hives, blotches, red, swollen eyes, nausea/vomiting, and diarrhea.

Serious allergic reactions: Occur within 5 - 10 minutes.

Localized Reaction: Local irritation with a swelling, redness, or itching at the sting site may occur. Associated pain or swelling of a joint or body part may be present.

HEALTH CARE:

1. Treat as an Allergic Reaction, if the child has a history of any allergic reaction symptoms to insect stings.
2. Keep the child quiet and calm.
3. Wash the sting site with soap and water.
4. Keep the area below heart level if on an extremity.
5. Apply cold compresses for 15 -20 minutes.
6. Do not squeeze the stinger out.
7. If there is a stinger in the skin, remove it with tweezers.
8. Observe the child for any allergic reaction. If necessary, seek medical care.
9. Do not give anything by mouth if unconscious.

BLEEDING (CUTS & ABRASIONS)

SIGNS AND SYMPTOMS:

1. Cut or scrape of the skin with bleeding and pain.
2. Foreign material such as grass, dirt, rocks, etc. may be present in the wound.

HEALTH CARE:

1. Reassure the child and have him/her lie or sit in a comfortable position.
2. Wash the wound thoroughly with soap and water and rinse repeatedly to cleanse area of any foreign material for at least 10 minutes. Do not remove imbedded material, e.g. glass, from the wound.
3. Cover the wound with a sterile dressing if needed.
4. If bleeding heavily, apply direct pressure with the palm of the hand on the wound dressing.
5. Take the child for medical care if:
 - (a) The child's tetanus immunization is not up-to-date
 - (b) The wound is very deep, dirty, or has foreign matter imbedded.
 - (c) There are signs of infection, e.g. redness, swelling, soreness. etc.
6. If "scab" formed do not remove. Maintain good hygiene. Keep area dry/ cover with adhesive bandage if necessary.

BLEEDING (NOSEBLEED/FOREIGN OBJECTS IN THE NOSE)

SIGNS & SYMPTOMS:

Spontaneous bleeding occurs from the nose which may be related to a head or face injury or changes in the environmental humidity.

HEALTH CARE:

1. Have the child sit in an upright position, leaning slightly forward and breathing by mouth.
2. Have the child or assist the child to pinch the nostrils together firmly with thumb and forefinger using soft thick tissues or cloths. Do not squeeze hard enough to cause damage or pain.
3. Apply constant pressure for 5 - 10 minutes.
4. Have the child continue to breath by mouth and avoid talking, physical activities or blowing nose for one hour.
5. The child should have medical care if you suspect a fracture of the nose, or if the bleeding is uncontrolled.
6. Treat the child for shock if there is excessive bleeding or suspected fracture.

FOREIGN OBJECTS IN THE NOSE

SIGNS AND SYMPTOMS:

1. Complaint of obstruction of the nostril.
2. Other symptoms may be nasal drainage or swelling of the nose.

HEALTH CARE

1. Have the child to blow the nose moderately into a tissue or cloth with both nostrils.
2. Seek medical care, if foreign material does not come out.

BLISTERS

SIGNS & SYMPTOMS

Pain with collection of fluid under the skin, usually as a result of the skin being irritated or rubbed

HEALTH CARE:

1. Leave blisters unbroken and wash area gently with soap and water.
2. Apply adhesive bandage to protect from irritation.
3. Complete Health Alert/Accident Report if incident occurred at school.

MODIFIED FOOTWEAR CRITERIA

{Styles of footwear will vary and depend upon type of injury-Socks required for sandals}.

1. Child may wear type of modified footwear as deemed necessary per parent. (Per Campus Director discretion, policy may be modified)
2. Head Start/Early Head Start staff will monitor child's injury site for signs and symptoms of infection. (S/S infection-redness, warmth, swelling and intense pain)
3. Staff will monitor child's ambulatory status daily and notify Campus Director of any changes noted.
4. A physician's statement is required to continue to wear the modified footwear after 5 days. {Note: If the blister is broken, treat as open wound}

BRUISES

SIGNS & SYMPTOMS

A bruise is an injury as the result of a blow to the body, which does not break the skin, but causes pain, swelling and discoloration. Redness of the skin at the injury site may be present initially. This may become blue, black then brownish yellow.

{Note: If large or unusual bruising, notify Health Coordinator}

HEALTH CARE:

1. Medical care is necessary if there is a large injury site, related head injury or deformity over a bone or joint.
 - a. Treat a deformity as for a fracture.
2. If bruising seen immediately following an injury; apply a covered ice compress to the injury site to reduce swelling and bleeding into the tissue.
3. Elevate injured arm or leg to reduce swelling if present.
4. Inform Child Protective Services if violence or child abuse is suspected.

BURNS

SIGNS AND SYMPTOMS:

1. First-degree burns have redness of the skin, pain and may be mild, with swelling at injury site.
2. Second Degree burns have deep reddening of the skin. Skin has a glossy appearance, blisters; leaking fluid from possible loss of skin.
3. Third degree burns have loss of all skin layers and is painless with possible white or charred skin.

HEALTH CARE: (Applicable only per Physician's Directives)

1. For first or second-degree burns, soak in cool (or running) water or use cold wet compresses to burn area for 10 - 15 minutes
2. Do not apply cold water or wet compresses to third degree burns.

3. If possible, leave first degree burns uncovered, or cover with sterile moist dressing.
4. Cover all second or third degree burns loosely with sterile dressing.
5. Do not break or open blisters of burns.
6. Do not use butter, oil, etc. on burns.
7. Seek medical care for extensive burns and all third degree burns.

CONVULSION (SEIZURES)

SIGNS AND SYMPTOMS:

The exhibiting of involuntary jerking of muscles, possible loss of bowel and bladder control, possible loss of consciousness, or cessation of breathing

HEALTH CARE:

1. Do not move the child unless it is an unsafe area.
2. Remove potentially harmful objects (e.g. furniture) from the area.
3. Do not restrain the child or try to put anything into the child's mouth or between the teeth.
4. Do not give the child anything to eat or drink.
5. Time the seizure and document.
6. If this is a first time seizure (no history)-call 911.
7. Give rescue breathing (artificial respiration) if the child stops breathing for more than 2 minutes.
8. After the seizure stops, apply cool cloth to the child's face and provide an area for undisturbed sleep.
9. If the seizure lasts longer than 5 minutes, becomes worse, or different, or is followed by another seizure, call EMS (911) and obtain emergency medical assistance.

EARACHES

SIGNS AND SYMPTOMS:

Complaints of pain or drainage from the ear and/or feeling of fullness in the ear canal voiced. Child may have other symptoms, i.e. hearing loss, "cold", injury to the ear or head, nausea, vomiting or abdominal pain or object in the ear. Fever may or may not be present.

HEALTH CARE:

Make child as comfortable as possible by having him/her lie down with the head turned to the earache side.

Advise parent/guardian to seek medical care.

FOREIGN OBJECTS IN THE EAR

SIGNS AND SYMPTOMS:

Complaints of ear pain and/or feeling of fullness in the ear canal voiced. Other symptoms may be hearing loss and a history of placing an object in the ear canal.

HEALTH CARE:

1. Make the child comfortable and provide reassurance.

2. Do not attempt to remove anything from the ear canal. Only a physician should remove foreign objects in the outer ear.
3. Advise parent/guardian to seek medical care.

SORE THROAT

SIGNS AND SYMPTOMS:

Complaints of pain or soreness of the throat when swallowing, speaking or eating voiced. Additional symptoms may include nasal drainage, enlarged neck glands, fever, cough, headache, hoarseness, or injury to the mouth, throat, or neck.

HEALTH CARE:

1. Take the child's temperature. If she/he does not have a temperature of 100.4 or above, the child may go to the Campus.
2. If child does have temperature of 100.4 or above, keep him/her at home. Seek medical care if necessary.
3. Have child rest quietly, encourage fluids.

SPLINTERS

SIGNS AND SYMPTOMS:

Foreign material embedded in the skin usually relating to a minor injury. Other symptoms may include redness, swelling and/or pain at the injury site.

HEALTH CARE:

1. Grasp splinter with tweezers and remove, if splinter can be easily removed (splinter part is above the skin surface).
2. Clean area with soap and water after removal and apply dressing.
3. Clean the area with soap and water, and apply dressing,
4. If splinter is deeply imbedded and splinter part is not above the skin surface.
 - a. Obtain medical care.
 - b. Do not attempt to remove the splinter.

STOMACH

SIGNS AND SYMPTOMS:

Complaints of abdominal pain or discomfort voiced. May have related cramping, bloating, gas, diarrhea or constipation, nausea and vomiting. Causes of upset stomach (nausea and vomiting) usually are not serious. Ask the child about other symptoms or conditions and about amount, consistency, and color of vomit. Fever may or may not be present.

{Ask about additional signs and symptoms - i.e., headache, earache, sore throat, injury to chest, head or stomach, diabetes, high temperature, dietary intake, and stressful events}.

HEALTH CARE:

1. Assist child to become more comfortable by lying down on side with knees bent to relax stomach muscles.
2. Take the child's temperature when the nausea/vomiting subside.

VOMITING / THROWING UP

SIGNS AND SYMPTOMS:

The voluntary or involuntary emptying of the stomach contents through the mouth.

HEALTH CARE:

1. Identify the contents of the vomit (food, blood, etc.)
2. If blood is present, call the Emergency Medical System (EMS)
3. Give nothing to eat or drink until vomiting stops.
4. Allow the child to rest and check the child for improvement.
5. Seek medical evaluation based on symptoms if necessary.
6. Keep the child calm until assistance arrives.

FIRST AID SUPPLIES (Standard 1302.42(b) (1) (6))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide adequate First Aid supplies following Child Care Licensing guidelines.

Base first aid kit (Red or Navy) – HS/EHS

Campuses Vehicle first aid kit (Red or Navy) -
HS Vehicles

Classroom first aid kit (red/navy) – HS/EHS classroom/playground (Stand Alone Campuses only)

1. All Head Start/Early Head Start campuses will have a base first aid kit. The custodian and/or Campus Director (applicable for ISD classrooms) will monitor and re-stock the base first aid kit on a weekly basis or when significant inventory depletion has occurred. Extra supplies will be located in the campus storage room.
2. Each kit has a supply checklist which is to be completed weekly. Copies of completed checklist must be submitted to the Nutrition Coordinator by the 10th of each month.
3. Each HS Vehicle will be equipped with a first aid kit furnished with first aid supplies to be taken on the vehicle the driver of the vehicle will be responsible for re-stocking the first aid supplies from supplies available from the base first aid kit.
4. The Campus Director is responsible for maintaining an inventory count and submitting a supply request to the Nutrition Coordinator as inventory needs occur. Responsibilities include, but not limited to, checking kits weekly to ensure protocol is met, reordering needed supplies, checking the expiration dates and replace any used or out-of-date supplies as needed.

SUPPLY CHECK LIST:

BASE FIRST AID KIT (CAMPUSES)

This form lists the items required in the base first aid kits. These items may be acquired from the Nutrition Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape	Antiseptic spray	Disposable gloves	Self Adhesive Wrap	Sterile
Gauze	Tweezers	Bandage scissors	CPR Mask	Kleenex Packets

CLASSROOM FIRST AID KIT (Stand Alone Only)

This form lists the items required in the classroom's first aid kits. These items may be acquired from the center base first aid kit or Nutrition Coordinator/Family Services Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive bandages Travel Size Eye Wash CPR mask Sterile Gauze Pads
Thermometer Self-Adhesive Wrap Disposable gloves First Aid book
Adhesive tape

VEHICLE FIRST AID KITS

This form lists the items required in the vehicle first aid kits. These items may be acquired from the base first aid kit or the Nutrition Coordinator/Family Services Coordinator . A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape Antiseptic spray Travel Size Eye Wash Disposable
gloves Kleenex Packets Gauze pads Bandage scissor
CPR Mask Tweezers Adhesive bandages Self-Adhesive
Wrap Cotton ball Thermometer Probe Covers
First Aid book

BLOODBORNE PATHOGENS: Standard 1302.47 (b) (6) (iii)

POLICY

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910, 1030, the following Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.

The purpose of the Exposure Control Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees of the Head Start/Early Head Start to blood and other potentially infectious materials.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) which causes AIDS.

Exposure Incident means a specific eye, mouth, or other mucous membrane, non -intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of any employee's duties.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Potentially infectious materials means:

1. Any body fluids: including but not limited to semen, vaginal secretions amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any open skin, tissue or organ (other than intact skin) from human (living or dead);

3. Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV.

Regulated waste means:

1. Liquid or semi-liquid blood or other potentially infectious materials
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps
4. Pathological and microbiological wastes containing blood or other potentially infectious materials.

EXPOSURE DETERMINATION

POLICY

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

CATEGORY I -Exposure anticipated in normal routine of job: Family Engagement Coordinator.

CATEGORY II - Only occasional exposure anticipated in normal routine of job: Campus Director, Teacher, Teacher Assistant, Custodian, and Family Service Worker.

CATEGORY III - No exposure anticipated in normal routine of job: However, exposure may occur if emergency is encountered: Receptionists, Education Coordinator, Bus Drivers, Cooks, Cooks Assistant, Nutrition Coordinator, Family Engagement Coordinator, Mental Health Providers, Speech Pathologist.

METHODS OF MINIMIZING EXPOSURE

POLICY

Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

The following controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

The Campus Director will review and monitor:

- (a) Maintenance personnel to ensure daily, weekly and monthly duties and inspections are performed.
- (b) Teaching staff to ensure good hygiene practices are maintained.
- (c) Cooking staff to ensure safe meal preparations are being performed.
- (d) Track and submit request for sanitation supplies when indicated.

Hand washing facilities

1. Hand washing facilities are readily available for use by staff in individual classrooms, or

- a central restroom area.
- 2. Where hand-washing facilities are not readily accessible, hand sanitizer is available and must be out of the reach of children.

WORK PRACTICE CONTROLS

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to blood borne pathogens. Many of these practices have been in effect as part of the Infectious Control Program.

Hand washing

- Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water as soon as feasible following child contact and immediately following any procedure.
- Removal of contaminated personal protective equipment:
 - (a) Any employee wearing personal protective equipment shall remove the equipment upon
 - (b) Leaving the work area and shall place the equipment in area or container designated for
 - (c) Storage, washing, decontamination, or discarding.
 - a. Contaminated personal protective equipment will be double bagged in the trash and placed
 - (d) In appropriate garbage receptacles.
 - a. Unused equipment will be returned to appropriate storage containers in each classroom or
 - (e) Other designated areas.

Eating, drinking, and hygiene:

1. Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur.
1. Smoking is also prohibited in work areas.

Minimizing splashing, spraying:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of droplets

Handling laundry:

1. Contaminated laundry, which includes laundry that has been soiled with blood or other potentially infectious materials, shall be handled with caution.
2. Contaminated laundry shall be removed and cleaned as soon as possible, using soap and water at a hand washing facility.
3. While wearing latex gloves, care shall be taken not to splash blood tinged droplets into mucous membranes.
4. Further laundering shall be done as soon as possible and, in a manner, to prevent contamination.

Contaminated equipment:

1. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
2. Permanent items such as furniture, toys, etc. which become contaminated shall be decontaminated immediately using gloves and a bleach solution of one part bleach

solution to ten parts water, or other designated disinfectant. If using a bleach solution, it must be mixed daily to ensure that it meets OSHA standards.

3. Soiled cleaning cloths and gloves that contain infectious materials shall be disposed of in a separate trash bag, which shall be closed tightly and then placed in regular trash and carried to outside container immediately.

Handling regulated trash and regular trash:

1. The Maintenance personnel at each campus will be responsible for bagging all trash at the end of the day, and at any other times.
2. Gloves must be worn while collecting the trash and or regulated trash/waste.

Overseeing work practice controls:

The Campus Director is responsible for overseeing the implementation of work practice controls.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal protective equipment will be provided to employees in the following manner:

1. Micro-shields will be provided for CPR. They will be located in each fanny pack and the first aid kit.
2. Latex gloves will be provided for use prior to any first aid exposure. They will be located in each classroom, first aid kit, and fanny pack. The employer will provide various sizes of gloves as needed and. hypo allergenic gloves for those sensitive to powdered gloves.

GLOVES

1. Gloves shall *must be worn when an employee anticipates contact with blood or other potentially infectious materials including mucous membranes
2. The employee will make an effort to avoid picking up a child to comfort him/her without first evaluating and anticipating possible exposure to blood before handling or touching contaminated items or surfaces.
3. All employees cleaning up feces, vomitus or other potentially infectious material must exercise Universal Precautions by wearing gloves.

MASKS, EYE PROTECTION, AND FACE SHIELDS

Masks in combination with eye protection devices, such as goggles or glasses with solid-side shields, or chin-length face shields, are to worn whenever splashes or sprays may generate droplets of infectious materials such as in the case of suctioning fluids, or brushing teeth of the physically and developmentally disabled.

RESUSCITATION MASKS

Resuscitation masks, such as micro-shields, shall be worn in situations where CPR is anticipated or initiated.

ACCESSIBILITY

1. Appropriate personal protective equipment is available in various sizes.
2. Hypoallergenic and powdered gloves available in various sizes.
3. Personal protective equipment is available in designated areas

CLEANING, LAUNDERING, DISCARDING, REPAIRS:

So that personal protective equipment is not contaminated, the Head Start/Early Head Start adheres to these practices:

1. Non-disposable or re-usable personal protective equipment is to be inspected by the Campus Director or designated employee to repair or replace when indicated.
2. The Campus Director or designated employee will clean, launder, and decontaminate reusable personal protective equipment as needed (at no cost to the employee).
3. Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as regulated waste is discarded per double bagged containers. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

HOUSEKEEPING CONTROLS: Standard 1302.47(a)(b)

Maintaining the Head Start/Early Head Start Campus in a clean and sanitary condition is a critical part of this plan.

1. Cleaning schedule:
 - a. Each employee is required to ensure that work areas as assigned (on ISD campuses) are maintained in clean and sanitary conditions.
 - b. Each classroom teacher/teacher assistant, as assigned (on ISD campuses) Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses, shall maintain and implement schedules for regular cleaning and decontaminating work areas.
 - c. Maintenance personnel on Head Start/Early Head Start Campuses will clean/disinfect classrooms and restrooms daily.
 - d. Diapering/changing areas are maintained and sanitized after each use by assigned personnel.
2. Decontamination will be accomplished by utilizing disinfectant materials acquired by CSNT per its purchasing protocol. Examples of materials used are: Cleanworks #3, Cleanworks #4, Aero Class Cleaner, Phenomenal Hospital Grade Spray and Clorox Disinfectant Wipes/Spray.
3. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
4. Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses will wipe down/spray toys weekly and when/if there is evidence of visible blood, sinus drainage, etc. using a designated disinfectant.

5. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: Maintenance personnel (Head Start/Early Head Start Campuses and/or assigned staff on ISD Campuses) will do so on a weekly basis.
Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses must inspect weekly and decontaminate all bins, pails, cans and similar receptacles.
6. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. A brush, dustpan, forceps and/or tongs are available for picking up contaminated glassware.
7. Broken glass shall be placed in a plastic/boxed container labeled to identify contents and discard per contaminated waste protocol. CSNT Head Start/Early Head Start will use a "Vomit/Blood Absorbent" substance to clean up vomit, and/or blood spills.
8. The school Maintenance personnel will be contacted and responsible to clean up the spills.
9. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded, if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
10. Contaminated laundry shall be handled as little as possible. Employees who handle contaminated laundry shall wear protective gloves and any other protective equipment that may be considered necessary.
11. Contaminated laundry shall be bagged at the location where it was used. Wet contaminated laundry, which presents a reasonable likelihood of soaking, or leaking from the bag or container shall be placed and transported in bags or containers, which prevent leakage of fluids.
12. Laundry at this facility may be cleaned by employees using universal precautions if a contamination occurs.
13. Laundry will not be sent off site and paid for by the employer at this time.
14. Completion of the following Duties Checklist must be completed by assigned Head Start/Early Head Start staff and copies sent to the Nutrition Coordinator by the 10th of each month.
 - Daily/Weekly/Monthly Duty Checklist—Completed by Head Start/Early Head Start Custodial staff only.
 - Daily/Weekly/Monthly Duty Checklist not required for Campus Directors whose classrooms are located on ISD campuses.
 - Campus Director Building & Playground Monitoring Form (Head Start/Early Head Start only) completed by Campus Director
 - Campus Director Building & Playground Monitoring Form (ISD) completed by Campus Directors whose classrooms are located on ISD campuses.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver, which uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

POST-EXPOSURE VACCINATION (*De minimis Classification*)

OSHA will consider it a de minimis violation - a technical violation carrying no penalties - if employees who administer first aid as a collateral duty to their routine work assignment are not offered the Hepatitis B vaccination until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccinations to certain employees within 24 hours of possible exposure rather than offering pre-exposure vaccination. Collateral duty means resounding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. The de minimis classification for failure to offer Hepatitis B vaccination in advance of exposure would NOT apply to personnel who provide first aid at a first aid station, clinic or dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Procedure to merit the de minimis classification:

1. Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during, which the incident occurs.
2. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as a determination of whether an exposure incident, as defined in the standard, has occurred. The Campus Director will be the person to determine if a true exposure incident occurs.
3. The first aid incident report must be signed off and dated by that person. If a determination has been made that a true exposure incident occurred, then the employee must be provided the Hepatitis B vaccinations, and post-exposure follow-up.
4. Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
5. First aid providers must receive training under the blood borne pathogens standard that covers the specifics of the reporting procedures.
6. All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occur, must be offered the full immunization series, as soon as possible but in no event later than 24 hours. If an exposure incident as defined in the standard has taken place; other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

The employer at this named facility, Community Services of Northeast Texas Head Start/Early Head Start, has determined to offer Hepatitis B vaccinations under the following manner:

CATEGORY I

1. Employees will be offered the vaccinations pre-exposure.

CATEGORY II & III

1. Employees will be offered the vaccinations post-exposure.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the Center Director first, then the Family Engagement Coordinator who will inform the Safety Director.

If an exposure incident occurs, then the employee must complete an Occupational

Exposure Incident Report (form 101). Exposure incidents are also recorded as work-related injuries and on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure follow-up.

Procedures for Follow-up:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employer shall offer the exposed employee blood collection and testing. The employee has the right to refuse either or both. Any blood test shall be performed by an accredited laboratory at no cost to the employee. The designated accredited laboratory this facility will use is:
GOOD SHEPARD MEDICAL ASSOCIATES
402 N. KAUFMAN
LINDEN, TEXAS 75563
(903)756-5581
5. The employee will be offered the option of having his/her blood collected for testing of his/her HIV /HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The exposed employee shall be offered a medical evaluation of any reported illnesses within twelve (12) weeks of the exposure incident and counseling at no charge to the employee.
7. Healthcare Professional's evaluation: The employer shall provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen (15) days of completion of the evaluation. Such evaluation shall be included in the employee's medical record, and, in keeping with confidentiality, the opinion shall be limited to the following information.
8. The Health care professional's determination of administering the Hepatitis B vaccination and whether or not the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
9. The designated healthcare professional that this facility chooses to use is:
GOOD SHEPARD MEDICAL ASSOCIATES
402 N. KAUFMAN LINDEN, TEXAS 75563
(903) 756-5581

MEDICAL RECORDKEEPING

Confidential medical records are kept on an employee involved in an exposure incident. The

Family Engagement Coordinator and the Human Resources Director shall be responsible for setting up and maintaining medical/health records which shall include:

1. Employee's Name and Employee ID and or Social Security (if required) Number.
2. A copy of the employee's Hepatitis B vaccination status (including dates of vaccinations, and signed consent of declination forms).
3. Copies of the evaluation of the examination, medical testing and follow-up procedures took place as a result of the exposure incident.
4. A copy of the healthcare professional's written opinion.
- 5.

STORAGE:

Medical records regarding an employee's exposure incident shall be kept for the length of employment, plus three (3) years.

CONFIDENTIALITY:

Employee medical records are confidential and are not to be released except with the employee's written consent or in accordance with federal and state law.

Employee medical records shall be maintained separately from the employee's personnel file.

SIGN & LABELS

The most obvious warning of possible exposure to blood borne pathogens is biohazard labels. CSNT Head Start/Early Head Start will use double bagging for all regulated trash/waste such as vomitus and blood and apply labels clearly marked "Regulated Waste/Trash" and immediately transport to outside waste receptacle.

The Nutrition Coordinator is responsible for setting up and maintaining this program. The labeling program includes:

- a. Containers of regulated waste.
- b. On labels tagged to contaminated equipment, the employee shall also indicate which portions of the equipment are contaminated.

INFORMATION & TRAINING

The employer recognized that having informed employees is important when attempting to prevent or minimize occupational exposure to blood borne pathogens. Employees who have a potential for exposure to blood borne pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with blood borne pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee, who is changing tasks or job classifications, will be given the additional training.

RESPONSIBILITIES

The Family Engagement Coordinator and the Nutrition Coordinator are responsible for developing the training program. The Family Engagement Coordinator and the Nutrition Coordinator shall monitor the effectiveness of the training program through monitoring or employee work practices.

TRAINING TOPICS

The training program shall include the following:

1. OSHA standard for Blood borne Pathogens
2. Epidemiology and Symptomatology of blood borne diseases

3. Modes of Transmission of Blood borne Pathogens
4. Exposure Control Plan (i.e. Points of the Plan, Lines of Responsibility, how the plan will be implemented, etc.)

Procedures which might cause exposure to blood or other potentially infectious materials at this facility:

1. Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
2. Personal protective equipment available at this facility and who should be contacted.
3. Post Exposure evaluation and follow-up
4. Signs and labels used at the facility
5. Hepatitis B vaccine program at the facility

Program methods and schedule.

Training presentations make use of the following techniques:

1. Classroom atmosphere with personal instruction.
2. Professional presentations by individuals trained in the specific programs being presented.
3. Training manuals and handouts.
4. Audio-visual materials.
5. Time is allotted for a question and answer session.

TRAINING RECORDS

1. The Head Start/Early Head Start Office Coordinator shall maintain employee-training records, which shall include:
 2. Dates of training sessions and copies of materials covered.
 3. Names and job titles of the trainers and their qualifications.
 4. Names and Employee ID number of the employees in attendance.
 5. The employee must attend the full session; no partial attendance of sessions will be permitted.
 6. Training records shall be on file for three years from the date of the training programs.
- Training records are available upon request of the employee or if requested by an OSHA officer. If the employer should cease to do business and there is no employer to take over the business, the clinic must notify OSHA at least three months prior to discarding of the records.

PROGRAM MANAGEMENT

Refer to Human Resource

ANNUAL TRAINING AND REVIEW:

This plan shall be reviewed annually and updated as necessary. This review and updating shall include, but is not limited to:

1. Review of tasks and procedures in which exposure might occur.
2. Additions and changes to job classification

AVAILABILITY OF PLAN TO EMPLOYEES:

1. A copy of this exposure control plan must be available to all employees at any time.
2. The plan is located in the Campus Director's office under Health Policies & Procedures.

RESPONSIBILITIES:

The designated employee is responsible for the overall implementation of the plan, which shall include:

1. Implementation of the plan
2. Annual review and updating
3. Acting as a liaison during OSHA inspections
4. Overseeing the training of all employees with potential occupational exposure facility to bring the employee(s) into compliance (e.g. employee discipline for not following Universal Precautions, etc.)
5. Yearly posting, in the month of February, of the OSHA 200 log, in an employed work area.
6. The training outline is located in the Exposure Control Plan book.

EMPLOYEE RESPONSIBILITIES:

1. Knowing what tasks they perform that may result in occupational exposure
2. Attend the training program
3. Conduct their tasks in accordance with designated work practice controls

TRANSITION PROCEDURES

Refer to the Education Section

POLICY

The transition process usually occurs towards the end of the school year in the month of April. The transition process involves all content areas. The Family Empowerment Advocates are responsible for completing the Health Summary, which will be included in the Transition Packet. Family Engagement Coordinator will monitor the completion of the summary.

All Health Summaries should be ready for distribution by the end of April.

HEALTH SUMMARY

The information from the Health Summary is obtained from the child's Health Record, the Immunization status form and the Dental Health Form. This form must be signed by the Family Service Worker/s distributing the Health summary and also signed by the parent/guardian.

- Original - Included in Transition Packet
- Stamped copy - Child's Health Record

HEALTH SUMMARY FORMS (INSTRUCTIONAL):

1. Child's name and birth date.
2. Child's address.
3. Parent/guardian's name.
4. Campus child enrolled in.
5. Campus's address.
6. Campus's telephone number.
7. Enrollment date.
8. Termination date (the last day of school)
9. Physical examination findings (i.e. well child or any abnormalities detected along with the treatment plan and the completion date).
10. Screening (date and the results).
11. Immunization (list in chronological order).
12. Other (utilize for other immunizations not listed i.e. Varicella).

RE-ENROLLMENT PROCEDURE

The FSW schedules re-Enrollment during the spring. The purpose of reenrollment is to re-enroll eligible second year students for the upcoming program school year.

1. All of the information obtained from the child's Health History form must be updated during re-enrollment.
2. If there are any changes, the updated information will need to be recorded with the date.
3. If there are not any changes, you will need to indicate "no changes" the date and your initials at the bottom of each form in black ink.
4. Inform the parent/guardian that the child will be receiving the same preventative and acute services he/she received throughout the school year.
5. The parent/guardian will need to mark the box stating:
"I give permission for my re-enrolled child to receive the above listed services."
6. The parent/guardian will need to sign and the Services Permission form in the space indicated "Signature of Parent or Legal Guardian or Re-enrolled Child."
7. The parent/guardian needs to be made aware of any services that are needed over the summer, i.e. immunizations, physical/dental examinations, follow-up treatment etc.

Give the parent/guardian the appropriate paperwork to be completed and instruct the parent/guardian to return the paperwork with him/her when school reconvenes in August.

INTRA RELATIONSHIPS WITH OTHER COMPONENTS

The Health Component staff will work in collaboration with all the components of Head Start/Early Head Start. Due to the time constraints for the performance standards and availability of equipment, Family Service Worker staff will work together in "team" format to obtain the following requirements within the screening time line:

1. Health screenings results to include-anemia and blood lead test results, height/weight measures and
2. Vision/hearing screens.
3. Obtaining Dental and Physical exam results.

FAMILY ENGAGEMENT/EMPOWERMENT

Refer to Family Services Section

In addition to other duties, the Family Service Worker/s is also responsible for recruitment, enrollment and case management for the families of Head Start/Early Head Start. A Family Service Worker is required during enrollment to inform parents of the health standards and requirements. Due to the fact that the Family Engagement Coordinator has multiple campuses, it is expected that Family Empowerment Meetings be scheduled in such a manner, which would allow the Family Engagement Coordinator and the Nutrition Coordinator to be present. For any given case with a health problem or concern, the Health Coordinator will be informed of the status weekly and immediately of any changes made to the child's care.

NUTRITION

The Nutrition Coordinator, Family Empowerment Advocates, and the Family Engagement Coordinator will work collaboratively to obtain height/weight within the 45 day entry time line for returning and newly enrolled children at Head Start/Early Head Start.

If a health concern is identified with the initial screenings an in-house referral should be

processed between the components. Health concerns relating to height, weight or anemia level should adhere to the guidelines or referred to the child's Primary Care Physician for follow-up evaluation.

The Family Service Worker/s will notify the Nutrition Manager, Teaching staff and Cooks of all children with food and other known allergies, supplying each area with a compiled Allergy list of all students on campus. The allergy list will include food and medication as well insect bite allergies and other known allergy information supplied to campus staff per parents.

DISABILITIES/MENTAL HEALTH

Refer to Disabilities/Mental Health Section

The Health Component will assist Disabilities/Mental Health services per request pertaining to history, physical or other health services provided by the Health component or received by Head Start/Early Head Start children. The Health component will assist within its scope of practice or delivery of service.

Services to include:

1. Health information for staff and parents
2. Provide skills training for staff or parents upon request by obtaining certified trainers. (Health Care Professionals)
3. Medical interpretation.
4. Writing protocols (Health Considerations) for health concerns of procedures by assisting to obtain or obtaining written physician's directives for medical treatments/prescriptions.

EDUCATION

The Family Service Worker/s will notify teachers and Education Coordinators of children with hearing/vision and medical problems.

The Family Service Coordinator and the Education Coordinator will participate in IEP planning for children identified with special needs to facilitate assistance with the transition in Head Start/Early Head Start.

TRAINING: Standard 1302.47 (a)

The Family Engagement Coordinator and the Nutrition Coordinator will be kept informed and abreast of all Head Start/Early Head Start standards and procedures as so published the Standard Operations of Procedure Manual.

The Nutrition Coordinator and the Family Engagement Coordinator will attend Head Start/Early Head Start and Health conferences (meetings, classes, and trainings) to keep up to date with the most current medical and health practices for Head Start/Early Head Start and its surrounding health community.

The Nutrition Coordinator and/or Family Engagement Coordinator will implement appropriate changes for Head Start/Early Head Start once approved by administration and advisory boards and will provide health trainings to all staff where indicated.

The Nutrition Coordinators will request that CPR & First Aid training be scheduled as well as Vision/Hearing training classes and will assist the Family Empowerment Coordinator with providing health education trainings for parents at each campus as time permits.

The Family Engagement Coordinator and the Nutrition Coordinator will participate in Family Empowerment Advocate meetings when indicated and as schedule time permits, with prioritization for health concerns implemented.

Family Service Worker/s training will enable them to perform most screenings with minimum guidance from the Nutrition Coordinator.

Family Service Worker/s or other designated Head Start/Early Head Start staff will be certified for Vision/Hearing screenings. They will adhere to and follow the Head Start/Early Head Start performance guidelines and health manual for these tasks.

Family Service Worker/s should attend other health training to maintain performance efficiency.

STANDARDIZED HEALTH TRAINING SERVICE

There should be consistent health/Mental Health and safety trainings established throughout the agency and throughout the school year. The Health staff should present these trainings during annual pre-service trainings and new hire orientations.

GENERAL SAFETY PRACTICES 1302.47(b)(10)

Safety Environments, Equipment, and Materials

Health staff will monitor each location serving children for safe environments including completing the Health and Safety Screener located in the Child Plus Database System at least once per year. Safety monitoring must be completed prior to each new school year starting. The Child Health & Safety Screener must be completed no later than December 31st. The fifth year of the five year project period the Child Health and Safety Screener will be completed within 45 days of the start of the new school year. The Head Start Director will notify and discuss this with Health Staff prior to the Screener being completed.

The Health Staff will implement, oversee, and monitor child abuse

See Human Resources for Background Check Procedures (No staff will be allowed access to children until they have cleared all of their background checks including physicals and required health screenings).

Health staff will monitor that all locations are mitigating child exposure to lead at each facility including water coolers in classrooms, filters on water supplies accessed by children and collecting water reports from each water district where a Head Start Campus is located. These reports will be collected at the beginning of each new school year no later than October 31st.



Disabilities & Mental Health Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards*

(Standards 1302.50 - 1302.53)

(Standards 1302.70 - 1302.72)

(Standards 1302.20 - 1302.24)

(Standards 1302.60 - 1302.63)

Revised 7/28/2025

During a state of emergency triggered by the Federal, state and/or local governments these administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.

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I. Introduction

Community Services of Northeast Texas, Inc. (CSNT) provides Disability and Mental Wellness services to children and families in accordance with Head Start Program Performance Standards 45 CFR 1301 - 1305.

Mental Health is a positive state, not just the absence of mental illness. Head Start's vision regarding mental wellness is to build collaborative relationships among children, families, staff, and mental health professionals in order to enhance awareness and understanding of mental wellness. This is all done by encouraging development, self-control, respect, relationships, building trust, fostering independence and even supporting and respecting the home language, culture, and family composition.

Under the legislation of IDEA provisions of special education services, interagency collaboration and program coordination for state and federal programs, e.g., Department of Education are required.

Community Services of Northeast Texas, Inc. Head Start will assist in the responsibility in monitoring of guidelines, training activities for parents and staff, working with the school districts and outside agencies, and serving on community boards whose mission is to work with children with identified needs. Any questions or concerns should be directed to the Head Start Director and/ or Education Coordinator at the main office.

II. Identification of Needs and Assessments

A. Disabilities (Standard 1302.12 and 1302.14(b))

Selection and Enrollment

Head Start

The Head Start Program must maintain procedures established for selection and enrollment of children with disabilities. Through the year, the Family Engagement Coordinator plans collaboratively with staff to locate, recruit, and enroll children with *identified* needs, if the child meets Head Start requirements; and the program has space even if the ten percent enrollment is already met.

Texas Education Agency (TEA) (Standard 1302.60-63)

(a) Special education services. To be eligible to receive special education services, a student must be a "child with a disability," as defined in 34 Code of Federal Regulations (CFR), §300.8(a), subject to the provisions of 34 CFR, §300.8(c), the Texas Education Code (TEC), §29.003, and this section. The provisions in this section specify criteria to be used in determining whether a student's condition meets one or more of the definitions in federal regulations or in state law.

(b) Eligibility determination. The determination of whether a student is eligible for special education and related services is made by the student's admission, review, and dismissal (ARD) committee. Any evaluation or re-evaluation of a student shall be conducted in accordance with 34 CFR, §§300.301-300.306 and 300.122. The

multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following:

- (1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or
- (2) A licensed or certified professional for a specific eligibility category defined in subsection (c) of this section.

B. Procedure

1. Head Start ensures children enrolled are not denied due to severity or type of disabilities.
2. Staff provides a variety of placement options for children with special needs, such as dual enrollment, half-day placements and full inclusion.
3. The Mental Health Advocate works collaboratively with the Family Engagement Coordinator to make sure slots are available in order to meet ten percent of our enrollment are eligible children with special needs.

C. Assessments (Screening & Evaluation)

1. After enrollment, each child is screened for developmental skills in the areas cognitive, motor, speech, emotional, and social.
2. A health history is taken on each child, parents arrange for vision, hearing and physicals to be completed.
3. The Mental Health Advocate at each campus assists each family in completing an acceptance packet for students that will be enrolled in Head Start. The Mental Health Advocate notes any health, education, social or parent concerns, attended ECI, if child has an IEP, and refer them to the proper content Specialist for further services, if needed.
4. Children receive screenings/assessments within forty-five days of enrollment. (ECI E-DECA)

Note: Enrolled children that fail initial screenings and Non-English speaking children can be allowed to become familiar with the classroom environment for three weeks before a re-screened is completed by the appropriate staff. Since the screening tool is in English, translators are used when needed, to determine eligibility for further services

III. RTI (Response to Intervention)

Appropriate Professionals and Licensed Education Agencies, such as Speech Pathologists, Diagnosticians, and Therapist evaluate children to determine eligibility for services upon receiving referral form. Disability will be referred as soon as parent consent is obtained to the appropriate agency. This information will be documented on the referral form.

A. Referral Form

As documents are collected, they are placed in a yellow folder. All information is entered into Child Plus. They are then copied and given to the ISD representative.

B. The Referral Process

C. Staff Responsibilities

See Job Descriptions for the positions listed below:

Education Coordinator

Family Engagement Coordinator

Mental Health Advocate

Campus Director

Teacher

D. Special Services File

1. A copy of the child's goal sheet listed on the IEP is obtained from the LEA during the ARD meeting. This documentation is kept in the child's green folder located behind the child's file in a locked file cabinet. This information is also uploaded into Child Plus database system.
2. The remainder of the ARD documentation is kept with the LEA and can be viewed by authorized staff, when needed.
3. Classroom staff keep a folder in the classroom with a copy of the goals and objectives from the IEP.
4. Teachers use the Individualization Plan to document individualization for students that have an IEP. Child Plus ID numbers are used for confidentiality of individual children.

IV. Mental Health Services

The primary focus of the Mental Health content area of the CSNT Head Start Program is to provide a full range of mental health services. The Mental Health Professional addresses this area initially, by evaluating each Head Start Campus to ensure that the environment is free from stress. Also, to ensure the children's activities are age appropriate, and they have a good relationship with their caregivers and peers.

A. MENTAL HEALTH SCREENINGS (Standard 1302.32 (a) and 1302.45)

Procedures

1. Mental Health Professional conducts classroom observations of all Head Start children, at a least once a year in the fall. Observation reports are used to assist staff in creating a nurturing, positive classroom environment. Intervention recommendations for children with special needs or atypical behavior are provided after an in-depth evaluation has been completed and parent approval has been obtained. Community Services Head Start staff are expected to be involved in the

- assessment of mental health needs.
2. Mental Health Professionals provide information that assist staff and parents in understanding normal child development and common problems in children, when needed. Some of the areas where information is given include classroom management, child development, communication skills, and handling of stress. The second level of intervention is focused on children exhibiting severe inappropriate emotions and behaviors. The classroom staff refers children with atypical behavior to the Mental Health Advocate.
 3. Upon referral, the Education Specialist or the Mental Health Professional observe and offer suggestions on how inappropriate behaviors can be remedied.
 4. If the behavior persists, the Mental Health Professional completes an in-depth evaluation and Behavior Management Plan. In order to avoid erroneous diagnosis, the Mental Health Professional must observe the child properly in his/her normal environment (classroom and home, if possible); and used unbiased multiple diagnostic instruments. Information is kept in a blue folder behind the child's file in a locked file cabinet.
 5. The Mental Health Professional provides ongoing professional training and assistance to campus staff and parents, when needed.
 6. The behavior goals are developed by the Mental Health Profession with input from the Head Start Staff at the parent meeting.
 7. Meetings are held periodically with staff and parents to provide discuss progress for children with special needs.
 8. The Education Coordinator monitors the implementation for progress, problems, or concerns on an on-going basis.
 9. Mental Health Professionals conduct evaluations of children needing further assessments in the following areas: Physical, Coordination, Sensory, Emotional, Sensory, and Social Development.
 10. Classroom strategies are given to teaching staff by professionals and/or providers for children with atypical behavior or development

B. SEVERE EMOTIONAL/BEHAVIORAL DISORDER (Standard 1302.45 and 1302.60-63)

Procedures

1. If a child scores below average on social/self help skills on the DAIL 4, E-DECA or parent/staff has concern for behavior; the child's behavior is carefully monitored in the classroom by Education Coordinator and Mental Health Professional. Efforts to rule out class management issues are made by providing behavior guidelines or tips to be used in the classroom by the Education Spec/class teacher.

V. Health Impairment/Diagnostic Evaluation (Standard 1302.45 and 1302.60-63)

Procedure

1. Only children diagnosed with severe health conditions and functional limitations from appropriate Medical or Health Practitioners will be enrolled for special services.

2. Children are not enrolled for special services without a diagnosis and a physician sided action plan. Children reported with health impairments, such as asthmatic, epileptic, or other health condition cannot be enrolled for special services without diagnostic reports from authorized professionals.
3. To secure diagnostic reports for Health impairments, children are referred to the Family Engagement Coordinator. Parent consent must be obtained before information is exchanged.

VI. The Goals of Individual Services

Disabilities (Standard 1302.45 and 1302.60-63)

A.

Implementation of special services by Community Services Head Start Program are in accordance with the Head Start Program Performance Standards 1302.61-1302.63.

Goals:

- To ensure re-screening of children with low developmental screening scores, using Dial 4, when referred by Education staff.
- To provide special education or related services necessary to foster the maximum development of each child; and to facilitate participation in the regular Head Start Program, unless the services are being provided by the local education agency (LEA) or some other agency.
- To develop inter-agency agreements with the LEA'S and other agencies in carrying out the following activities for children with special needs: Child Find; procedures for services; ARD meetings; resource sharing; and other mutually agreed upon items.
- Individual differences of children by providing a supportive environment. To coordinate educational activities that will be suitable for each child's developmental level.
- To utilize the existing community resources (when available) to the greatest extent relative to the needs of the individual child.
- To enroll and maintain at least ten percent of Head Start enrollment as children with identified needs in the following categories, according to the grant, as required by 45-CFR 1308; and Texas Education Code, Title 19, Part 2, Chapter 89, Rule §89.1040

(c) Eligibility definitions.

1. CSNT Head Start will follow the provisions set forth by IDEA and the Texas Education Code Chapter 89. Adaptations for Special Populations Subchapter AA. Commissioner's Rules Concerning Special Education Services. Within these regulations, the 13 conditions that designate a disability are listed along with eligibility criteria.

B. Mental Health

Mental Health services are provided in accordance with the Head Start Program Performance Standards in 45 CFR 1301 - 1305. There is a three-level approach to the service delivery: (1) mental wellness services; (2) intervention services to children with emotional and/or behavioral problems; and (3) services to children with other identified needs.

Goals:

- Assist all children participating in the Program with emotional, cognitive and social development toward the overall goal of social competence coordination with the Education Program and other related activities.
- Provide staff and parents with an understanding of child growth and emotional/social development, appreciation for individual differences in a supportive environment.
- Work toward prevention of; and early intervention, when a child exhibits emotional/behavioral challenges, which interfere with the child's social development, and develop a positive attitude toward mental health services.
- Utilize community resources to the greatest extent possible to serve children with problems that prevent them from coping with their environment.
- Provide children with identified needs necessary mental health services, which will ensure that they are offered an opportunity for all available benefits with their families through participation in the Program.
- Provide ongoing training to staff to improve prevention and intervention skills for children with identified needs and their families.

VII. Diagnostic Criteria for Reporting

Before a child is formally enrolled for special services, the Mental Health Advocate ensures appropriate certified or licensed professionals who work with these children must have diagnosed all children reported in the following categories. See section (definitions) for identification.

VIII. Implementation of Special Services and Mental Health Program (Standard 1301-1305)

Mental Wellness Methods for Children

The following methods are used to provide mental health wellness to all Head Start children.

Classroom Mental Wellness

Mental wellness is implemented in the classroom through the implementation of Conscious Discipline. Conscious Discipline is a part of the curriculum and effective teaching practices.

Mental Health Professionals

1. Mental Health Professionals observe classrooms once a year and provide technical assistance to classroom teachers on classroom management.
2. Mental Health Professionals provide training to staff on Mental Health topics, as needed.
3. Parents complete E-DECA Questionnaire upon enrollment. The screener is evaluated and discussed with the parent.
4. When indicated, children will receive follow-up observations that may lead to a referral.

Mental Health for Staff

1. Agency contract with Community Health Core to provide Adult Mental Health Services to staff.
2. Community Health Core provides staff intake and referral to needed services.
3. Community Health Core provides staff trainings on Mental Health a minimum of twice per year.

A. Mental Health for Parents

1. At enrollment, parents are told of the types of mental health services

- available in Head Start.
2. Parents are given a Parent Handbook during orientation and Mental Health Advocates assist them with accessing any services needed through local resources.

B. Records (Standard 13.20-24)

Throughout the school year, the Mental Health Advocate keeps records of evaluations, assessments, referrals, follow-up reports, contracts, training agendas and sign in sheets, including mental health records, in locked file cabinets at the Campus and through the Child Plus Database System. Confidentiality of records is maintained at all times. CSNT Head Start follows FERPA or IDEA where applicable. (See **FERPA implementation in the Standard Operating Procedures**)

IX. Admission, Review, Dismissal (ARD) (Standard 1302.60-63)

The Mental Health Advocate arranges ARD meetings in collaboration with the LEA and the Education Coordinator for children diagnosed to discuss child's Admission, Review, and Dismissal from special services. This meeting is to be conducted for children with identified needs, at least once a year or as needed for the following reasons:

1. To discuss the child's specific assessment results, strengths, and weaknesses
2. To officially enroll the child into the special services program.
3. To dismiss the child from the special services program

X. Social Services/Parent Involvement

1. Children with disabilities are included in the full range of services provided to all Head Start children and their families, as required by HSPPS 1302.60-63). Mental Health/Disabilities Specialist ensures all services identified on the Individualized Education Plans are provided. The Mental Health Advocate completes and uses the Family Partnership Agreement (FPA) to identify family needs, and refers the families to available resource services in the community.
2. HSPPS require involvement of parents for children with special needs and that parent needs are met by the Mental Health Advocate.
3. The Mental Health Advocate ensures that:
 - a. Information on child/parent development is provided.
 - b. Support to families entering from infant/toddler programs is provided.

- c. Opportunities to observe activities in the classroom and suggestions for home follow-up activities are provided.
- d. Parents are given some information on parent's rights and available community programs/resources.
- e. Parents are encouraged to volunteer at the Head Start Campus.
- f. Ongoing coordination of recruitment, referrals, staffing and case management of children families.
- g. Community Healthcore will provide parent trainings a minimum of two times a year.

XII. Staff Responsibility

See Human Resources Job Descriptions

XIII. Transition (Standard 1302.70-72)

- A.** staff will follow transitions procedures to ensure a smooth transition for children with disabilities into Head Start, and from Head Start to the next placement:
- Identifying the agencies serving infants/toddlers, and establishing the transition procedures into Head Start.
 - Establishing transition procedures from Head Start into the school districts.
 - Conducting inter-agency staff and parent training and site visits.
 - Preparing child program summaries for transition

Staff are involved with the children, families and local education agencies to assure continuity of services after children leave the Head Start Program, as required by HSPPS. Appropriate steps may be taken to continue collaborative agreements with local education agencies to facilitate special services efforts. Periodic contact with the family and school should be made to determine how children have adjusted and progressed.

B. Public School Transition

Eligible children with identified needs are transitioned into public schools by the Disabilities Specialist. Transition activities begin in spring of each year. Listed below is the transition plan for children with disabilities.

1. The Education Coordinator and support staff and public school officials, plan field trips to kindergarten class after January. The trip consists of a tour of school, lunch at school, and interaction with kindergarten children, *if available*.

2. A transition meeting is held with parents of children with special needs who are eligible for transition into public school. The Mental Health Advocate and support staff inform the parents of their continued rights of free and appropriate education and any special services parents deemed necessary.
3. Mental Health Advocates and classroom staff notify parents of the date and time of kindergarten enrollment. If parents or guardians want information released to the School District, they must sign *Consent to Release of Records* Form.
4. Eligible children are properly reevaluated by the local education agency to ensure appropriate placement. Parents are educated and guided by local education agency staff when choosing placements.

Once a child with special needs has been transitioned into the public school of his /her choice, the Head Start program ends services for that child. Head Start maintains collaborative inter-agency agreements with the school districts, outlining the responsibilities of Head Start. When required information is received by the school district, Head Start is informed of the child's placements.

Early Childhood Intervention (ECI) and Early Head Start Transition

Children birth to three years old with identified needs are transitioned from the early childhood programs into Head Start after their third birthday.

1. Referrals are made by ECI and Early Head Start six months prior to the child's 3rd birthday and the following information is needed:
Application/enrollment forms, proof of income diagnostic reports, IFSP, and completed progress reports.

The Mental Health Advocate notifies parents/guardians of children who do not meet Head Start poverty guidelines in writing. They are usually advised to check with their school districts- Child Find for enrollment.

XIV. Disability & Mental Health Folders (Standards 1303.20-24)

Files containing special education documents are maintained at the Campus in a locked file for each child. All document transfers must follow the policies set forth by CSNT through the Family Education Rights and Privacy Act and guidelines followed by IDEA. Concerns and updates are documented in the Child Plus database system under Disability/Mental Health.

A. Documents contained in the Special Services Folder:

(In the following order)

1. Checklist
2. Confidentially Sign in Sheet
3. Child Find
4. Referral Form
5. Campus Intervention Team Information
6. Data Intervention Form
7. Documentation of Student Classroom Intervention
8. Intervention Team Conference Summary Sheet
9. ARD Summary
10. IEP/Goal Sheet
11. ARD Committee Sign in Sheet
12. Progress Report
13. Other

B. Staff Responsibility for Special Services Files

1. Mental Health Advocate creates the Special Services file(s) located at the Campus as well as inputting information into the Child Plus Database System, as appropriate.
2. Special Services Files contain consent forms, screenings, evaluations, IEPs, and copies of information sent to other Head Start staff, as well as any other documentation pertaining to the child's special needs.
3. Education Coordinator and Family Engagement Coordinator monitors files and tracks implementation of services for children receiving special services. Mental Health Advocates also monitor and track their progress in obtaining services for children.
4. Only authorized staff will have access to information concerning children receiving special services.

C. IEP Folders (Green)

1. Green folders are created for children with a diagnosed disability.
2. The green folders are kept in a locked file cabinet at the Campus. The goals from the IEP, progress of how the child is meeting those goals and information on implementation of special services are kept in these files.
3. Teachers document classroom implementation of goals on the individualization plan.
4. The Mental Health Advocate ensures that teachers have a copy of the IEP goals and assist in concerns and questions. The Education Coordinator will monitor this during Classroom Observations.

5. Goals are documented on individual children through the Individualization Plan.
6. Yellow folders are used to indicate the beginning of the CIT Process.
7. Blue Folders are used for Mental Health information.

XV. Community Partnerships (Standard 1302.53)

Relevant services are provided for children with identified needs through Collaborative and Interagency Agreements. The Family Engagement Coordinator maintains these agreements annually or as the need arises.

XVI. Campus Intervention Team: Step-by-Step

Parent/Teacher/Campus Director has a serious concern regarding a student's academic progress/abilities/and or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. MHA/Campus Director contacts the HS Disability/Mental Health Spec. that they will be starting the Intervention Packet. The MHA / Teacher will obtain the parents signature on the completed Campus Intervention Team Information Sheet. The teacher will start collecting information concerning student progress.
2. MHA will schedule a meeting with Parent, Teacher, Campus Director, D/MH Spec., Ed. Spec to discuss student's academic progress/behavior. MHA will inform team members with time/place for the meeting.
3. The teacher will bring to the meeting - DAIL 4 Screening, Class work, Daily Notes, Documentation of Student Classroom Interventions, Min. 10 days
4. The MHA will bring to the meeting – e-DECA, Copy of Vision & Hearing Screening, completed Campus Intervention Team Information form and any other information in students file that would be beneficial.
5. The Campus Director will assist Teacher and MHA in securing/obtaining needed information to conduct meeting.
6. The purpose of the meeting is to discuss students' academic progress/behavior.

7. At the meeting, the committee jointly reviews testing scores, class work, daily notes, classroom observations, interventions that have been used/ documented, and community resources, if they would be beneficial.
8. The committee will complete the Education Consideration/Recommendations form and or develop a behavior management plan. The decision made by the committee will decide a plan to follow –no further intervention is needed, intervention will continue, information will be sent to LEA/Private provider, select additional interventions to be used. If ISD is in attendance all information gathered will be given to them. It will be noted as a ARD and the “Notice of Procedural Safeguard” will be presented to the parent/guardian. And a copy “A Guide to the ARD Process” will be given to the parent/guardian. A signed sheet noting these booklets received by the parent will be placed in the student’s file. Upon the parent’s signature, (ISD form “Consent for Assessment/Evaluation”) the school time - 60 days- will start.
9. If a behavior management plan is developed, a private provider/or community resource will be contacted if the team decides that would be more beneficial to help the child or family be successful. The parent will have the option to carry the child to their office or we may offer services rendered at the campus.
(Students receiving intervention/services from Mental Health providers are not counted in the 10 % disability)
10. The Education Spec. will also complete a Classroom Observation form.
11. The MHA will contact the Parent, Teacher, Campus Director, Ed. Spec., D/MH Spec and ISD personnel (if they would like to attend) for a meeting. MHA will inform team members with time/place for the meeting.
12. Teacher provides work samples, and documentation for the interventions that have been completed.
13. The MHA will bring to the meeting the green folder containing information from the first meeting.
14. The team reviews documents and all pertinent information that have been completed to achieve success.
15. The team determines what was effective as well as if there should be additional interventions tried and or use of additional community resources that would be beneficial.
16. The D/MH Spec. will contact the ISD Diagnostician, and /or appreciate school personnel to give the information collected. If the school personnel

are in attendance this will be noted as a Pre-ARD and the “Notice of Procedural Safeguard” will be presented to the parent/guardian. And a copy “A Guide to the ARD Process” will also be given to the parent. A signed sheet noting this process will be placed in the student’s file.

17. The ISD will conduct the ARD *before* the end of 30 days after testing is completed.



Non Federal Share Operating Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1303.2 – 1303.5)*

Revision 12/8/2020

Revision 7/25/2025

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INTRODUCTION

The following policies and procedures are intended to provide an overview of the in-kind activities of CSNT Head Start/Early Head Start Program. The primary purpose of the in-kind policies and procedures is to document how the Program is gathering and documenting in-kind in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

These policies and procedures have been approved by the Governing Board and the Policy Council. All Head Start/Early Head Start staff are to comply with these policies and procedures when gathering and documenting in-kind.

Grant Requirements

The Head Start Grant requires that 20 percent of the total grantee budget be submitted as non-federal share. This means that 20% of the total HS and EHS Budgets must come from donations made by the communities within the Program service area, donated supplies, or donated services. This non-federal share must follow the following guiding principles:

- The good or service is reasonable, allocable and adequately documented. (Basic Cost Principles, reference HSPPS, OMB Circulars 2 CFR Part 200 & 45 CFR Part 75.)
- The good or service supports an activity that is included in the Operating Policies/Operating Manuals and covered by the Head Start Program Performance Standards.
- The good or service is something on which the program could legally and appropriately spend Federal dollars.
- The good or service is something on which the program would normally spend Federal dollars.
- The service is performed by the donor for the program, not by the program for the recipient (especially important when evaluating if parent volunteer hours are allowable.) Cash is converted to a good or service. (Cash becomes nonfederal share when it is spent on an allowable program cost and is recorded as non-federal share when the goods or services are purchased, not when the cash is received.)
- Any program income generated and approved for use by the program must be generated and used in the budget year during which it is generated and is not counted as non-federal share.
- The amount of non-federal share generated equals or exceeds the amount specified in the grant application (usually 20 percent of total budget obligation, less if approved by a waiver, more, if more was included in the grant proposal and approved in the grant award.)

- The good or service was provided during the applicable project period.
- To the extent possible, non-federal share is generated and documented proportionate to the expenditure of the Federal funds.
- Source documentation exists in sufficient detail to support the claim of the good or service as non-federal share.
- Services are valued similarly to the wages and benefits paid for a similar service performed by program or agency staff.
- Where no similar service function or job exists in the program or agency, services is valued based on documented wage and benefits rates for similar services performed in the community at large.
- Value lies in the service performed, not in the person performing the service.
- Goods are valued at a rate consistent with their market value in the service area.
- Discounts for goods or services are claimed only if those discounts are not available to the general public.
- Valuations for donations of space are supported by up-to-date, written professional appraisals.
- Time spent by parents or other volunteers on fundraising is not claimed as non-federal share.
- Funds used for non-federal share match in one program are not used for match in another program.
- Except in special circumstances where allowed by statute, federal dollars cannot be used for match for other federal funds. (Statutes allowing federal funds to be claimed as part of a matching requirement include the Community Development Block Grant and the Indian Self Determination and Education Assistance Act.)

In-Kind Responsibilities and Timing

In-kind will be gathered monthly. All Program employees are responsible for gathering in-kind. All acquired in-kind must be documented and submitted to the Data Coordinator located in the Management Building (HSMB). Each Campus Director is responsible for totaling and submitting their campus in-kind to HSMB by the 5th of each month. All administrative in-kind will be collected by the appropriate staff and submitted to the Data Coordinator by the 5th of each month.

The Chief Executive Officer, Head Start Director and appointed Finance Staff will be responsible for maintaining a current and accurate Real Estate Appraisal or Real Estate Broker's Opinion for all CSNT Head Start/Early Head Start properties. This document must include the listed property, actual square footage, monthly rental amount based on fair market value, actual monthly rental amount paid by the Program, and the in-kind difference. This document must be dated and signed by a real estate agent.

Responsibilities of the Data Coordinator:

- At the beginning of each program year, the Data Coordinator will provide each Campus Director with total amount of monthly in-kind to be collected by each classroom.
- To make sure all Staff have a correct understanding of In-kind Policies and Procedures.
- Provide campuses with correct up to date in-kind forms.
- Provide campuses with updated YTD in-kind totals by the 15th of each month.

Responsibilities of the Education Coordinator:

- Provide campuses with in-kind take home activities by the 30th of each month for the following month.

Additional responsibilities of the Data Coordinator:

- Make sure that in-kind is received from campus by 5th of each month.
- Make sure all in-kind is properly documented and signed.
- Calculate total program in-kind each month and report to assigned Finance Staff and Head Start Director by the 10th of each month.
- Keep proper In-Kind Documents for program monitoring.

Duties assigned to staff in the process of in-kind collection:

<u>STAFF MEMBERS</u>	<u>ASSIGNED DUTIES</u>	<u>TIMING</u>
Teaching Staff	Collect and document classroom in-kind	Monthly
Campus Directors	Collect and total in-kind for campus	Monthly
Campus Directors	Submit in-kind to HSMB	By 5th (month)
Other Staff	Submit in-kind to HSMB	By 5th (month)
Data Coordinator	Collect campus in-kind	By 5th (month)
Data Coordinator	Total and track all in-kind	Monthly
Data Coordinator	Submit in-kind report to Chief Finance Officer	By 10 th of month

Data Coordinator	Create campus in-kind report for Program Director	By 10 th of month
Assigned Finance Staff	Enter in-kind into budget	By 15 th of month
Assigned Finance Staff	Create Budget Report	Before PC monthly meeting

In-Kind Home Activities (Paper Copies)

The Education Coordinator will provide the teaching staff with in-kind home activities by the 30th of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the teacher's responsibility to get the home activities to the parents. It is also the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Education Coordinator for approval before being sent home with child as in-kind home activities. All in-kind homework must be turned in along with other campus in-kind by the 5th of each month. Home Activities should include a complete and signed volunteer timesheet with corresponding home activity attached to the back of timesheet. All timesheets must be complete with time, services performed, totals and signatures in order to be counted.

In-Kind Home Activities (Parent Powered Home Activities)

The Family Engagement Coordinator along with the Family Empowerment Advocates will monitor that parents are receiving home activities sent from Parent Powered by the 30th of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the Family Empowerment Advocate's responsibility to contact the parents and encourage them to complete the home activities. It is the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Education Coordinator for approval before being given to the parent as in-kind home

activities. All in-kind home activities must be turned in along with other campus in-kind by the 5th of each month. Parent Powered Activities should include a completed activity and documented in the Parent Powered App. All activities must be complete within the time allotted, services performed, totals and signatures in order to be counted.

In-Kind Monitoring

Each Campus Director will be responsible for monitoring the amount of in-kind collected for their campus. It is the Campus Director's responsibility to make sure all in-kind submitted to the Data Coordinator is the signed correct forms with the corresponding documentation attached. Any in-kind submitted to the Data Coordinator with missing information, signatures or is unexplainable will be sent back to the campus for correction.

In-Kind Reviews

Monthly In-kind Reports will be reviewed periodically as a part of the ongoing monitoring of the Program. Policy Council Budget Reports will also be reviewed on a regular basis as a part of the monitoring/tracking process. Campus In-kind Reports will be tracked by the Data Coordinator and submitted to the Head Start Director by the 10th of each month. The Quality Assurance Coordinator will monitor this as part of their monthly Progress Report to the Director.

The results of reviews will be discussed openly with staff when a finding has been documented. The resolution of any findings will be considered a joint effort between the campus staff and administrative staff. All findings should be corrected within 45 days of the original notification unless otherwise documented.

In-Kind Forms

Attached forms are to be used when documenting and tracking in-kind. Completed forms should accompany all submitted in-kind. Any in-kind questions should be directed to the Data Coordinator through the Campus Director.



Nutrition Operating Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1301 -1305)*

And

The 2019 CACFP Guidelines

(Revised 5/28/2024)

(Revised 8/29/2024)

(Revised 7/28/2025)

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CHILD NUTRITION

Performance Standard: 1302.42 (b), 1302.44

Policy:

- a. Child Wellness is promoted by providing nutritious meals and snacks that will supplement and complement those served at home. Nutritional services assist families in meeting individual nutritional needs, and establishment of good eating habits that will nurture health development and promote lifelong well-being. Nutritional services include identification of individual nutritional needs, the design and implementation of nutritional services programs, meal service, and family assistance with nutrition and food safety and nutrition.

Procedure:

1. Identification of each child's nutritional needs:
 - b. Nutritional and Medical assessments are completed, as a part of the Acceptance Packet.
 - c. Emergency Information including medications taken by the child, food drink or medication allergies, special diet and religious restrictions, is obtained as a part of the Acceptance Packet and is updated throughout the year.
 - d. Physician statement is obtained for special diets, food/medication allergies or food intolerances.
 - i. Height and weight is conducted upon the first 45 days of entry into the program.
 - ii. A second Height and Weight is done for those children below the 5% and above the 95%.
 - iii. Hematocrit and/or Hemoglobin will be assessed during the first 45 days of beginning class.
 - iv. Documentation of HCT from the physician's office or WIC will be acceptable and should be filed in the child's file.
 - v. For those children with no documentation,
 1. Family Empowerment Advocate will inform the parents of the need for the documentation of HCT/Hemo., following the THStep Periodicity Schedule.
 2. If no documentation of HCT/Hemo. is obtainable, Family Empowerment Advocate will assist the parents in getting the procedure completed. Refer to Referral and follow-up Procedure.
 3. If a child is less than 5 years old and not enrolled in the WIC Program, Family Empowerment Advocate will make a referral (follow referral Procedure). If the family denies or drops WIC, Family Empowerment Advocate will obtain a 'Denial of Services' form.

Nutritional Services:

- a. A Registered Dietician will be consulted for approval on new menus.
- b. Menus will reflect cultural and ethnic preferences by providing multi-cultural items.
- c. A variety of healthy foods including bread/grains, vegetables, fruits, meat/meat alternatives and milk/ milk products will be served.
- d. Modifications will be made for those children with disabilities that require special diets.
 - i. The Nutrition Coordinator, Family Engagement Coordinator, and Registered Dietician will coordinate with the child's medical provider to make these modifications.
- e. CACFP will be the primary source of reimbursement for meals

Meal Service:

- f. Children attending full day settings will receive 2/3 of their nutritional needs through meals and snacks.
- g. All children arriving at the campus in the morning will be offered a breakfast.
- h. Foods will be high in nutrients, low in fat, sugar and salt
- i. Meal and snack periods will be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met (refer to CACFP guidelines).
- j. Teaching staff will provide dental hygiene in conjunction with a meal (refer to Oral Hygiene Procedures).
- k. Teaching staff will promote dental hygiene by modeling and participating in dental hygiene.
- l. Food is not used as punishment or reward
- m. Children are encouraged, but not forced to eat or taste foods.
- n. Family style meals will be observed with teaching staff eating the same meal as the children. (No more than two teaching staff should eat with the children).
- o. Sufficient time will be allowed for eating.

Family Assistance:

- p. Parents will be provided with education in good nutrition, using:
 - i. One-on-One consultation,
 - ii. Parent meetings
 - iii. Coordination of community services
 - iv. Periodic handouts
 - v. Menus
 - vi. Other nutrition information
- q. Nutritious foods will be provided at parent functions
- r. Referrals will be made to a Registered Dietician, as needed.
- s. Education Coordinator and Nutrition Coordinator will coordinate nutrition and dental curriculum for the classroom.
 - i. Education Coordinator will ensure:
 - 1. implementation of curriculum
 - 2. Documentation of curriculum in lesson plans

- t. Family Engagement Coordinator will collaborate with the Nutrition Coordinator to provide
 - i. Opportunities for parent involvement and
 - ii. Education of families in good nutrition and dental practices
- u. Family Engagement Coordinator will ensure:
 - i. Family Advocates are providing assistance to the families to meet their individual needs
 - ii. Documentation is in the child's file; including each family of the WIC program and ensuring services are being provided and followed-up.

Safety:

Food safety and nutrition will be deferred to kitchen nutrition policy and procedure.

CLASSROOM NUTRITION ACTIVITIES

Performance Standard: 1302.31 (1) (2) (e)

Policy:

Classroom Nutrition Activities will be offered in conjunction with curriculum on a weekly basis. A Food Experience will be offered in conjunction with the curriculum on a monthly basis.

Procedure:

1. Lead Teacher will review the curriculum and pick a nutrition activity two per month that coincides with the educational concepts for the month.
2. Education Coordinator will pick a nutrition food experience for the classrooms that will be done on a monthly basis.
3. Lead Teacher will document in Lesson Plan of the Food- Related Activity
4. Food experiences will be implemented in the classroom curriculum (Refer to Education Policy and Procedure).

FIELD TRIP POLICY

CACFP: 4173

Policy:

When a classroom field trip is scheduled, the Lead Teacher must make plans for the children to eat sack lunches. All field trips lunches must have approval from the Nutrition Coordinator.

Procedure:

1. Field trip is tentatively scheduled.
2. Campus Director completes a field trip request form
3. Campus Director sends completed form to Education Coordinator for Approval
4. Education Coordinator Approves Field Trip and sends to Nutrition Coordinator for Approval

5. Nutrition Coordinator reviews to make sure we are in compliance with USDA Regulation.
6. Nutrition Manger returns to Education Coordinator for final approval.
7. Cook will prepare lunches for all children the morning of the field trip and pack in an ice cooler.

BIRTHDAY PARTY POLICY

Policy:

All birthdays will be observed one day a month.

Procedure:

1. The Campus Director will designate one day a month that all birthdays in the campus will be observed that does not fall on a child's birthday.
2. The Campus Director will inform the Cook if there are any children having a birthday each month.
3. The Cook will cook a cake or cupcakes for all the campus children in honor of the birthday children.
4. Campus Directors on ISD Campuses will purchase small cupcakes using their petty cash or at a local store that we have a charge account with.

FOOD EXPERIENCES

Policy:

Food served to the children must be nutritious and provide variety, in adequate amounts to ensure growth and development. Food experiences may be conducted in the classroom under the instruction of the teaching staff. All children on Child Care License Campuses must be offered breakfast, lunch, and 1 snack. Foods served will be high in nutrients, low in fat, sugar, and salt. Children will be encouraged but not forced to eat. Children with special diets must have foods provided to meet their needs. All staff, children and volunteers must follow good hand washing practices. Staff and volunteers must promote effective dental hygiene in conjunction with meals.

Procedure:

1. Registered Dietician consultant will review and approve menus for each school year.
2. Children on Child Care Licensed Campuses will be served breakfast, lunch and PM snack each day.
3. The children on Independent School Districts will receive their requirements at breakfast and lunch.
4. Campus staff provides Family Style meal environment providing encouragement, but not forced, to eat or taste food.
5. Physician statement will be obtained for special dietary needs.
6. Consulting Dietician will review and approve special menus as needed.

7. All staff will follow proper hand washing techniques (Refer to hand washing procedure).
8. Teaching staff will ensure proper tooth brushing in conjunction with a meals (Refer to Oral Hygiene Procedure).

MEAL TIME

Performance Standard: 1302.44 1302.31 (2) 1302.90 (c) 1 (d)

Policy:

Children learn appropriate eating patterns and meal time behavior. Meal time provides a range of opportunities that support the development and socialization of children.

Procedure:

1. Meals are served family style with the children as helpers setting the table. They are responsible for cleaning up spills, scraping their plates, putting their trash in the garbage can.
2. Children are encouraged to taste all foods but not forced to eat anything. Teachers model appropriate family style behaviors, including tasting all foods. Teacher's plates have to look like the student's plates; they receive the full-balanced meal to be eaten with the children. No more than two teaching staff should eat with the children. Teaching staff are not allowed to eat the meal at a later time.
3. No other food will be allowed in the classroom unless it is for a cooking or nutrition activity.
4. Food is not used as reward or punishment.
5. If dessert type foods (fruit) are served, they may be eaten at any time during the meal.
6. Conversation is encouraged during mealtime.
7. Trays will be used later in the year for transitioning students.

CANDY POLICY

The subsequent outline should be followed regarding candy/sweets:

1. The parent committee must vote on whether or not candy may be given to the children on special occasions and holidays. *(This must be voted on and documented prior to any candy being distributed).*
2. If the parent committee votes **unanimously** that the children may receive candy, the following stipulations must be followed. *(If even one parent votes "no candy" the entire campus will be prohibited from distributing candy).*
 - i. Candy must be donated by the parent committee. *(Head Start will not purchase candy at any time for any reason).*

- ii. Candy may **not** be consumed on the premises of the Head Start Campus at any time. *(Not even on special occasions, holidays or field trips)*
- iii. Candy may not be consumed on the Head Start Bus. *(Not even on special occasions, holidays or field trips)*
- iv. Head Start Children who attend field trips to the Nursing Home where candy is provided may consume a reasonable amount of candy provided the parent committee has approved it.
- v. If candy/sweets are consumed at any time for any reason, the children must immediately brush their teeth.
- vi. Classroom Nutrition Activities that include candy/sweets in the lesson plan will be substituted with more nutritious items to complete the activity. *(Example: If the activity calls for M&M's or Skittles to be used for "eyes" use raisins or grapes instead of the suggested candy. BE CREATIVE. Example: If a Cookie is listed in the ingredients, it might be replaced with a round Ritz cracker or a sugar free cookie.)* Please document any substitutions in the comment column of the Monthly Lesson Plan for Child Nutrition Activity form.

Performance Standard: 1302.43

Policy:

TOOTHBRUSHING

Community Services Teaching Staff will promote effective dental hygiene in conjunction with at least one meal a day. Toothbrushes will be replaced every three (3) months or when indicated. Ordering tooth brushing supplies will be provided by the Health Component Team.

Procedure:

1. Children are required to brush their teeth after one meal a day.
2. Child should be instructed to wash hands and instructed to brush his/her own teeth. Staff will provide assistance and instruction when needed while using Health precautions.
3. Each child will be given a plastic cup with which the teacher will dispense a pea size of ADA approved toothpaste on the bottom of the cup.
4. Each child will utilize his/her toothpaste to manipulate the toothpaste on the individual toothbrush.
5. Afterwards the child will rinse his/her mouth with water using the plastic cup.
6. The cup must be discarded after use.

7. No more than two children at a time should be at the sink brushing his/her teeth.
8. The other children can participate in other activities while waiting.
9. Toothbrushes are air dried and stored in the sanitizer unit.
10. The teacher should print child's name on their toothbrush.

FOOD ALLERGIES AND DIETARY RESTRICITON POLICY

CACFP: 4113

Performance Standard: 1302.42 (b) (4)

Policy:

A doctor' statement is needed for any child who has a medical condition or is prohibited from the intake of certain foods, including milk. This statement must be in the child's file.

Procedure:

Doctor's Statement Received:

1. The Family Empowerment Advocate will obtain the diet history to determine allergies or special diet.
2. The Family Empowerment Advocate will request a doctor's statement from the parent.
3. The Family Empowerment Advocate will explain to the parent that substitutions will not be made until doctor's statement is received.
4. The Family Empowerment Advocate will explain to the parent that the doctor must document substitution on the statement.
5. Receive statement.
6. The Family Empowerment Advocate will document the necessary changes in the child's file; notify the Campus Director, the teacher, the cooks, and the Family of the child's restrictions and substitutions.
7. The child's dietary restrictions will be posted in each classroom, the Campus Director's office, and the kitchen.
8. A milk allergy will be changed by the Nutrition Coordinator.
9. The licensed dietician will make the necessary changes to the meals to coincide with USDA Regulations only if it changes the menu.
10. Meals may be claimed.

Procedure for Personal or Religious Reasons:

1. Ask parent to submit a doctor's, pastor, or parent statement
2. Give parent a copy of Head Start Menus
3. Explain to parent those substitutions will be made
4. The licensed dietician will create a new well balanced menu.
5. Eliminate the food from the child's diet.

6. Meals are claimed.

MENU PLANNING PROCEDURE

Performance Standard: 1302.91 (8) (iii))

Policy:

Parents and appropriate community agencies are involved in evaluating the agencies' nutritional services.

Procedure:

The Nutrition Coordinator Cooks and licensed Dietician will review menus annually.

1. The Campus Cooks, Nutrition Coordinator and information from parent surveys are used to create, review, and revise menus.
2. Licensed Dietitian will approve menus.
3. The menu must meet USDA regulations
4. Menus will be submitted to the Policy Council for approval.
5. Menus will be submitted to the Board Members for approval.
6. Menu will be posted in the Classroom on the Campus.
7. Each Parent has an opportunity to receive a menu.

CHILD NUTRITION ASSESSMENT

Policy:

The Family Empowerment Advocate maintains the Nutritional Assessment Form. This record contains documentation on diet history. The Family Empowerment Advocate must update this information yearly.

Procedure:

1. The Family Empowerment Advocate assists the parent during orientation.
2. Through orientation with the parent, assess how often the child consumes foods in each category.
3. The staff member completing the form signs the form along with the parent. By signing the form, the person is verifying that the information is accurate to the best of their knowledge.

ANEMIA TESTING

Performance Standard 1302.42(b)

Diminished oxygen-carrying capacity of the blood: a decrease in hemoglobin in the blood (Mosby, 1994)

1. **Upon enrollment a copy of the physical is required if the child does not have a physical the parent is to be informed prior to the appointment that a is needed at the time of the appointment.**
2. All children enrolled must have results for Hemoglobin and/or Hematocrit within 90 days of entering the classroom. These results must be on or after their 18 month date of birth. (This is required by THStep Periodicity Schedule)
3. If the child is on the WIC Program these results may be obtained from there. As with all other health information, it is the parent's responsibility to provide Family Advocates with this information.
4. Any child that does not have this lab within the timeline will have hemoglobin and/or Hematocrit screenings within forty-five (45) days of entry into the campus. The child is to be referred to their physician for completion of the lab. It is the goal to detect those children who have low hemoglobin levels and who should be further evaluated by the Nutritionist or child's physician.

Due to wide range of conditions (dietary geographical, etc.) which affects normal values, it is recommended that each laboratory establish its own normal range.

GROWTH ASSESSMENT

Performance Standard 1302.42 (b)

Policy:

Children will be weighed and their heights will be measured upon the first 45 days the program year. The results will be graphed on the appropriate growth chart. The Family Empowerment Advocate is responsible for recording this information in Child Plus and printing out the growth charts and sending a copy and the BMI parent letter home for the parents. The Family Empowerment Advocate is responsible for filing the growth chart and the BMI parent letter in the nutrition section of the child's file. It is the Family Empowerment Advocates responsibility to inform the Nutrition Coordinator if a child's health section is missing a growth chart.

- a. Weight/Height ratio-over 95th% percentile weight and ratio inappropriate (e.g. 50th% percentile height and 98th%percentile weight)
- b. Growth percentile – significant drop in % percentile
- c. Unexplained weight loss
- d. Children using a mobility device, such as a wheelchair, are difficult to measure properly. They will need assistance to get on and off the scales.
- e. Check scales for accurate balance

- f. Have the child remove shoes, coats, extra sweater, and heavy pocket items.
- g. Have the child place a paper towel on the scale or height platform before assessing and remove it afterward if they are not wearing socks.
- h. Record weight to the nearest pound $\frac{1}{4}$ pound; height to the nearest $\frac{1}{8}$ inch.

OVERWEIGHT / UNDERWEIGHT/ SHORT STATURE

Policy

If, it is determined to be overweight, underweight or short in stature he/she will be referred as follows:

- a. The child is “medically sound,” (based on the history, family assessment, and physical exam), refer to the Nutrition Coordinator for family counseling and education.
- b. If the child is determined to have a health problem, a referral will be sent to the Health Manager and the child referred to their PCP for evaluation.

Referral Procedure:

1. All children identified by the Family Empowerment Advocate or other staff member as being overweight or underweight will be referred to Nutrition Coordinator for the evaluation.
2. Any children identified as being 2 standard deviation (SD) (200%) above the 95% percentile or below the 5% percentile (20%) should be referred to the Nutrition Coordinator.
3. Short stature will also adhere to the 2 (SD) percentile chart and referred to the Nutrition Coordinator.
4. If the child is determined to have a health problem a referral will be made to the Health Manager and the child’s PCP.

NUTRITION NEWSLETTER

The Nutrition Coordinator will provide each campus with a monthly Nutrition Newsletter. The Family Empowerment Advocate will distribute the nutrition newsletter to each child’s family every month. The newsletter will be available in both English and Spanish if needed. This is documented in Child Plus.

CLEANING AND SANITIZING POLICY

Performance Standard: 1302.47 (b) (1), (6) (iii)

Policy:

Staff will ensure the appropriate cleaning and sanitizing of all food service areas to prevent growth of bacteria in all areas following recognized guidelines, including those from USDA, for food safety and sanitation.

Procedure:

1. **Clean.**
2. Hand and surfaces often with hot soapy water. Hands are to be washed in the hand sink, not the food prep sink.
3. Wash, rinse and sanitize cutting boards, dishes, utensils, and countertops after each use.
4. Rinse all fresh fruit and vegetables before serving them.
5. Clean kitchen surfaces with sanitizing solution and paper towels.
6. Carts should be cleaned and sanitized after each time used.
7. Washing dishes by hand you must use the three compartment sink and follow the proper procedures and use sanitation tablets.
8. Washing dishes in a mechanical dishwasher, the water should reach 165°F.
9. Air dry all kitchen equipment.
10. Floors must be swept and mopped at the end of each work day.

FOOD SAFETY AND QUALITY

Policy:

Cook will ensure that foods are served at proper temperatures and are of acceptable quality following but not limited to the CACFP guidelines, for food safety and sanitation.

Procedure:

1. Designated staff serving meals is responsible for assuring that food is served at proper temperatures and is acceptable quality
 - a. If a food item is not acceptable it should be returned to the Cook, in charge, for replacement, without any disruption of mealtime
 - b. Food must never sit, for an extended period of time
 - c. Cold food must be served cold and hot food served hot
 - d. Food must never be returned to a refrigerator after being served (i.e. milk and leftovers)
 - e. All persons who are involved with meals must wash their hands thoroughly and wear gloves before the start of the meal.
 - f. Always use serving utensils and handles. Use serving gloves while handling food. Designated staff serving food is responsible for monitoring of all food served.
 - g. Volunteers must be instructed in safe food handling techniques, using the Food Safety and Sanitation Checklist (refer to volunteer role in Meal Service Policy prior to participation in meal service)
2. Carts are to be readied and given out by the kitchen staff at designated times.
3. If additional food or supplies are needed, kitchen staff will provide the items without unauthorized personnel entering the kitchen area.

4. Kitchen door leading to the outside must be kept closed at all times.

FIRST IN / FIRST OUT

Policy:

Staff will ensure that food is rotated in to maintain freshness of food used. First in / first out method of food storage must be used. New stock items are stored in a manner to allow item already on the shelves to be used first.

FOOD TEMPERATURE

Policy:

Staff will ensure that foods are held and served at the proper temperatures, to ensure food safety.

Procedure:

1. Cooks will test the temperature of food to be served and record on the menu sheet
2. Temperatures are as follows:
 - a. All potentially hazardous food shall be kept at 45 degrees F, until which time it is being prepared, cooked or cooled.
 - b. Frozen foods shall be kept at such temperature as to remain in the frozen state

All raw animal products such as eggs, fish, lamb, and beef and foods containing these raw ingredients, shall be cooked to heat all parts of the food to 145 degrees F or above

- c. Exceptions to the above rule(c):
 - i. Stuffing, poultry, stuffed meats and stuffed poultry shall be heated throughout to a minimum temperature of 165 degrees F, with no interruptions of the initial cooking process.
 - ii. Pork and pork products shall be therefore cooked to heat all parts of the meat to at least 165 degrees F.
3. Food temperatures must be maintained at: (including meal service)
 - a. Cold foods: milk, juice, canned fruit, salads:
Maximum temperature: 45 degrees F
 - b. Hot Foods: Minimum temperature: 145 degrees F

USE OF DISPOSABLE DISHWARE

Policy:

Staff will limit the use of disposable dishware.

Procedure:

1. Disposable dishware will be used in the following instances only:

- a. If a cook is absent, and no substitute is available
- b. For PM snack in those Campuses where no kitchen personnel is available at the time of the snack.
- c. Field trips

Each kitchen should have a limited supply of disposable dishware on hand for use as noted above, and stored until needed.

NUTRITION PERSONAL APPEARANCE AND EMPLOYEE CLEANLINESS

Policy: Personal hygiene guidelines will be followed by all staff who enter the kitchen. Staff working with food will follow specific guidelines for appearance and hygiene. Personal appearance is an essential part of maintaining professional standards, cleanliness and sanitation.

1. Hairnets must be worn by all staff / volunteers who work in the kitchen.
2. Wash hands frequently and thoroughly with hot soapy water. At minimum hands are to be washed after using the bathroom, before and after handling the food, after breaks, taking out the trash and sneezing or touching hair and face.
3. Use disposable gloves when handling food. Washing hands in between changing gloves.
4. Staff who are ill or have an infected cut or a skin infection that could come into contact with food, shall not be permitted to work with food. All superficial cuts shall be covered with a bandage and disposable gloves.
5. Outer clothing will be kept clean.
6. Shoes should be clean and in good repair to comply with sanitation and professional standards
7. Jewelry is not allowed, with the exception of only wedding bands.
8. Each employee is expected to maintain high standards of personal hygiene
9. Fingernails must be kept trimmed, clean and neat, the use of sculptured nails and tips are prohibited along with nail polish.

ATTENDANCE AND MEAL COUNT

Policy:

Attendance is taken daily in Child Plus data system.

Meal Counts must be taken to the point of meal service. The point of service is when you have observed that a child has received a creditable meal or supplement. Teachers should eat with children to serve as role models.

Teachers are required to eat one meal with the children that are set with the Nutrition Coordinator. Cooks are required to review meal counts at 9:30 a.m., 12:30 p.m., and 3:00 p.m.

Attendance Procedure:

1. The teacher will use Child Plus to record attendance will be taken as the child enters the room each morning. The attendance will be taken again each time a meal is served. (Breakfast, Lunch, and PM Snack)
2. At the end of the day, the teacher will review Child Plus to ensure accuracy.
3. The Lead teacher will print Form 2310 from Child Plus, sign, and date on the last day of each week by 3:00 p.m.
4. The Lead Teacher will submit Form 2310 to the Campus Director on the last day of each week before leaving the campus
5. The Campus Director will review Form 2310 to ensure that all information is complete and initial above the Signature of the Lead Teacher and date.
6. The Campus Director will submit Forms 2310 for all classrooms to the Nutrition Coordinator weekly.

Breakfast procedure:

1. Child arrives and is offered to eat breakfast
2. Child washed his or her hands
3. Child sits down to his/her breakfast
4. Meal count is taken
5. Child finishes breakfast
6. Breakfast ends at 8:30; however, if a child arrives after 8:30, Supplemental Breakfast must be offered to that child. No child will be denied breakfast.

Lunch Procedure:

1. Children and adults washes hands
2. Children set the table with assistance while the Teaching staff serve the meal
3. Children sit down at the table
4. Lunch begins, Meal count is taken
5. Adults begin to eat with children
6. Child completes lunch
7. Child scrapes plate and clean up after his/herself
8. Cook documents accurate meal count on Claim for Reimbursement.

Snack Procedure, when applicable:

1. Child washes hands
2. Snack begins
3. Meal Count taken

DAILY MEAL PRODUCTION RECORD**Policy:**

All food items and the quantity used to create the designated meal from the menu will be documented on the Daily Meal Production Record (Form 1530)

Procedure:

1. Cook will document the amount of all food used for each meal on form 1530 on a daily basis
2. The Cook will complete Form 1530 on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2nd of every month..
3. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Coordinator by the 2nd of every month.

CLAIM FOR REIMBURSEMENT WORKSHEET

Policy:

The Cook will record the number of each meal type daily on page 1 of form 4502. The Cook will record all food and nonfood purchases from each vendor as they occur on page 2 of form 4502.

Procedure:

1. The Cook will log the number of each meal type served on form 4502 on a daily basis.
2. The Cook will record each purchase of food or nonfood products delivered or purchased for the nutrition component area for that campus.
3. The Cook will complete the form 4502 and submit it to the Campus Director on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2nd of every month..
4. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Coordinator by the 2nd of every month.
5. The Nutrition Coordinator will compare the form 1535 completed by the Lead Teacher and the form 4502 completed by the Cook as a checks and balance system to ensure that all attendance numbers and meal count numbers match are correct.

TEMPERATURE LOG

Policy:

The Cook will ensure proper refrigeration by logging the temperature of every refrigerator and freezer and for the dry storage twice a day.

Procedure:

1. The Cook will log the temperature of each refrigerator, freezer and dry storage on the temperature logs form every morning upon arriving at the campus and every afternoon before leaving the campus.
2. The Temperature Log will be submitted to the Campus Director on the last day of the month.
3. The Campus Director will submit the temperature log to the Nutrition Coordinator by email on the 2nd of the following month.

MONTHLY KITCHEN INVENTORY

Policy:

The Cook will maintain an inventory log of all Nutrition Component area merchandise, including both food and nonfood products.

Procedure:

1. The Cook will list all food and nonfood items from the previous month at the first of every month in the appropriate column.
2. The Cook will list all of the food and nonfood items purchased and what was used during the month in the appropriate columns of the inventory form.
3. The Cook will list the amount on hand of each food and nonfood item at the end of the month.
4. The Cook will list the estimated value of the product left at the end of each month.
5. The Monthly Kitchen Inventory will be submitted to the Campus Director on the last day of the month.
6. The Campus Director will review the inventory and submit it to the Nutrition Coordinator by email by the 2nd of the following month.

NUTRITION COMPONENT FOOD / NONFOOD INVOICES

Policy:

All receipts pertaining to the Nutrition Component will be tracked for budgeting purposes.

Procedure:

All Nutrition food receipts, which include bread, milk, produce, canned and frozen goods, will be maintained by the cook. The cook will maintain a copy of all kitchen supply receipts. All original receipts are turned into the Campus Director. The Campus Director, or designated staff, will submit receipts to the Nutrition Manager every Friday.

1. Milk, Food and non food supplies are delivered or purchased on the designated day.
2. The cook will review invoice, check for food spoilage, and/or damaged goods. (All spoiled and/or dented cans will be returned at this time for a credit)
3. The Cook will sign receipts
4. The Cook will submit receipts to Campus Director
5. The Campus Director or designated staff will copy all receipts.

6. The Campus Director will submit original receipts to the Nutrition Coordinator.

TRAINING

1. All Cooks complete and pass the Food Protection and Management course that is offered at the Texarkana College. (This 15 hour Texas Department of Health certification course under Texas Health & Safety Code Chapter 438 is designed for persons employed in establishments that prepare and serve food. Topics include food storage, sanitary food preparation, employee sanitation, pest control, accident prevention, sanitation regulations and standards. This certification is valid for a 5 year period.)
2. Cooks receive annual training hours based on professional development planning. Topics vary based on the needs of the staff, Head Start Program, TDA, and State and Federal rules and regulations.

CACFP CONTRACT

1. Nutrition Coordinator meets with cooks to develop draft menu for upcoming school year in spring.
2. Nutrition Coordinator completes bid process before leaving on summer break.
3. Nutrition Coordinator submits draft menu to Policy Council and Governing Board for approval before leaving for summer break.
4. Nutrition Coordinator has CACFP Contract Continuation placed on the Policy Council and Governing Board Agendas for approval before leaving for summer break. (A form is signed by the PC and GB chairperson after approval and minutes from the GB are submitted with the new Contract Application.)
5. Nutrition Coordinator submits draft menu to contracted Dietician for approval before submitting with contract application to Texas Department of Agriculture. (Approved menu will be submitted as part of the new Contract Application.)
6. Nutrition Coordinator begins the electronic application process around the first of August. (CACFP Budget and personnel information must be uploaded into the system. All applicable licensing documents must be submitted with the application.)
7. CACFP Contract process is completed and approved before the new contract year begins the first day of October.
8. CACFP budget is monitored and tracked at least monthly by Nutrition Coordinator, Head Start Director, and the Finance Director.

During a state of emergency triggered by the Federal, state and/or local governments these Administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.



On-Going Monitoring

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.100 – 1302.103)*

*Revision 11/11/2024
Revision 7/28/2025*

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Website Addresses for Regulations

45 Code of Federal Regulations Part 74

45 Code of Federal Regulations Part 75

2 Code of Federal Regulations Part 200

(Program specific)

*<http://www.gpoaccess.gov/cfr/> **Head***

Start Program Performance Standards

<http://www.eclkc.ohs.acf.hhs.gov>

State Licensing Minimum Standards

[http:// www.dfps.state.tx.us](http://www.dfps.state.tx.us) >.....> [Child Care Standards And Regulations](#)

INTRODUCTION

The following plan and procedures are intended to provide an overview of the monitoring activities of the CSNT Head Start Program. The primary purpose of the plan and procedures is to document that the Program is performing monitoring in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

The plan and procedures have been approved by the Governing Board and the Policy Council. All staff are to comply with the plan and use the procedures when monitoring appropriate areas.

MONITORING PLAN

With the implementation of the Head Start Program Performance Standards, it is required that programs have efficient and effective monitoring systems. A study by the United States General Accounting Office (GAO) indicated that when effective, comprehensive monitoring procedures were lacking there were significant deficiencies in contract oversight and performance.

It is the intent of the program to develop and implement a comprehensive integrated monitoring process to meet or exceed the requirements set forth by local, state, and federal requirements. We also intend to work closely with the funding agency and provide support necessary to ensure that the CSNT Head Start Program meets or exceeds financial and programmatic expectations.

Regulatory Requirements

It is the intention of the Program to perform monitoring in compliance with the Head Start Program Performance Standards and any other local, state, or federal regulations that apply. The specific regulations consist of all of the Code of Federal Regulations that applies to the Head Start Program, the new Head Start Program Performance Standards, and Texas Child Care Minimum Standards.

The monitoring procedures will address these regulations and tests will be performed, as appropriate, based upon our preliminary risk assessment.

Monitoring Responsibilities and Timing

Monitoring will be performed by the Head Start/Early Head Start staff. This staff will consist of the Head Start Director, Education Coordinator, Quality Assurance Specialist, Data Coordinator, Administrative Staff, Finance Staff, and program staff. Staff will work closely together to design appropriate monitoring procedures for each Head Start Preschool/Early Head Start management/content area. Monitoring will be done that provides maximum cooperation and involvement of the program staff. Results will include suggestions for training or technical support and positive comments as well as findings and recommendations.

On-going Monitoring

During each school year, on-going monitoring will be completed in the Head Start Program. The extent of the on-site monitoring, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the risks associated with the program, Campuses, and Administrative Office. The risk classifications and descriptions are as follows:

Low Risk – No monitoring findings, experienced staff providing services, small campus, well-trained staff, positive relationships with staff, and excellent history of performance in all areas.

Medium Risk – Mentoring performed, some minor monitoring findings in the past, large campus, change in staff, new or relatively new service providers, and somewhat less than excellent history of performance in the past.

High Risk – Recent major monitoring findings, pass-through entity concerns, large campus, new service providers, major staff turnover, and less than excellent history of performance in the past.

As the risks are evaluated for each area, it is understood that all of the conditions in each category need not be present, and that the assignment of risk is subjective. This information will guide the site choices and the extent of the monitoring.

On-going Monitoring will be performed according to the following schedule:

TASKS

Site Visits
Documentation Reviews
Staff Interviews

TIMING

At least Monthly (follow-ups as needed)

RESPONSIBILITY

Directors, Managers, Coordinators,
Specialists and Campus Staff

DOCUMENTS/ENVIRONMENTS

Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT Head Start Program On-Going Monitoring System)

Detailed Monitoring

Detailed Monitoring Meeting Schedule

October/November – **Detailed Monitoring Leadership Meeting**

January – **All Detailed Monitoring completed and submitted to Data Coordinator**

January/February – **Data Coordinator uploads all Detailed Monitoring into the Child Plus Database**

January/February – **Data Coordinator will complete a Detailed Monitoring Summary**

Detailed Monitoring Team Leaders and Team Members

Team Leaders will be selected for the following areas:

Leadership and Management (Program Governance/Human Resources/Program Management & Quality Improvement)

Health and Safety (Health/Mental Health/Nutrition/Safety/Transportation)

Family and Community Engagement (Family Engagement/ERSEA/Program Structure)

Education (Child Development/CLASS/School Readiness/Disability)

Fiscal Infrastructure (Budget Planning-Development/Fiscal Capacity/Budget Execution)

(No Team Leader assesses at their own area)

Teams will consist of program staff/community members/PC Members/Governing Board Members

Sites will be selected for each area

CLASS will be conducted by certified CLASS observers at selected Campus(es) and classrooms

Tools to be used for Detailed Monitoring

Monitoring Protocols & Checklists

Child Plus Monitoring Forms

CLASS Observation Forms

Classroom Observation Forms

**Governing Board Interview Questions
Policy Council Interview Questions
(Detailed Monitoring should consist
of site visits/document
reviews/interviews)**

Results of Detailed Monitoring

Teams will meet after all areas assigned to the Team have been completed

Teams will analyze the data from the monitoring:

Areas of strength – areas where the program exceeded the standard

Areas of weakness – areas where the program struggled to meet the standard

Areas of non-compliance (non-compliance can only be listed if the standard was not met)

(All documents associated with Detailed Monitoring will be turned in to the Data Coordinator after the final team meeting)

Summary of Detailed Monitoring

Data Coordinator will upload the results into Child Plus

Areas of Non-Compliance will result in a Corrective Action Plan

Corrective Action Plans will be assigned to the staff member that oversee the area where the non-compliance was found

Staff members with non-compliances from Detailed Monitoring are responsible for correcting areas of non-compliance – a completion date will be assigned for the corrective action plans

Data Coordinator will create a summary of Detailed Monitoring Results that will be part of the data for the Self-Assessment Team

Grant Requirements

The Head Start Program Grant will be reviewed during Finance Meetings prior to funding request to ensure that all of the requirements included in the various regulations are being addressed. A data analysis will be prepared indicating that the review was performed, any special conditions or considerations as a part of the monitoring, and any CSNT Head Start Program Grant changes that may affect the monitoring process will be addressed.

Desk Reviews

Monthly Progress Reports including financial and programmatic performance data will be gathered for analyzation by staff. The Data Coordinator will be responsible for tracking compliance in all programmatic areas and the Head Start Director/Chief Executive Officer will be responsible for all areas including finance. This will require financial documents be made available for cost and revenue categories so that the program reporting matches the general ledger reporting categories. Management staff will also be responsible for monitoring their areas for compliance monthly. The Quality Assurance Specialist will track Head Start data for compliance with all Head Start standards and requirements.

Reports from campuses/management staff will be reviewed monthly. The monitoring data will be analyzed and prepared discussing issues of timeliness, trends, performance to date, spending rates in line items and budget to actual expenditures. All variances/trends will be addressed immediately by the Finance Department, Chief Executive Officer, Head Start Director and appropriate program staff, as necessary.

TASKS

Desk Reviews
(Monthly Program Progress Reports
And On-going Monitoring Reports)

RESPONSIBILITY

Data Coordinator
Management Staff
Financial Staff
Campus Staff

TIMING

Monthly (follow-ups as
needed)

DOCUMENTS/ENVIRONMENTS

Child Records
Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

On-Site Reviews

On-site reviews will be performed at least monthly. The level of monitoring done will be based on the risk assessment and desk review findings. A report will be prepared indicating the monitoring performed during the site

visit.

All program areas will be monitored on at least a monthly basis. The nature and timing of the visit can vary according to the risk assessment, as will items needed, and any special concerns. Training and technical support issues will be discussed and positive comments prepared along with any findings and recommendations.

The results of on-site reviews will be discussed between the Data Coordinator and the Quality Assurance Specialist and a document presented for discussion purposes to the Head Start Director. All follow-up visits will be conducted in a timely manner. The resolution of any findings will be considered a joint effort between the staff and management. All findings should be corrected within 45 days of the on-site visit unless otherwise documented.

TASKS

On-Site Reviews

TIMING

Monthly (follow-ups as needed)

RESPONSIBILITY

Data Coordinator
Management Staff
Financial Staff
Campus Staff

DOCUMENTS/ENVIRONMENTS

Children's Records
Personnel Records
Financial Records
Classroom Environment
Campus Environment
Playground Environment
Transportation/Bus Ride
Management Records
Interview Staff
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

Closeout of Corrective Action Plans

Upon receipt of the Corrective Action Plan (CAP), the Data Coordinator will review the report, the status of all findings, and any other issues relevant to the program. The Data Coordinator and the Quality Assurance Specialist will discuss the report with the Head Start Director or other relevant staff, regarding any items in question. As soon as all

findings are cleared, the CAP will be closed in the system.

MONITORING RESPONSIBILITIES

The following is a list of the monitoring responsibilities:

Head Start Director – (Leadership Team, Management Team & Program Managers)

Monthly – Finance Meetings, as needed (Finance Department/Chief Executive Officer), Administrative Staff Meetings/Budget Meetings (All HS Administrative Staff/Chief Executive Officer).

Monthly – ERSEA (Attendance Reports), Monitoring for Compliance Reports - all programmatic areas, CSNT Monthly Progress Reports, PIR Data – all areas, Finance/Budget Reports, Campus Director Meetings

Quarterly – Personnel records, Classroom Assessment Scoring System Reports, Teacher Training Hours – Report, Progress on Program Goals, School Readiness Goals, and Family and Community Partnership Goals

Annually – Self-Assessment Report(s), Program Information Report, Community Assessment Data

Education Staff

Monthly – Program Progress Reports, Monitoring for Compliance Education (Classroom site visit and Documentation review) at least one Campus per month, Teacher Coaching/Mentoring Site Visits (every teacher at least once per month), Monthly Compliance Report for Education (PIR Data), Budget Reports

Bi-annually – Classroom Assessment Scoring System (on-site observation), School Readiness Committee Meetings, ISD Partnership Meetings

Quarterly – Campus School Readiness Meetings (Discuss/Analyze Data)

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Family Engagement

Monthly – Program Progress Reports, Monitoring for Compliance ERSEA/Family & Community Engagement (Site Visits/File Checks/Parent Interviews) at least one Campus per month, ERSEA (Attendance) Reports,

Monthly Compliance Report for Family Advocates (PIR Data), Family Advocates Meeting, Budget Reports

Bi-annually - ERSEA Committee Meeting

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Health/Mental Health Implementation Team

Monthly – Program Progress Reports, Monitoring for Compliance Health/safe Environments (children’s files/site visits), Monthly Compliance Report for Health (PIR Data), Budget Reports, Health Implementation Team Meeting

Bi-annually – Health/Mental Health Advisory Committee Meeting

Annually – Self-Assessment Team Leader/Member

Disability/Mental Health Implementation Team

Monthly – Program Progress Reports, Monitoring for Compliance Report Disability/Mental Health (children’s files/site visits) at least one Campus per month, Monthly Compliance Report for Disability Mental Health (PIR Data), ERSEA/Attendance Report, Budget Reports, Health Implementation Team Meeting

Bi-annually – Health/Mental Health Advisory Committee Meeting

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member

Transportation

Monthly – Program Progress Reports, Monitoring for Compliance Transportation (children’s files/site visits/Bus Rides) at least one Campus per month, Monthly Compliance Report for Transportation (PIR Data), Budget Reports

Annually – Self-Assessment/Detailed Monitoring

Nutrition

Monthly – Program Progress Reports, Monitoring for Compliance (children’s files/site visits during meals) at least two Campuses per month to view each meal service at least once per year though one announced and two unannounced monitoring visits (Monthly Compliance Report completed by Nutrition Coordinator with CACFP data), budget Reports, and PIR Data, Health Implementation Meetings

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member, CACFP announced and unannounced monitoring visits (Schedule is according to CACFP regulations/requirements)

Data Coordinator

Monthly – Program Progress Reports, Monitoring for Compliance (at least one programmatic area per month) (children's files/site visits/bus rides) at least one Campus per month, Monthly Compliance Report for Program Monitoring (PIR Data), In-Kind Report, Track Monitoring Compliance
Bi-Annually – Monitoring for Compliance Safe Environments (Each Campus)

Annually – Self-Assessment/Detailed Monitoring Team Leader/Member, Program Management Monitoring for Compliance

Finance Department Monitoring

Monthly – Budget Reports (See Financial Policies and Procedures for more detailed information)

Annually – Self-Assessment (Finance Documents are Monitored by Quality Assurance Specialist) (On- Site Review of Documents/Interview Finance Staff)

Program Management Monitoring for Compliance (by Data Coordinator /Quality Assurance Specialist) (On-site Review of Documents/ Interview Finance Staff), Annual Audit by outside Auditors

Campus Directors

Monthly – Campus Director Monitoring Form (On Site/Document Review) Campus Director Meetings

Quarterly – School Readiness Team Meetings (Discuss/Analyze Data)

Management Staff monitor all areas of the program on a regular basis according to the regulations and standards. This list is not inclusive of all of the monitoring that is done on a daily basis and as needed. Management staff has the ability to monitor on an as needed basis according to information and data that they receive.

Each staff person is responsible for monitoring their work on a daily basis. Supervisors are responsible for monitoring the staff that they supervise to make sure that quality services are provided to children and families.

SELF-ASSESSMENT PROCESS

Self-Assessment Overview

During each school year, a self-assessment will be completed by the Program. The extent of the on-site assessing, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the results of On-Going/Detailed Monitoring and other data that is used during the program year. This data that will be used as part of the Self-Assessment. The self-assessment data will include:

On-going/Detailed Monitoring – Quarterly Monitoring Reports and Detailed Monitoring Reports.

Program Information Reports – Annual Program Information Reports. (Following the 5-year grant cycle.)

Program Goals – Quarterly Progress Reports on goal implementation.

School Readiness Goals – Quarterly Progress Reports on goal implementation.

Family, Parent, and Community Engagement Goals – Quarterly Progress Reports on goal implementation.

Child Assessments – Quarterly Child Assessment Reports on areas of strengths and weaknesses.

CLASS (Classroom Assessment Scoring System) – CLASS observation reports.

Monthly Progress Reports – Monthly Program Progress Report Summary for the 5-year grant cycle.

Financial Reports – Annual and Monthly Financial Report Summaries

Any other data that would be relevant to the Head Start Program's analysis of the implementation of program services and the effectiveness of the services within the Head Start service area.

Self-Assessment Implementation

The Self-Assessment will be performed according to the following schedule:

<u>What</u> Leadership Team	<u>When</u> Meet to analyze data at the end of Detailed Monitoring
<u>Who</u> Quality Assurance Specialist	<u>Responsibility</u> Create List of SA Committee Members Create Updated SA Draft
<u>What</u> Self-Assessment Committee	<u>When</u> Meet to approve Updated SA Draft
<u>Who</u> Head Start Director	<u>Responsibility</u> Present Updated SA Draft to PC/GB for approval

SA TOOL FOR THIS AREA (SA TOOL FOUND ON THE ECKLC WEBSITE)

Listed below are some of the tools that are available for use during the monitoring and self-assessment process:

Child Plus Inc. – Database System for tracking program information pertaining to children, families, and personnel

CIRCLE Child Assessment (CLI Engage) – Database System for tracking children's developmental progress in each of the Head Start Framework Domains

CLASS – Classroom Assessment Scoring System

DIAL 4 – Speed Dial is an early learning screener used to track the development of children entering the Head Start Program.

ECI Engage Development Checklist – EC Developmental

Checklists is an early learning screener used to track the development of infants and toddlers entering the Early Head Start Program.

MIP – Financial database tracking system and system for Payroll and Personnel Data Tracking each of the Head Start Framework Domains

Circle – Database System for assessing children's development levels in Mathematics and Language/Literacy (Part of the Texas School Ready System)

Monthly Progress Reports – CSNT Head Start spreadsheet used to track monthly progress in each content area and for the program.



Recruiting and Hiring Staff

Standard Operating Procedures Manual

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

Revision 4/8/2022

Revision 1/30/2025

Revision 7/28/2025

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INTRODUCTION

The following policies and procedures are intended to provide an overview of the procedures used to recruit, interview, and hire new staff to the Head Start and Early Head Start Programs.

These procedures have been approved by the Governing Board and the Policy Council. All policies and procedures listed in this manual are to align with the Personnel Policies and Procedures adopted by the Agency and with the Head Start Performance Standards Subpart I – Human Resources Management.

OVERVIEW

These policies and procedures are to provide guidance on the steps implemented when recruiting and hiring new staff. There are times when some or none of these steps will be implemented as when staff are considered returning staff or when staff are transferring to another position within Head Start or Early Head Start.

BACKGROUND

CSNT has had to change some of the recruiting and hiring practices that have been established in the Agency for a long period due to the pandemic. The ways in which staff are recruited and hired has changed. Many of the face-to-face meetings and practices are now implemented virtually. The Agency has taken the practices that work best when recruiting and hiring new staff and created this operating manual.

Recruiting New Staff

1. The Admin Support Specialist will post open or new positions on Indeed as well as internally at each location within the program. The jobs will be posted immediately following a resignation, termination, or creation of a position.
2. The Head Start Director may also work with partnership School Districts to post open and new Head Start Preschool/Early Head Start positions to partnership District websites as well as the Region VIII ESC. Only positions open at the District Head Start site would be posted on the District Website.
3. The Admin Support Specialist and/or other management staff will attend job fairs and other events within the service area to attract potential new hires to the Agency and the Program.

Application Process

1. The Admin Support Specialist will check Indeed and other locations for potential applicants. The information on potential applicants will be placed in a file in the Admin Support Specialist's Office.

2. When the open positions close, the Admin Support Specialist will send all potential applicant information to the Head Start Asst. Director.
3. The Head Start Asst. Director will also look over the potential applicant's information along with the Lead Management Staff in that Content Area. They are looking for applicant qualifications that match the job posting.
4. If more information is needed from a potential applicant. The Admin Support Specialist will reach out to the applicant via email, Indeed Website, or by phone, and request the additional information that is needed.

Interview Process

1. The Admin Support Specialist/Head Start Director will create an interview team that consists of a Content Area Expert, Supervisor for the open positions, and one other staff person that serves in a position at or above the open position. The Asst. to the Head Start Director will assist the Admin Support Specialist with scheduling interviews, if needed. Other members of the interview panel will be added as necessary. Most interview panels will consist of no more than three people. (No one will interview a potential new hire that will supervise them.) Best practices specify that interview panels consist of staff knowledgeable of the open position. The interview panel should also consist of management staff in a related job field as the open position, but always be in a management or supervisory position above the open position.
2. The Admin Support Specialist will schedule interviews, when needed, for potential applicants that meet the qualifications for the open position. The Head Start Director will assist with scheduling the interviews, as needed.
3. One person on the interview panel will be selected to ask the questions. This person will state the position, location, and pay rate, if applicable, for the position before they begin asking the interview questions. Interview questions are asked from a pre-determined list based on the position. Each member of the interview panel scores the answers with a numerical rating from (1) to (5). One being the least possible and (5) being the highest possible score.
4. The Admin Support Specialist will total interview score sheets for each applicant. The applicant with the highest score will be the selected new hire unless there is information that would make another applicant a better fit for the position. This can happen when applicant scores are very close or when the same interview panel was unable to interview all of the candidates.

Background Check Process

1. The Admin Support Specialist will contact the selected applicant from the interview process to have them complete the required background check screens before being considered for the position (HSPPS 1302.90 (a-b)).
2. The Admin Support Specialist/Head Start Director will assist the selected applicant in completing the background check screen through the Texas Department of Family and Protective Services. The Admin Support Specialist will assist them in completing the Agency background check screen.
3. If both background check screens clear, the applicant can be considered for the open position. Head Start standards require all potential new hires clear a state and FBI background check before being hired to a Head Start or Early Head Start position.

New Hire Orientation Process

1. All new hires must complete a physical examination and a drug screen prior to starting to work in their new position. The Admin Support Specialist will schedule the physical prior to starting the new hire orientation.
2. New hire orientation will be completed by all new staff. The Admin Support Specialist has the new hire complete required paper work.
3. The Admin Support Specialist will explain the personnel policies found in the personnel policy handbook. New hires can ask questions and discuss any or all of the policies.
4. The Admin Support Specialist/Head Start Director will schedule the date and time for the new hire to meet with the Head Start Management Team. During this time, the new hire will receive training on the Head Start Program and the Head Start Program Performance Standards that guide the program.
5. New hires will spend three to five days with a mentor that is currently working in the same position as them. The Mentor will train the new hire on the day to day functions of the position. The mentor will document the areas where they mentored the new hire. They will list any additional training that is needed for the new hire. This paperwork is returned to the Head Start Director.
6. The Head Start Director schedules additional training for the new hire in their position.



Staff Development & Training

Standard Operating Procedures

*Aligned with the 2024 Head Start
Program Performance Standards
(Standards 1302.90 – 1302.94)*

*Revision 10/20/2021
Revision 1/30/2025
Revision 7/28/2025*

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NEW HIRE ORIENTATION OVERVIEW

CSNT Head Start provides orientation to all new staff and volunteers. Orientation for staff consists of an introduction to the Head Start goals and the underlying philosophy of the program. New staff are also given copies of the Head Start Program Performance Standards and are introduced to each component of the program including the Management Team. The Admin. Support Specialist will familiarize new staff to the CSNT Personnel Policies and Procedures, and the Head Start Director will educate them on the proper methods for identifying and reporting child abuse. Transportation/Bus Monitor training is also available to all new staff/volunteers during orientation. This orientation is provided to all new staff. Staff rehired within six months are not required to complete new Hire Orientation.

The orientation for volunteers is provided in the campus by the Campus Director. They are given a Campus Operating Manual that details all of the information about the volunteer program at CSNT Head Start/Early Head Start. All information on volunteers is monitored and tracked at the campus level.

Orientation for parents is provided during parent orientation in the Campus by the Family Empowerment Advocate. Documents are discussed and signed with the parents. Parents also receive a copy of the Campus Operating Manual that outlines the parent's civil rights and procedures on how to report when they feel there has been a violation.

New Hire Orientation for CACFP Staff

Staff that are hired to work within CACFP are given an orientation to the program. Staff participates in the program new hire orientation that includes information on policies and procedures, regulations that govern the program, child abuse reporting, bus monitoring, and the Head Start/Early Head Start philosophy.

Once the employee completes this process, they meet with the Nutrition Coordinator to discuss the CACFP basic food service and how to complete the forms associated with this process. The employee normally spends three days completing this process at the administrative office.

Once this process is completed, the employee will spend five days in the field working side-by-side with a CACFP certified cook. During this time the employee will complete all of the training listed on the Food Service Employee Basic Training on Policies and Procedures. Once the five-day training is completed by the employee, the cook providing the training, the Campus Director, and the Nutrition Coordinator sign the form. A copy is kept

in the employee personnel file in the administrative office and at the Campus office. The Nutrition Coordinator also keeps a copy for their records.

(All new staff that perform key administrative activities for the Child and Adult Care Food Program go through the same training that is listed above, along with administrative type trainings through the Texas Department of Agriculture.)

Goals for the professional development and training component:

Goal: To improve student performance at each Head Start and Early Head Start Campus in the CSNT service area by providing quality staff development and parent training.

Objective: To provide quality-training opportunities to staff, parents, Policy Council and Governing Board members that meets a diverse range of levels, interests, experiences, and circumstances.

Expectations:

- To provide state of the art training for staff and parents.
- To manage and assist career development with ideas for growth and development for upward mobility.
- To provide up-to-date training materials and accurate information to Head Start staff and parents.
- To promote parent involvement and valuable parent-teacher team building.

Professional Development and Staff Training Process:

The following approach is taken when planning and delivering a quality comprehensive training program:

- 1.) The Head Start Director and administrative staff share the responsibility for the staff development process. This is accomplished by collaborating with and providing necessary information to Training.
- 2.) Review of the Head Start Program Performance Standards, Program Operating Policies and Procedures, and the Program Operating Manuals to ensure that the activities in each area are integrated into the Staff Development Plan. For example, the Health and Safety area would include training activities to ensure that all staff responsible for health screenings are trained in a timely manner to allow them to meet the 45-day time frame.
- 3.) Review job descriptions to ensure compatibility with training goals. Each staff member develops individual goals to be reviewed during the Annual Performance Evaluation. Professional Development Plans will be developed as a part of the Performance Evaluation System.
- 4.) Assess individual and program training needs using information from staff performance appraisals, individual surveys, Community Assessment, Self-Assessment, Head Start Program Performance Standards, and the Service Delivery Plan.
- 5.) Determine resources available (time, money, staff, etc.).
- 6.) Develop a training calendar.
- 7.) Present training budget to Policy Council and Governing Board.
- 8.) Implement the training plan.
- 9.) Document training efforts, attendance, and results.
- 10.) Evaluate and provide appropriate follow-up.

Staff Development and Training Handbook

Section I.A. How to Request Training

Any staff member of the Head Start and Early Head Start Programs can request training sessions.

This can be done by:

- a. Completing a Training Request Form. Anyone wanting to request a training session or series of training sessions should complete this form and forward it to the Asst. to the HS Director. The Training Request Form is available from the Community Services Website or from the Campus Director.
- b. Training is also requested through staff surveys on at least an annual basis.
- c. DO NOT submit verbal request for training that you would like to attend. ALL REQUESTS FOR TRAINING MUST BE SUBMITTED ON A TRAINING REQUEST FORM.

Section I.B. New Hire Orientation

1. All new employees are required to participate and complete New Hire Orientation before they begin their jobs. If New Hire Orientation is not offered before that date, the employee will be scheduled for the next available session and will be allowed to begin their job. (This is allowed only when program services are interrupted due to an opening in that position.)
2. New Hire Orientation covers a variety of training that consists of training provided at the Linden Administrative Offices and on-the-job training provided at the new employee's campus.
 - a. Agency Operation: This aspect of training includes a description of the agency and the programs that are under the agency umbrella, a list of agency personnel and phone numbers with extensions, and personnel policies, such as dress code, organizational chart, use of time sheets, paydays, job description, disciplinary procedures, etc.
 - b. Program Implementation: This aspect of training includes child abuse reporting regulations, Head Start Standards of Conduct, discussion of Head Start Program Performance Standards, discussion of Texas Child Care Licensing Minimum Standards, Child and Adult Care Food Program Training, the proper way to lift blood borne pathogens, program policies and procedures, etc.
 - c. Campus Orientation: This aspect of training includes information on the daily operation of the campus including application of job specific procedures and job description performance details, the

use of time sheets, campus schedules, fire and weather drills, tour of campus, minimum standards, etc.

3. The Head Start Director is responsible for overseeing that New Hire Orientation is conducted on a regular basis. Assigned agency personnel will conduct the New Hire Orientation.
4. State and federal guidelines require that all staff have Orientation records available for auditing at the Administrative Office Personnel Files and at the Campus Staff Files.

Section I.C. Training Records and Information

1. Training records and responsibilities
 - a. The Program will keep a database on all in-agency training activities that are sponsored by the Program. The information on the database is supplied through Sign-In Sheets. In cases where a staff member receives training through organizations outside of Community Services, the staff person is responsible for supplying a copy of the training certificate for their personnel file in the Administrative Office and at their Campus.
 - b. All individual staff members are responsible for keeping updated Training Log Sheet(s) of their training at their workplace in case there are data entry errors or Sign-In Sheets are not submitted.
2. Instructor's responsibilities
 - a. Instructors should notify the Asst. to the HS Director of any training activities prior to the scheduling of the activity. This will allow time to answer questions that anyone might have concerning training activities, prevent scheduling conflicts with groups or rooms, allow the Program to support the activity, and to monitor the subject matter of the training.
 - b. Provide the following information and documents within five working days after the training activity:
 1. Completed Sign-In Sheet
 2. Printed name of participants
 3. Job title of participants
 4. Staff ID# of participants
 5. Job location of participants
 6. Name of training activity
 7. Date of training activity
 8. Time of training activity
 9. Length of training activity (in hours)
 10. Name(s) of instructor(s)

11. Outline or summarize the training content

*If training is to be eligible for CEU certification, the following must be on file: Statement of Specifics Form related to the topic, length and content of the training; a Vita or Resume of the instructor(s) and completed evaluation sheets from participants.

3. Participant responsibilities:

- a. Participants are to print names clearly on the Sign-In Sheet, include job title, job location and Staff ID#.
- b. Participants must not sign more than one Sign-In Sheet per training session.
- c. It is considered fraudulent and will require disciplinary action if:
 - A participant signs someone else's name on a Sign-In Sheet.
 - A participant signs a Sign-In Sheet and does not attend the training session.

4. Training Reports

- a. The Asst. to the HS Director will email the Campus Director a reminder to print Child Plus Training Reports each September/October, January/December, and May/June.
- b. This report will contain:
 - Training activities per staff member, length of each training session, dates of training sessions, category of each training session, job title of staff, and Staff ID number.

*Copies of this report can be requested at any time by Campus Director. Because of the length of these reports, do not ask that it be FAXED to the Campus.

- c. Training reports of individual staff can be issued upon request from employee. (Allow at least five working days).
- d. Unless otherwise requested, these reports will include name of staff, name of training sessions, dates of training, length of sessions, and categories of training.

Section I.D. Training Conferences

1. The Program sponsors trainings conferences throughout the year. Some of these include the Pre-Service Training Conference (usually in early August), Summer Training Conference (usually in June/July), and the Policy Council and Governing Board Training (throughout

the year).

2. The Program may also sponsor Training Days during each school year. These are days that may correspond to the local ISD Staff workdays. These are days where children are not in attendance.
3. Unless otherwise informed, all staff are to attend and participate in all Pre/In-Service Training and any Agency Training Conferences.
4. staff required to attend Training Day activities will be notified by their supervisor.
5. Participants at training conferences are required to use sign-in and out sheets at the beginning and end of each day. Training Session participation should be verified on the participant's time sheet.

Section I.E. Training for CEUs

1. Staff needing CEUs should notify the Asst. to the HS Director in writing of their need for CEUs so that training activities can be planned to help meet these training needs. Be specific about the number of CEUs needed, special sessions required, and time limitations to acquire the CEUs.
2. The Program has a partnership with Region VIII ESC Service Center to provide trainings to staff. CEUs are provided to staff that attend these trainings. (See Region VIII ESC Partnership for information on how to register for these trainings.)
3. In order for any In-Service training sessions to qualify for CEUs, there are a number of criteria that must be met. These criteria are primarily the responsibility of the training instructor. Training has developed a number of forms to meet these criteria.
 - a. A resume or vita must be on file in Training for the instructor.
 - b. An outline of the training session must be submitted.
 - c. A Sign-In Sheet must be submitted.
 - d. Evaluation Sheets must be submitted.
 - e. A Statement of Specific Form must be submitted that contains the objectives of the training and the purpose and benefits of the training.

Section I.F. Virtual Learning

1. Some of the training provided by Community Services is conducted through virtual learning modes.
2. The verification or signature page is required to be submitted to Training within five working days of the date of completion of the

training.

2. Although it is not true for all of our virtual training, most of this training is for the purpose of reinforcing previous training or enhancing prior training. Virtual training has as its goal to provide training that is required of staff in a way that is less intrusive of staff time than traditional classroom type training. This training is primarily in subject areas that are required on an annual or frequent basis.

Section I.G. Training Requirements

A. In-Agency Requirements

1. Campus Directors are required to keep training records of all staff they supervise. Administrative staff have the advantage of delegating this task to Administrative Coordinators or the Human Resources Director, since this area is close enough at hand to be convenient.
 - a. In-agency training reports will be forwarded to Campus Directors as needed, but out-of-agency training will not be included on these reports.
 - b. It is suggested that staff who attend out-of-agency trainings keep track of these trainings on their training logs and provide training certificates to supervisors and on a regular basis.
2. *Teachers are required to post in a prominent place in their classroom:
 - a. College diplomas in Child Development, Early Childhood Education, or related fields. All posted diplomas must be a clean copy. (Other non-related diplomas are not to be posted in or around the classroom.), or
 - b. Current CDA certificates or a clean copy of CDA certificates. (Expired CDA certificates must not be posted.), and
 - c. Current First Aid/CPR certification card or a clean copy of First Aid/CPR certification card. (Expired First Aid/CPR certification cards must not be posted.)
 - d. These certifications or diplomas are required by Head Start standards and/or Texas State licensing requirements. They must be posted in a very visible place near the entrance to each classroom or next to the door outside the classroom.
 - e. Teachers may also post other training certificates received, but the posting of other certificates must not block or detract from the other required posted documents. Other certifications or

certificates must be directly related to childcare training and can only be posted during the school year(s) in which the certificate is current. Any other certificates not required to be posted must have Campus Director's approval.

**This is for Child Care Licensed Classrooms only and not ISD Contracted Classrooms*

For training activities, such as, CEUs or other professionally related training, these may be approved through the employee's supervisor, but is limited to no more than 32 hours per calendar year and not more than a total cost of \$500.00. The 32 hours and \$500.00 is the outside limit, not a guarantee. These limits would not include Head Start/Early Head Start or NAEYC related conferences.

B. Head Start Program Performance Standards Training Requirements

1. Teacher In-Service Requirements:
 - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year in Classroom management and EC Education.
 - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
 - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
2. Annual training in reporting procedures, child abuse reporting, and positive discipline will be provided

C. State Child Care Licensing Standards Training Requirements

1. A record in the personnel file of training hours, the instructors, dates of training, and the subject areas of training.

Minimum Standards requires staff have 24 clock hours from the following list:

At least six clock hours from:

1. Child Growth and Development
2. Guidance and Discipline
3. Age-Appropriate Curriculum
4. Teacher Child Interactions

At least one clock hour must focus on the prevention, recognition, and reporting of Child Abuse and neglect including:

1. Factors including a child is at risk for abuse or neglect
2. Warning signs indicating a child may be a victim of abuse or neglect
3. Internal procedures for reporting child abuse or neglect and
4. Community organizations that have training programs available to

child-care center staff members, children, and parents.

If a caregiver provides care to a child younger than 24 months:

1. Recognizing and preventing shaken baby syndrome and abusive head trauma
2. Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
3. Understanding EC brain development

The remaining clock hours from:

1. Care of children with special needs
2. Child health (for example, nutrition and activity)
3. Safety
4. Risk Management
5. Identification and care of ill children
6. Cultural diversity for children and families
7. Professional development (i.e., effective communication, time and stress management)
8. Topics relevant to age groups served
9. Planning developmentally appropriate learning activities
10. Observation and Assessment
11. Attachment and responsive care giving
12. Minimum standards and how they apply to caregiver

2. A record in the Personnel file of documentation of orientation training (746.1303 (a)(b)).
3. A record in the Personnel file that staff has met the pre-service training requirement.
 - a. New staff must complete the 8-hour pre-service training (a caregiver must complete the remaining 16 hours within 90 days of employment).
 1. Developmental stages of children
 2. Age-appropriate activities for children
 3. Positive guidance and discipline of children
 4. Fostering children's self-esteem
 5. Supervision and safety practices in the care of children
 6. Positive interaction with children
 7. Preventing and controlling the spread of communicable diseases, including immunizations
 8. (if a caregiver provides services to a child younger than 24 months of age, pre-service training must cover the following topics:)
 - a) Recognizing and preventing shaken baby syndrome and abusive head trauma
 - b) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
 - c) Understanding EC brain development

4. The Campus Director must have at least 30 hours of training per year including no less than six clock hours from the following list:
 1. Child Growth and Development
 2. Guidance and Discipline
 3. Age-Appropriate Curriculum
 4. Teacher Child Interaction
 5. Serving children with special care needs
5. At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:
 1. Factors including a child is at risk for abuse or neglect
 2. Warning signs indicating a child may be a victim of abuse or neglect
 3. Procedures for reporting child abuse or neglect
 3. Community organizations that have training programs available to child-care staff members, children, and parents
5. Annual training hours must also include training on the following:
 1. Emergency Preparedness
 2. Preventing and controlling the spread of communicable diseases, including immunizations
 3. Administering medication, if applicable, including compliance with 746.3803 of this title (relating to what authorization must I obtain before administering a medication to a child in my care?)
 4. Preventing and responding to emergencies due to food or an allergic reaction
 5. Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic
 6. Handling, storing and disposing of hazardous materials including compliance with 746.3425 of this title (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?)
 - a. A director with five or fewer years of experience must also complete at least six clock hours of annual training in management techniques, leadership, or staff supervision.
 - b. A director with more than five years of experience must complete at least three clock hours of annual training in management techniques, leadership, or staff supervision.
 - c. The remaining 30 clock hours of annual training must be from 746.1309 of this title (relating to How many clock hours of annual training must be obtained by caregivers?)

- d. The Director may obtain the clock hours from the same sources as the caregivers, with the following exceptions:
 1. Training hours may not be earned for presenting training to others, with the exception of up to two hours of training on transportation safety.
 2. No more than 80% of annual training hours may be obtained through self-instruction.

College/Certification Training

Section II.A. Training, Conferences, Seminars, etc.

1. Any staff member of the Program can request funds or time away from work for training. This can be done as follows:
 - a. Local training activities
 1. Complete a Training Request Form and show the supervisor's approval by obtaining his/her initials on the training registration form.
 2. Attach the training registration form to the Training Request Form and submit completed and signed forms to the Asst. to the HS Director for processing and approvals by the Head Start Director and the Chief Executive Officer.
 3. The approved request with a completed Training Summary Form will be submitted to the Asst. to the HS Director for requisitions and funding for the training
 4. The Asst. to HS Director will register the employee(s) for trainings.
 5. Copies of all training forms will be kept at the main office
 - b. Travel request and out-of-town training activities
 1. Complete the registration form from the training event and show supervisor's approval by obtaining his/her initials on the form.
 2. Attach training event forms, registration form and Training Request Form to the Travel Information Form.
 3. Submit completed forms to the Head Start Asst. to the HS Director for processing and approvals by the Head Start Director and the Chief Executive Officer.
 4. The Asst. to the HS Director will submit a check request with a copy of the Training Request Form, Travel Information Form, and the training registration form to Finance/Accounting for approval and acquisition of funds on all approved training.
 5. The Asst. to the HS Director will complete the training registration process for all employee(s).

6. Copies of all training forms will be kept at the main office.
2. Upon completion of the training, the employee is to meet with the Asst. to the HS Director to reconcile the training. This is to be completed within (10) days of completion of the training.
3. Any employee whose registration and/or travel is provided by the Program must understand that he/she is accountable for professional and responsible behavior that reflects the agency's highest ideals.
4. Due to limitations of funds to provide out-of-town participation in conferences, seminars, etc., the employees who attend are expected to share the information obtained from the training with others in a timely manner.
5. See personnel policy No. 512 for information on travel procedures and expenses.

Section II.B. CDA Training Policy

Procurement and renewal of the CDA is primarily the responsibility of the employee. Assistance from the Program will be provided through Training and Technical Assistance when funds are available.

Part One: Procedures and Responsibilities for obtaining the initial CDA certificate:

1. Our agency works with our local community colleges and State adopted web-based programs to provide resources for our employees who are required to obtain a CDA.
 - a. All employees taking a course paid for through the Program must successfully complete the course in and receive their CDA within 2 years. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until this deficiency is corrected.
 - b. All college funded employees must maintain a minimum 2.0 grade point average (GPA).
 - c. All employees seeking a CDA certificate must notify the Curriculum Director in writing at least five days before entering the CDA course and submit copies of paperwork and certificates within at least five days after completion of each course. (These copies will be placed in the Personnel file)
 - d. It will be required for employees to take courses on their own time, but through our collaboration with the community colleges

and State-adopted, web-based programs, we will attempt to accommodate employees, as much as possible, to make it more convenient for them to complete the CDA process.

- e. In order for any staff to be eligible for the Program to pay for their college course, the staff must complete the College Course Request Form and submit the form to the Head Start Director within at least five working days prior to the end of the enrollment session for the course.

2. *Supervisor's responsibilities for Classroom staff CDAs:*

- a. The supervisor will conduct a monthly review of CDA status for all staff ensuring that all CDA certificates (or clean copies) are posted in the classrooms or office and that only current CDA certificates are posted.
- d. If CDA status of one or more teaching staff in a Campus is delinquent, it will be required of the Head Start Director to begin disciplinary action with the supervisor by implementing written timelines of correcting this discrepancy.

3. *Assisting employees in obtaining a CDA (per the Improving Head Start School Readiness Act of 2007):*

- a. All Head Start/Early Head Start employees seeking or holding the position of Teaching Assistant on September 30, 2013, must have at least a CDA credential, or be enrolled in a CDA Program and enrolled in an early childhood associate or baccalaureate program per the Improving Head Start School Readiness Act of 2007. Head Start/Early HS Teaching Assistants will have 2 years to complete their initial CDA. Head Start/EHS Teaching Assistants with a current CDA will have 18 months to obtain a new CDA with emphasis in the area where they are working (HS or EHS).
- b. Employees can request that the Program process CDA Assessment Request as well as provide payment of acquisition fees as a part of the benefits that are provided to Head Start employees if funds are available.
- c. The Program, as a part of the benefits that are provided to employees, can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be related to professional development.

- d. All employees taking a course funded wholly or partially by the

Program must successfully complete the course in the scheduled time of the course and agree to repay total or prorated amount of tuition if employment is terminated less than one (1) year after employee completes course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee reimburses the Program for the cost of the course.

Part Two: Procedures and Responsibilities for renewal of the CDA certificate:

1. Teaching Assistant/Campus Director responsibilities for renewing their CDA:
 - a. Staff must complete a college course or obtain 4.5 CEUs that are applicable to CDA renewal guidelines, in order to be eligible for CDA renewal.
 - b. No later than two months and no earlier than four months prior to the expiration date of the CDA, staff must submit to the Asst. HS Director all materials needed to apply for CDA renewal.
 - c. Any staff who has not renewed their CDA prior to the expiration of the certificate will be placed on 90-day probation and is required to show renewal certificate or documentation of appropriate materials sent to the Education Coordinator before the end of the 90-day period.
2. CDA Reporting Guidelines:
 - a. All documents sent to the Education Coordinator related to the procurement of the CDA, including the CDA certificate, must have included on the document the individual's Staff ID number.
 - b. Clean copies of CDA certificates are to be sent to the Education Coordinator within five working days of receipt of this document. The Education Coordinator will submit copy of certificate to the Asst. to the HS Director and the Admin. Support Specialist.
 - c. First time CDA certificates are to be sent to the Education Coordinator along with a completed Request for Pay Raise Form within five working days of receipt of this document. The Education Coordinator will send the documentation to the Admin. Support Specialist for the increase in pay.
4. CDA Exceptions:

- a. If a Teaching Assistant/Campus Director has a college degree from an accredited college or a current Texas State Paraprofessional Certification, the Teaching Assistant/Campus Director is not required to have a/or maintain a CDA certificate.

Section II.C. Improving Head Start School Readiness Act of 2007: Teacher Degree/Certificate Requirements

1. All Head Start employees seeking the position of CSNT Head Start Lead Teacher must have at least a baccalaureate degree in Child Development or Early Childhood Education. Although the Improving Head Start School Readiness Act requires that at least half the Head Start Teachers nationally will have a baccalaureate degree, CSNT policies establish a goal that all CSNT Head Start employees that hold the position of Lead Teacher will have at least a baccalaureate degree by September 30, 2013.
2. All CSNT Early Head Start employees holding the position of Lead Teacher will have at least a CDA or comparable credential and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development. If there are no candidates for hire with the required credentials, CSNT will hire an employee to work as a General Support Staff in the Early Head Start Classroom, while actively seeking an employee with the required credential. The General Support Staff will have one year from the date of employment to obtain the required credential. Once the General Support Staff obtains the required credential, they will be offered the Early Head Start Lead Teacher position. If someone is hired with the required credential at least 90 days prior to the General Support Staff receiving the required credential, the credentialed employee will be hired for the Early Head Start Lead Teacher position. The General Support Staff employee will be moved to another open position if one is available. CSNT Early Head Start Lead Teachers that have a Pre-K CDA will have 18 months to obtain a CDA or comparable credential with emphasis in infants and toddlers.
3. As a part of the benefits that are provided to all Head Start/Early Head Start employees, the Program can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area including achieving Texas Teacher Certification. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and the courses must be linked to the employee's professional development plan.
4. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course, agree to work for Head Start/Early Head Start for one (1) year after completing the course, and agree to repay the total or prorated amount of tuition, if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course

will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.

5. Head Start Lead Teachers that receive a bachelor's degree that is funded by the Program must agree to teach or work for Head Start for three (3) years after receiving the degree and agree to repay the total or prorated amount of tuition, if employment is terminated less than three (3) years after the employee receives the degree.
6. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of college courses by the Program until the situation has been corrected at the employee's expense. Head Start/Early Head Start employees are expected to pass all courses that are funded wholly or partially by the Program.
7. All employees utilizing this benefit must have a copy of their degree plan on file with the Education Coordinator and submit a copy of their official college grade report after completion of each course. The Education Coordinator will submit documentation to the Admin. Support Specialist.
8. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.
9. For employees who have degrees in other academic areas or from universities outside the USA and are interested in getting a degree in their professional area, the Program can as a benefit to employee pay the fee to have transcripts evaluated. It is the employee's responsibility to have the degree plan translated, evaluated and to work with a college to have a current, working degree plan created. The Education Coordinator will do the required paperwork to reimburse the employee for necessary expenses if the employee provides the expense receipts. These expenses will be paid only if funds are available.

Section II.D. Professional Development Courses

1. The Program as a part of the benefits that are provided to all Head Start employees can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be linked to the employee's professional development plan.

2. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course, agree to work for the Program for one (1) year after receiving the degree, and agree to repay total or prorated amount of tuition if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.
3. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of courses by the Program until the situation has been corrected at the employee's expense. Employees are expected to pass all courses that are funded wholly or partially by the Program.
4. All employees utilizing this benefit must have a copy of their college degree plan or professional development plan on file with the Education Coordinator and submit a copy of their official college grade report after completion of each course.
5. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.

Training Reports and Professional Development Documentation

Section III.A. Reports to Campuses

1. The Education Coordinator can provide to each Campus Director, once a year, a training report of all reported training activities for all staff at the director's campus. The report includes:
 - a. Last name of employees.
 - b. First name of employees.
 - c. Job title of employees.
 - d. Name of training activities.
 - e. Training hours involved.
 - f. Category of training (as defined by CDA requirements and compatible with Head Start standards).
 - g. Dates of training activities.
 - h. Name of instructor
2. This report is designed to serve several purposes:

- a. Provide the Campus Director with a readable and professional report in a concise format for a quick review by the director of training for participation of all staff at the campus.
 - b. Provide the Campus Director with a readable and professional report to share with licensing or other standards review personnel.
 - b. Provide the Campus Director with a means to review and correct database errors or deletions.
 - c. Assist the Campus Director in planning for campus-based training activities.
 - d. Assist the Campus Director in identifying expected competencies of trained staff.
3. This report is not inclusive of all available employee training data. If other information is requested, this may be provided if it is available.
4. This same type of report is available to all supervisory/managerial staff of the Agency upon written request to the Education Coordinator. The only limitation for information given is that the information be restricted to only those individuals who need to know the information. It is considered confidential information.
5. The Education Coordinator will specifically design training reports upon written request for Head Start staff with a valid need for this data.

Section III.B. Reports to Individuals

1. Any employee can submit to the Asst. to the HS Director a written request for his/her training records. Unless other specific data is requested and available, the report will be forwarded to the employee with the following data (if available):
 - a. Employee's last name
 - b. First name
 - c. Job title
 - d. Names of training activities
 - e. Hours of training per activity
 - f. Categories of training (as defined by CDA guidelines and in compliance with Head Start standards)
 - g. Dates of training activities
2. Unless there is a valid need, no training data information will be given to any employee or non-employee unless it is the specific training of the requesting employee or non-employee.
3. Employees are urged to keep Training Logs current. As our data flow improves and our agency becomes more accustomed to

channeling all training information through the proper staff, we are hopeful we can produce accurate training logs that will not need the employee's input.

Section III.C. Graphics, Handouts, videos, etc.

1. When time permits, copies of training materials for other staff or non-staff will be provided. Typical projects that for others could include:
 - a. Providing equipment to play videos or ZOOM Trainings (See audio/visual equipment).
 - b. Making master copies of participant handouts.
 - c. Making master copies of covers for training materials.
 - d. Making master copies of certificates.
 - e. Making content specific training evaluation sheet(s).
2. Due to department budget limitations, the Program may or may not be able to reproduce in volume copies of materials for training handouts, posters, etc. This might also apply to making multiple transparencies. The requesting department may have to provide the materials.
3. Requests for assistance with graphics, handouts, videos, etc., should be made in writing to the Asst. to the HS Director. It is often necessary for an appointment to be made so that the person requesting the material can work with staff in the designing of the product.
4. Any staff member conducting training can design his/her own materials. Information Technology staff has had training and experience in how to design and structure Audio Visual materials and are willing to provide consultation or suggestions.

Training Equipment and Facilities

Section IV.A. Audio Visual Equipment

1. The Program has a variety of multimedia equipment available to staff for training purposes. This equipment includes:
 - a. TV/VCRs
 - b. Computers
 - f. Speakers
 - g. Flip chart easels
 - h. Audio/Visual Screens
 - i. Headphones/Microphones
2. Staff members wanting to use this equipment are recommended to request materials in writing prior to training session to reserve the

equipment needed. Equipment is sometimes reserved on a priority schedule, but usually is claimed on a first-contact-first-served basis.

3. Staff using equipment are asked to notify the Asst. to the HS Director immediately if there is any problem with the equipment. It is recommended that all equipment be checked prior to leaving the Head Start Management Building.
4. Staff using equipment must sign out the equipment through the Head Start Management Building. Also, the staff member signing out the equipment will be responsible for the care and return of the equipment.
5. In case of damage due to an accident or the theft of equipment under the care of a staff member, the Program requires the responsible staff member (the one who checked it out) to file a detailed description of the events related to the equipment. Staff will not be asked to cover the cost of damaged or stolen equipment unless gross negligence or improper storage or use of equipment is established. If other staff members are aware of or witnessed the demise of the equipment, they should also submit written statements of the circumstances.

Section IV.B. Training Facilities

1. The Asst. to the HS Director will assist staff or non-staff in locating training facilities that will be adequate for their training needs.
2. When a training facility is needed for staff training, it is asked that the Asst. to the HS Director be notified in writing of the specific need. This request would include (if the information is known):
 - a. Number of people involved in the training.
 - b. Job locations of the people involved in the training.
 - c. Date(s) and time(s) of the training.
 - d. Training facility setup (classroom style, theatre, open room, etc.).
 - e. Equipment needed, including sound system, Computers, TV/VCR, etc.
 - f. Instructor and/or contact person for training staff.
3. The instructor or contact person arranging the training session(s) is required to take the responsibility for rearranging and/or cleaning the training room when required by the facility.

Section IV.C. Ethics

The previous sections of this Handbook set forth many of the “rules” governing the standards of behavior expected of HEAD START/EARLY HEAD START staff. This is designed to define the standards of behavior related to training.

The purpose of these rules and procedures are to promote and assist in the process of educating, reinforcing expected behaviors, and accounting for training efforts and money invested. Furthermore, these rules are only of value to the extent that they promote these objectives. They were not designed to replace thinking and sound judgment.

Staff that provide training are considered educators. There are inherent principles that are required of educators: flexibility, creativity and exploration.

We ask that the staff follow the guidelines we have established, but please feel free to talk to us about changes, exceptions, modifications, or adjustments to any of the guidelines outlined in this Handbook. We would be poor educators if we were not willing to be educated.

Critical to all, is that we, as an agency and individually, provide our training services in a non-discriminatory manner, especially as this regards race, color, religion, national origin, gender, disability or sexual preference. Also, we recognize that as an agency of diverse people and backgrounds that serve an even more diverse population in rural Northeast Texas, we must reflect a level of sensitivity and understanding of differences that extends well beyond the legal aspects of “non-discrimination”.

To the extent we are willing to be taught, we can teach.

Required Training and Professional Development Plans

Section V.A. Professional Development Plans

1. All supervisors are required to complete a Professional Development Plan annually and return it with their Performance Evaluations.
2. This form is to be completed by the employee and the employee's supervisor.
3. This form is to provide the Program with specific training needs related to:
 - a. Training activities related to strengthening their present job skills. This could involve quantitative or qualitative recommendations.
 - b. Providing employees with training that meets federal, state licensing requirements, etc. (first Aid/CPR, fire safety, etc.)
 - e. Training the employee would need to advance professionally in

their present field or in a related Head Start area of employment.

Section VI.B. Required Training (Nutrition)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings (Head Start/Early Head Start Nutrition):

1. Our agency works with our local community colleges, universities, and State-adopted, web-based programs to set required courses for our staff throughout the program year.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and must register for the next available course offering. The employee is responsible for completing the courses within three attempts. Any employee who does not meet this requirement within three attempts will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Asst. to the HS Director.
 - c. All employees seeking any required certification must notify the Asst. to the HS Director in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or as soon as notification is received).
2. It will be required for employees to take courses as soon as assigned by their supervisor or the HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course, although the Program will compensate the employee monetarily.
3. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Education Coordinator within at least five working days

prior to the end of the enrollment session for the course.

Procedures and Responsibilities for obtaining required trainings (CACFP Nutrition):

1. The Nutrition Coordinator assists CACFP staff in obtaining their required annual training needs. The Nutrition Coordinator receives annual training through the Texas Department of Agriculture for the Child and Adult Care Food Program and from licensed dietitians/County Extension Agents.
 - a. All CACFP employees are required to obtain 24 hours of training per year with the majority of the training focused on basic knowledge of policies and procedures.
 - b. All CACFP employees are required to have annual Civil Rights training as set forth by the USDA/CACFP regulations. This training will be provided by the Nutrition Coordinator with assistance from the Human Resource Director. All employees will complete posttest after receiving the training. This document will be kept in the employees' personnel file.

Section VI.C. Required Training (Bus Drivers)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management Staff when available.

Procedures and Responsibilities for obtaining required trainings (Bus Drivers):

1. Our agency works with our local Education Service Campus (Region VIII) and local school districts to obtain training for Bus Drivers. This training is required for every new bus driver without the Texas Bus Driver Certification Card and every three years for drivers who have already obtained the certification card.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and cannot drive a school bus for the Program. Any employee who does not meet this requirement will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Asst. to the HS Director to be eligible to drive a Program bus.

- c. All employees seeking any required certification must notify the Asst. to the HS Director in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or as soon as notification is received).
2. It will be required for employees to take these courses as soon as assigned by their supervisor or HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course.
4. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Education Coordinator within at least five working days prior to the end of the enrollment session for the course.

Section VI.D. Required Training (Bus Monitor Training)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Bus Monitor Training):

1. Bus Monitor Training is required for every employee and/or volunteer that rides a van/bus with Head Start children.
 - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who does not meet this requirement will be deemed incapable of performing their job functions and will not be able to ride a bus/van with Head Start children. This could result in disciplinary action, up to and including termination of employment.
 - b. The employee will be responsible for retaking the course at a later date.
2. This training is scheduled through the Support Services Manager. The employee should register for the next available Bus Monitor Training.

Section VI.E. Required Training (Safety Evacuation Training)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Safety Evacuation Training):

1. Safety Evacuation Training is required annually for every employee and/or volunteer that rides a van/bus with Head Start children.
 - a. This training is scheduled through the Support Services Manager. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
 - b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus/van with Head Start children until they have acquired this training.)
 - c. It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Safety Evacuation Training.

Section VI.F. Required Training (Transportation/Defensive Driving)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings (Transportation/Defensive Driving)

1. Transportation/Defensive Driving Training is required annually for every employee and/or volunteer.
 - a. This training is scheduled through the Transportation Coordinator. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
 - b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus with Head Start children until they have acquired this training.)

It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Transportation/Defensive Driving Training.

Section VI.G. Required Training (15 clock hours for Teachers)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

Procedures and Responsibilities for obtaining required trainings (Teacher 15 clock hours of professional Development)

1. All Lead Teachers are required to have 15 clock hours of professional development per year per Head Start Standard 648A(5)
 - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year.
 - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
 - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
2. Region VIII Education Service Center will provide professional development training for Lead Teachers
 - a. Teachers are required to notify their supervisor in writing of all trainings that they would like to attend through Region VIII ESC – this requires dates and times
 - b. The supervisor must approve the training date and time to assure that campuses will not be short-handed when the employee is attending the training.
 - c. Staff are required to get all training pre-approved that has a fee if the Program will pay for the training.
 - d. Region VIII ESC will provide training reports/Certificates for each employee receiving training. However, staff are still responsible for providing a copy of the training certificate to their supervisor. One copy will be placed in the Campus level personnel file and a copy will be sent to HR at the Administrative Office for their personnel file.

Section VI.H. Required Training (CLASS Reliable Certification)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

1. Class Specialist, Curriculum Director, and Practice Based Coach are required to obtain CLASS Reliable Certification within the first 12 months of accepting the position.
 - a. Recertification is required annually.
 - b. The Agency will pay for two CLASS Reliable Certification courses within the first 12 months of accepting the position.
 - c. The Agency will pay for two CLASS Recertification courses in a 12-month period.
2. Campus Directors are required to obtain an initial CLASS Reliable Certification within 24 months of becoming a Campus Director.

- a. Recertification is required annually.

- b. The Agency will pay for four CLASS Reliable Courses within a 24 month period.
 - c. The Agency will pay for two CLASS Recertification courses in a 12 month period.
- 3. CLASS Specialists are required to obtain CLASS Reliable Train-the-Trainer Certification within the first 18 months of accepting their position.
 - a. Recertification is required annually.
 - b. The Agency will pay for two CLASS Reliable Train-the-Trainer Certification courses within the first 18 months of accepting the CLASS Specialist position.
 - c. The Agency will pay for two CLASS Train-the-Trainer Recertification courses in an 18-month period.
- 4. All Education staff are responsible for familiarizing themselves with CLASS and implementing it within Head Start/Early Head Start Classrooms.

All staff that do not obtain the required trainings and/or certifications listed above could incur disciplinary actions including and up to termination.

*** All training forms are available on the CSNT website.**



CSNT HEAD START

Strategic Plan

**Grant #06CH012925
Fiscal Years 2025-2029
Program Years 1-5**

CSNT HEAD START
2025-2029
STRATEGIC PLAN

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FOREWORD

COMMUNITY SERVICES OF NORTHEAST TEXAS, INC. (CSNT) Head Start program provides comprehensive and developmentally appropriate activities and services for eligible children in Bowie, Camp, Cass and Morris Counties of Northeast Texas.

The primary focus of the program is school readiness of children and the self-sufficiency of families. The goal is to provide the foundation for the development of school ready, self-sufficient, healthy, caring, and productive children and families.

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

The Program believes...

- ✓ Parents are their children's first and most important teacher
- ✓ Engaged parents are key to a child's health and well-being
- ✓ Parent trainings should reflect the needs of the parents and be easy to access for busy families
- ✓ Parents need assistance in utilizing all of the resources that are available in the community including resources for Mental Wellness
- ✓ Involvement of parents and community members in decision-making increases the quality of services

MISSION STATEMENT

CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered and self-reliant lives.

OUR VISION

To provide a system of education and encouragement which results in school readiness for young children and their families

Our Core Values

There are two types of values recognized by CSNT:

- Pitcher Values
- Catcher Values



PITCHER VALUES

Pitcher Values are those which we 'throw' out each day with our forward actions. It might be difficult for someone to see us exemplifying these values without our outward actions.



CATCHER VALUES

Catcher Values are those which are more visible by others simply by watching us do what we do each day. They are the things that people 'catch' us doing in our daily routine.

SEVEN PITCHER VALUES	SEVEN CATCHER VALUES
PROFESSIONALISM INTEGRITY TEAMWORK CHARACTER HONESTY ETHICS RESPECT	COMPASSION ACCOUNTABILITY TRANSPARENCY COURTESY HUMILITY EMPATHY RELIABILITY

CSNT HEAD START PROGRAM ABSTRACT

PAST:

Community Services of Northeast Texas (CSNT) was incorporated as a private non-profit agency in 1965. The main objective of CSNT was to offer vital services to underprivileged people in Northeast Texas. As the agency grew so did the services that CSNT offered. Head Start became one of the vital services offered to families in Bowie, Camp, Cass, and Morris Counties in Northeast Texas. As a key component in President Lyndon B. Johnson's war on poverty, Head Start became a way for CSNT to join in the battle against poverty in local communities in Northeast Texas. The first CSNT Head Start was located in Atlanta, TX, as a summer school program for underprivileged children. CSNT Head Start still provides services to children and families in the Atlanta area.

PRESENT:

CSNT Head Start has eight locations in four counties in rural Northeast Texas. These counties are Bowie, Camp, Cass, and Morris. At the present time CSNT is funded to serve 465 children in the following communities: Atlanta ISD (108 capacity), Bloomburg ISD (17 capacity), Daingerfield-Lone Star ISD (40 capacity), Hughes Springs (34 capacity), Hughes Springs ISD (40 capacity), Pittsburg (49 capacity), Pittsburg ISD (34 capacity), and Texarkana (143 capacity).

CSNT Early Head Start, started in November 2020, has one location in Cass County. It is funded to serve 16 infants and toddlers in the Hughes Springs community.

Each of these locations meet the needs of each child and family that is served.

All of the sites are in partnership with the local school districts and/or the local education agencies in providing services. These complex partnerships with the local school districts and education agencies include a collaboration of services that include transportation, meal services, disability services, and blending educational services.

Some of the services offered through the Program include assisting families in obtaining regular dental and physical examinations for their children. The Program also assists staff and families in finding resources to assist with mental wellness. Children are also given vision and hearing screenings annually. Many community resources partner with the Program and help provide services when the family is unable to afford the added expense of things such as glasses or other necessary health expenses.

In conclusion, the community and the Head Start Preschool/Early Head Start Program have shown that dedication and people working together to create new and innovative ideas can build an effective and successful early childhood development program that meets the needs of the community and the children and families that it serves.

STRATEGIC PLAN DEVELOPMENT

The CSNT Head Start Strategic Plan aligns program data with long range planning. Members of the Policy Council, Governing Board, campus, management, and administrative staff, community representatives, and parents participate in the plan development process. The purpose of the strategic plan is to develop long-range program goals that follow the five-year grant cycle.

Program data is collected from the following areas:

- Family and Community Engagement
- School Readiness and Early Childhood Education
- Health and Safety
- Management Systems/Program Governance
- On-Going Monitoring/Detailed Monitoring/Self-Assessment

After the collection and analyzation of program data, program goals are created that focus on the needs of the children and families that are served. Some of the top priorities of the program are school readiness, health and safety of children and families, and engaged families and communities.

Not only will the program develop program goals, but also School Readiness Goals and Parent, Family, and Community Engagement Goals. Each year, after the completion of the Self-Assessment, the program conducts a Strategic Planning Committee Meeting to align all of the goals and objectives along with specific action steps in all areas of the program. These areas include:

- School Readiness/Early Childhood Education
- Health & Safety
- Family and Community Engagement

(Actions/activities from each area will assist the program in meeting the aligned goals.)

After developing the program goals, objectives are created that focus on what the program plans to do to meet the goal. These objectives focus on program activities that guide the program toward completion of the goal. Included in the objectives are outcomes that can be measured for success.

The Quality Assurance Specialist tracks the program's progress toward reaching the program goals at least three times per year (fall, winter, spring).

Every spring, they will update the program goals and schedule the Strategic Planning Committee Meeting. The strategic planning process is on-going and is driven by the needs of the program.

STRATEGIC PLAN

PROGRAM GOALS

2025-2029

**See Program Goals
Year (1-5)**

ACCOMPLISHMENTS

- ✓ The creation of ISD partnerships in 8 locations with our largest partnership created at Paul Laurence Dunbar Early Education Center serving an estimated 650 pre-kindergarten students that include 143 to 148 dually enrolled Head Start students
- ✓ Several staff that have completed Degrees in their professional and many staff attend trainings throughout the program year to enhance their skills and knowledge of their areas
- ✓ CSNT Head Start monitoring system that includes on-going monitoring, detailed monitoring, and the annual Self-Assessment
- ✓ Contract with Mental Health Provider to implement up to (4) counselling sessions for CSNT staff and collaborate with FEAs to provide resources for families in crisis
- ✓ Collaborations with many local resources in the service area including Region VIII ESC and many local colleges and universities
- ✓ The Education Coordinator is a Trainer-of-Trainers for CLASS Reliability
- ✓ The Education Coordinator assists in the implementation of Practice-based Coaching that supports teaching staff in improving the quality of classroom instruction
- ✓ The Education Coordinator is a Trainer-of-Trainers for Frog Street Curriculum
- ✓ The Family Engagement Coordinator is a Trainer-of-Trainers for the Family Service Credential



Community Services of Northeast Texas, Inc.

FINANCE MANUAL



The effective date of all accounting policies described in this manual is October 1, 2004. Revised December 3, 2014.
Revised August 25, 2015. Threshold for quote was revised 11-1-2017 without revision to any other part of the document.
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Revised and approved October 24, 2024.

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INTRODUCTION [top]

The following accounting manual is intended to provide an overview of the accounting policies and procedures applicable to Community Services of Northeast Texas, Inc., which shall be referred to as “Community Services of Northeast Texas, Inc.,” “CSNT”, or “the Agency” throughout this manual.

Community Services of Northeast Texas, Inc. is a Texas corporation, exempt from federal income tax under IRS Section [501(c) (3)] as a nonprofit entity. The Agency’s mission is:

CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.

This manual shall document the financial activities of the Agency. Its primary purpose is to formalize accounting policies and selected procedures for the accounting staff and to document Internal Controls.

The contents of this manual were approved as official policy of the Agency by the Executive Director, Chief Financial Officer, Policy Council and Board of Directors. All Agency staff are bound by the policies herein, and any deviation from established policy is prohibited.

Section 100 GENERAL POLICIES

100.101 Organizational Structure

100.101 (a) The Role of the Board of Directors [top]

Community Services of Northeast Texas, Inc. is governed by its Board of Directors, which is responsible for the oversight of the organization by:

1. Planning for the future
2. Establishing broad policies
3. Identifying and proactively dealing with emerging issues
4. Interpreting the Agency's mission to the public
5. Soliciting prospective contributors
6. Hiring and managing the Executive Director
7. Establishing and maintaining programs and systems designed to assure compliance with terms of contracts and grants

The Board is responsible for hiring and periodically evaluating the Agency's Executive Director, who shall be responsible for the day-to-day oversight and management of Community Services of Northeast Texas, Inc.

100.101 (b) Committee Structure [top]

The Board of Directors shall form committees in order to assist the Board in fulfilling its responsibilities. These committees provide a means for distributing the Board's work to smaller groups, thereby removing the responsibility for evaluating all of the details of particular issues from the full Board's consideration. Standing Board-level committees of Community Services of Northeast Texas, Inc. consist of the following:

1. Executive Committee
2. Finance Committee
3. Personnel Committee
4. Planning and Evaluation Committee

Specific guidelines regarding the composition and election of the Board of Directors and committees are described in the Agency's by-laws. However, roles of committees with direct responsibilities for the financial affairs of the Agency are further described in this manual. These committees shall be referred to in appropriate sections of this manual.

100.101 (c) Finance Committee Responsibilities [top]

The Finance Committee is responsible for direction and oversight regarding the overall financial management of Community Services of Northeast Texas, Inc., In the performance of its functions, the Finance Committee shall:

1. Review Agency financial operations, reports, budgets, etc.
2. Review financial operations of any third party with which the Agency has contracted for the purpose of providing financial services.
3. Review the procurement of the Agency's auditor, ensuring fair and open competition.
4. Recommend which independent auditing firm (CPA) should conduct the annual audit.
5. Review audit reports in detail and recommend actions to assure resolution of any questionable items in the audit.
6. Monitor any material weaknesses identified in the annual audit.
7. Make recommendations to the Board on matters regarding the Agency's financial well-being.
8. Serve as the ultimate point of contact for any person who reports a suspicion of financial fraud, waste, or abuse against the Agency by one of its employees, a Board member, or a third party.
9. Serve as the primary point of contact for any person reporting a suspicion of wrongdoing by the Executive Director or a Board member.

The review of the Agency's financial statements shall not be limited to the Finance Committee, but shall involve the entire Board of Directors.

100.101 (d) The Roles of the Executive Director [top]

The Board of Directors hires the Executive Director, who reports directly to the Board of Directors. The Executive Director is responsible for hiring and evaluating Department Directors for each of the Agency's departments. Each Department Director reports to the Executive Director.

The Executive Director is responsible for the overall coordination and successful execution of all programs in the Agency.

Additionally, the Executive Director is to:

Maintain Agency stability by establishing and improving the functional structure through delegation of authority, enforcement of Board decisions, developing, monitoring and enforcing policies and procedures in all areas of Agency responsibility

Contribute to the Board's effectiveness by identifying short-term and long-range issues to be addressed; provide information and commentary pertinent to the Board's deliberations; recommend options and courses of action especially where professional considerations are involved; implement Board decisions and directives; recruit Board candidates

Keep Board of Directors informed by collecting, analyzing, and summarizing information and trends, remaining accessible and answering questions and requests

Maintain and develop entire Agency staff by supervising -- directly (Administrative staff, Department and Program Directors) and through delegating -- all personnel including: hiring; transferring; promoting; demoting; disciplining; counseling; coaching; appraising job results; terminating; providing educational and experiential growth opportunities and morale-maintaining incentives

Maintain the financial viability of the Agency through budgeting and controlling expenses, performing audit activities, submitting grant proposals, and participating in fundraising activities

Protect the physical and financial resources of the Agency by inspecting, maintaining, and keeping accurate inventories of the facilities, physical properties, and equipment, according to the Agency's financial policies and procedures and the various funding regulations

Maintain Agency credibility by working with the executives and staff of funding agencies, other sponsoring groups, and related service agencies

Identify actual and anticipated community-wide service needs by establishing a personal rapport with potential and actual clients and other individuals who are in a position to understand and identify opportunities to serve in those communities

Promote a positive Agency image by ensuring an understanding in the community of program services available; publicizing accomplishments of the Agency, and adhering to a professional code of ethics

Act as a liaison between the Agency and the community's civic, social and religious leaders

Maintain professional and technical knowledge by attending education workshops, reviewing professional publications, establishing professional networks, and participating in professional societies

Comply with federal state and local legal requirements by studying existing and new legislation and enforcing adherence to those requirements

Perform any other duties as may arise through the day-to-day operations of a Community Action Agency

100.102 Finance Department Overview

100.102 (a) Organization [top]

The finance department shall manage and process financial information for the Agency. The positions comprising the finance department of the Agency, and the abbreviations of each position used throughout this manual, are as follows:

Chief Financial Officer (CFO)
Assistant Finance Director (AF)
Payroll Specialist (PS)
Accounting Clerk (AC)

Other officers and employees of the Agency, who have financial responsibilities, and the abbreviations of each position that is or may be used throughout this manual, are as follows:

Executive Director (ED)

Director of Operations (DO)
Division Directors (DD)
Treasurer – Board-Level (TR)
Financial/Audit Committee (FC)
Executive Committee (EC)
Full Board of Directors (BOD)

100.102 (b) Responsibilities [top]

The primary responsibilities of the Finance Department consist of:

General Ledger
Budgeting
Cash and Investment Management
Asset Management
Asset Security
Agency Risk Management
Internal Control Management
Grants and Contracts Administration
Purchasing
Accounts Receivable
Cash Receipts
Accounts Payable
Cash Disbursements
Payroll
Financial Statement Processing
External Reporting of Financial Information
Bank Reconciliation
Reconciliation of Sub-Ledgers
Compliance with Government Reporting Requirements
Gather and provide information for Annual Audit
Leases
Insurance Policies
Prepare Financial Statements, including Fund Balance Reports
Donor Management
In-Kind Donation Management
Inventory
Local Matching Funds Tracking
Audit Coordination

BUSINESS CONDUCT

Practice of Ethical Behavior [\[top\]](#)

Unethical actions, or the appearance of unethical actions, are unacceptable under any conditions. The policies and reputation of the Agency depend to a very large extent on the following considerations.

Each employee must apply her/his own sense of personal ethics, which should extend beyond compliance with applicable laws and regulations in business situations, to govern behavior where no existing regulation provides a guideline. It is each employee's responsibility to apply common sense in business decisions where specific rules do not provide all the answers.

In determining compliance with this standard in specific situations, employees should ask themselves the following questions:

1. Is my action legal?
2. Is my action ethical?
3. Does my action comply with the Agency's policy?
4. Am I sure my action does not appear inappropriate?
5. Am I sure that I would not be embarrassed or compromised if my action became known within the Agency or publicly?
6. Am I sure that my action meets my personal code of ethics and behavior?
7. Would I feel comfortable defending my action on the 6 o'clock news?

Each employee should be able to answer "yes" to all of these questions before taking action.

Each Director, Manager and Supervisor is responsible for the ethical business behavior of her/his subordinates. Directors, Managers and Supervisors must weigh carefully all courses of action suggested in ethical as well as economic terms, and base their final decisions on the guidelines provided by this policy as well as their personal sense of right and wrong.

Conflict of Interest Policy [\[top\]](#)

Introduction [\[top\]](#)

In the course of business, situations may arise in which an Agency decision maker has a conflict of interest, or in which the process of making a decision may create an appearance of a conflict of interest.

All Directors and employees have an obligation to:

1. Avoid conflicts of interest, or the appearance of conflicts, between their personal interests and those of the Agency in dealing with outside entities or individuals, and
2. Disclose real and apparent conflicts of interest to the Board of Directors, and
3. Refrain from participation in any decisions on matters that involve a real conflict of interest or the appearance of a conflict.

What Constitutes a Conflict of Interest [top]

All employees and Directors of the Agency owe a duty of loyalty to the Agency. This duty necessitates that in serving the Agency, they act solely in the interests of the Agency, not in their personal interests or in the interests of others.

The persons covered under this policy shall hereinafter be referred to as “interested persons.” Interested persons include all members of the Board of Directors and all employees, as well as persons with the following relationships to directors or employees:

1. Spouses or domestic partners
2. Brothers and sisters
3. Parents, children, grandchildren, and great-grandchildren
4. Spouses of individuals listed in 2 and 3
5. Corporations, partnerships, limited liability companies (LLCs), and other forms of businesses in which an employee or director, either individually or in combination with individuals listed in 1, 2,3, or 4, collectively possess a [35%] or more ownership or beneficial interest

The above list is not comprehensive. Other relationships such as close friendships may also cause a conflict of interest. Each situation must be evaluated for potential conflict, and it is the duty of each person who becomes an “interested person” to disclose the potential conflict.

Conflicts of interest arise when the interests of an interested party may be seen as competing with those of the Agency. Conflicts of interest may be financial (where an interested party benefits financially directly or indirectly) or non-financial (e.g., seeking preferential treatment, using confidential information).

A conflict of interest arises when a Director or employee involved in making a decision is in the position to benefit, directly or indirectly, from his or her dealings with the Agency or person conducting business with the Agency. (A potential conflict of interest exists when the Director or employee, or his or her

immediate family {spouse, parent, child, brother, sister and spouse of parent, child, brother, or sister} owes/receives more than 1% of the benefiting business/profits.)

Examples of conflicts of interest include, but are not limited to, situations in which a Director or employee:

1. Negotiates or approves a contract, purchase, or lease on behalf of the Agency and has a direct or indirect interest in, or receives personal benefit from, the entity or individual providing the goods or services.
2. Negotiates or approves a contract, sale, or lease on behalf of the Agency and has a direct or indirect interest in, or receives personal benefit from, the entity or individual receiving the goods or services.
3. Employs or approves the employment of, or supervises a person who is an immediate family member of the director or employee.
4. Sells products or services in competition with the Agency.
5. Uses the Agency's facilities, other assets, employees, or other resources for personal gain.
6. Receives a substantial gift (any gift with a value of more than \$25) from a contractor, if the Director or employee is responsible for initiating or approving purchases from that contractor.

Honoraria Acceptance

An Agency employee shall not accept an honorarium for an activity conducted where agency-reimbursed travel, work time, or resources are used or where the activity can be construed as having a relationship to the employee's position with Agency; such activity would be considered official duty on behalf of Agency. A relationship exists between the activity and the employee's position with Agency if the employee would not participate in the activity in the same manner or capacity if they did not hold their position with Agency.

The employee should make every attempt to avoid the appearance of impropriety. An employee may receive an honorarium for activities performed during regular non-working hours or while on annual leave if the following conditions are met:

- All expenses are the total responsibility of the employee or the sponsor of the activity in which the employee is participating.
- The activity has no relationship to the employee's Agency duties.

Nothing in this policy shall be interpreted as preventing the payment to the Agency by an outside source for actual expenses incurred by an employee in an activity, or the payment of a fee to Agency (in lieu of an honorarium to the individual) for the services of the employee. Any such payments made to Agency should be deposited to the Agency account and an appropriate entry should be made coded to the same program or department to which the employee's corresponding time was charged.

Disclosure Requirements

A Director or employee who believes that he or she may be perceived as having a conflict of interest in a discussion or decision must disclose that conflict to the group making the decision. Most concerns about conflicts of interest may be resolved and appropriately addressed through prompt and complete disclosure.

Therefore, Agency requires the following:

1. At the inception of employment or volunteer service to the Agency, and on an annual basis thereafter, the accounting department shall distribute a list of all contractors with whom the Agency has transacted business at any time during the preceding year, along with a copy of the disclosure statement to all members of the Board of Directors, the Executive Director, members of senior management, and employees with purchasing and/or hiring responsibilities or authority. Using the prescribed form, these individuals shall inform, in writing and with a signature, the Executive Director and the chair of the Finance Committee, of all potential reportable conflicts.
2. During the year, these individuals shall submit a signed, updated disclosure form if any new potential conflict arises.
3. The Executive Director shall review all forms completed by employees, and the Finance Committee shall review all forms completed by Directors and the Executive Director and determine appropriate resolution in accordance with the next section of this policy.
4. Prior to management, Board, or committee action on a contract or transaction involving a conflict of interest, a staff, director, or committee member having a conflict of interest and who is in attendance at the meeting shall disclose all facts material to the conflict of interest. Such disclosure shall be reflected in the minutes of the meeting.
5. A staff, Director, or committee member who plans not to attend a meeting at which he or she has a reason to believe that the management, Board, or committee will act on a matter in which the person has a conflict of interest shall disclose to the chair of the meeting all facts material to the conflict of interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.
6. A person who has a conflict of interest shall not participate in or be permitted to hear management's, the Board's, or the committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter.
7. A person who has a conflict of interest with respect to a contract or transaction that will be voted on at a meeting shall not be counted in determining a quorum for purposes of the vote. The person having a conflict of interest may not vote on the contract or transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person's ineligibility to vote and abstention from voting shall be reflected in the minutes of the

meeting. For purposes of this paragraph, a member of the Board of Directors of the Agency has a conflict of interest when he or she stands for election as an officer or for reelection as a member of the Board of Directors.

8. If required by Federal awarding agencies, Agency will notify those agencies in writing of any *potential* conflict of interest. (2 CFR Part 200.112, *Conflict of interest*)

Resolution of Conflicts of Interest

All real or apparent conflicts of interest shall be disclosed to the Finance Committee and the Executive Director of the Agency. Conflicts shall be resolved as follows:

- The Finance Committee shall be responsible for making all decisions concerning resolutions of conflicts involving Directors, the Executive Director, and other members of senior management.
- The chair of the committee shall be responsible for making all decisions concerning resolutions of conflicts involving Finance Committee members.
- The chair of the Board shall be responsible for making all decisions concerning resolutions of the conflict involving the chair of the Finance Committee.
- The Executive Director shall be responsible for making all decisions concerning resolutions of conflicts involving employees below the senior management level, subject to the approval of the Finance Committee.

An employee or Director may appeal the decision that a conflict (or appearance of conflict) exists as follows:

- An appeal must be directed to the chair of the Board.
- Appeals must be made within 30 days of the initial determination.
- Resolution of the appeal shall be made by vote of the full Board of Directors.
- Board members who are the subject of the appeal, or who have a conflict of interest with respect to the subject of the appeal, shall abstain from participating in, discussing, or voting on the resolution, unless their discussion is requested by the remaining members of the board.

Disciplinary Action for Violations of This Policy [top]

Failure to comply with the standards contained in this policy will render the violator subject to Policy 716 under the Agency's Personnel Policies and Procedures.

A Board member who violates this policy may be removed from the Board by majority vote.

Compliance with Laws, Regulations and Agency Policies

The Agency does not tolerate the willful violation or circumvention of any Federal, state, local, or foreign law by an employee during the course of that person's employment; nor does the Agency tolerate the disregard or circumvention of policy or engagement in unscrupulous dealings. Employees should not attempt to accomplish by indirect means, through agents or intermediaries, that which is directly forbidden.

Implementation of the provisions of this policy is one of the standards by which the performance of all levels of employees will be measured.

The Agency recognizes that as a recipient of federal funds, the Agency is responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants. To ensure that the Agency meets this responsibility, the following policies apply with respect to every grant or contract received directly or indirectly from a federal agency:

1. For each federal award, an employee within the department responsible for administering the award will be designated as the Single Point of Accountability (SPA) for that grant or contract.
2. Each designated SPA shall attend a training on grant management prior to beginning his or her role as such (or as early as possible). Thereafter, all designated SPAs shall attend periodic refresher/update courses on grant management. The suggested timeframe for these courses would be once within each three calendar-year period.
3. The designated SPA shall take the following steps to identify all applicable laws, regulations, and provisions of each grant and/or contract:
 - a. Read each award and, if necessary, prepare a summary of key changes to compliance requirements and specific laws and regulations.
 - b. Review the 2 CFR Part 200 Appendix XI, Compliance Supplement (updated annually) published by the Office of Management and Budget (OMB) for compliance requirements unique to the award and for compliance requirements common to all federal awards.
 - c. Review the section of the Catalog of Federal Domestic Assistance (CFDA) applicable to the award.
 - d. The designated SPA will communicate grant requirements to those who will be responsible for carrying them out, or impacted by them.
4. The Finance Department shall forward copies of applicable laws regulations to the designated SPA (such as OMB Circulars, pertinent sections of compliance supplements, and other regulations).
5. The designated SPA and/or the Finance Department shall identify and communicate any special changes in policies and procedures necessitated by federal awards as a result of the review of each award.
6. The designated SPA shall inform the independent auditors of applicable laws, regulations, and provisions of contracts and grants. The designated SPA shall also communicate known instances of noncompliance with laws, regulations, and provisions of contracts and grants to the auditors.

Disciplinary Action [top]

Failure to comply with the standards contained in this policy will render the violator subject to Policy 716 under the Agency's Personnel Policies and Procedures.

A Board member who violates this policy may be removed from the Board by majority vote.

FRAUD POLICY

Introduction and Scope

This policy communicates the actions to be taken for suspected misconduct committed, encountered, or observed by employees and volunteers.

Like all organizations, the Agency faces many risks associated with fraud, abuse, and other forms of misconduct. The impact of these acts, collectively referred to as misconduct throughout this policy, may include, but not be limited to:

- Financial losses and liabilities.
- Loss of current and future revenue and customers.
- Negative publicity and damage to the Agency's good public image.
- Loss of employees and difficulty in attracting new personnel.
- Deterioration of employee morale.
- Harm to relationships with clients, contractors, bankers, and subcontractors.
- Litigation and related costs of investigations, etc.

The Agency is committed to establishing and maintaining a work environment of the highest ethical standards. Achievement of this goal requires the cooperation and assistance of every employee and volunteer at all levels of the Agency.

This policy applies to any fraud or suspected fraud involving employees, officers or directors, as well as members, consultants, contractors, funding sources and/or any other parties with a business relationship with the Agency. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship with the Agency.

Policy

Management is responsible for the detection and prevention of fraud, misappropriations, and other irregularities. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. Each member of the management team will be familiar with the types of improprieties that might occur within his or her area of responsibility, and be alert for any indication of irregularity.

Any misconduct or fraud that is detected or suspected must be reported immediately to the Executive Director, Chief Financial Officer or, alternatively, to the Chair of the Board of Directors or Finance Committee, who coordinates all investigations.

Actions Constituting Misconduct and/or Fraud

For purposes of this policy, misconduct includes, but is not limited to:

1. Actions that violate the Agency's Code of Conduct, Personnel Policies and Procedures, Financial Policies or any other policies as set forth by the Agency.
2. Fraud (see below).
3. Forgery or alteration of checks, bank drafts, documents or other records (including electronic records).
4. Destruction, alteration, mutilation, or concealment of any document or record with the intent to obstruct or influence an investigation, or potential investigation, carried out by a department or agency of the federal government or by the Agency in connection with this policy.
5. Disclosure to any external party of proprietary information or confidential personal information obtained in connection with employment with or service to the Agency.
6. Unauthorized personal or other inappropriate (non-business-related) use of equipment, assets, services, personnel, or other resources.
7. Acts that violate federal, state, or local laws or regulations.
8. Accepting or seeking anything of material value from contractors or persons providing goods or services to Agency. Exception: gifts valued at \$25 or less.
9. Impropriety of the handling or reporting of money in financial transactions.
10. Failure to report known instances of misconduct in accordance with the reporting responsibilities described herein (including tolerance by supervisory employees of misconduct of subordinates).

Fraud is further defined to include, but not be limited to:

- Theft, embezzlement, or other misappropriation of assets (including assets of or intended for the Agency, as well as those of our clients, subcontractors, contractors, suppliers, and others with whom the Agency has a business relationship).
- Intentional misstatements in the Agency's records, including intentional misstatements of accounting records or financial statements.
- Authorizing or receiving payment for goods not received or services not performed.
- Authorizing or receiving payments for hours not worked.
- Forgery or alteration of documents, including but not limited to checks, timesheets, contracts, purchase orders, receiving reports.

Agency prohibits each of the preceding acts of misconduct on the part of employees, officers, executives, volunteers, and others responsible for carrying out the Agency's activities.

Other Irregularities

Irregularities concerning an employee's moral, ethical, or behavioral conduct should be resolved by the departmental management and the Human Resources Department.

If there is a question as to whether an action constitutes fraud, a determination may be made by the Executive Director, Chief Financial Officer or the Chair of the Finance Committee. The external auditor and /or legal counsel may be consulted if necessary for additional guidance.

Reporting Responsibilities

All employees, officers, and volunteers are responsible for immediately reporting suspected misconduct to their supervisor, Internal Audit, Chief Financial Officer, or the Chair of the Finance Committee.

When supervisors have received a report of suspected misconduct, they must immediately report such acts to their manager, Internal Audit, the Chief Financial Officer, or the Finance Committee.

Employees, Directors, volunteers, contractors, or other interested parties may report misconduct by calling the CSNT 24-hour Whistleblower Hotline at 1-800-959-6143.

Reporting Procedures

Great care must be taken in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

An employee who discovers or suspects fraudulent activity will contact the Executive Director or Chief Financial Officer or the Board Chair or the Chair of the Finance Committee immediately. The employee or other complainant may remain anonymous. All inquiries concerning the activity under investigation from the suspected individual(s), his or her attorney or representative(s), or any other inquirer should be directed to the Finance Committee or legal counsel. No information concerning the status of an investigation will be given out. The proper response to any inquiry is "I am not at liberty to discuss this matter." Under no circumstances should any reference be made to "the allegation", "the crime", "the fraud", "the forgery", "the misappropriation", or any other specific reference.

The reporting individual should be informed of the following:

1. Do not contact the suspected individual in an effort to determine facts or demand restitution.
2. Do not discuss the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Agency's legal counsel or the Finance Committee.

Whistleblower Protection [\[top\]](#)

The Agency will consider any reprisal against a reporting individual an act of misconduct subject to disciplinary procedures. A “reporting individual” is one who, in good faith, reported a suspected act of misconduct in accordance with this policy, or provided to a law enforcement officer any truthful information relating to the commission or possible commission of a federal offense or any other possible violation of the Agency’s Code of Conduct.

Employees, Directors, volunteers, contractors, or other interested parties may report misconduct by calling the CSNT 24-hour Whistleblower Hotline at 1-800-858-6143.

Investigation Responsibilities

Due to the sensitive nature of suspected misconduct, supervisors and managers should not, under any circumstances, perform any investigative procedures.

The Executive Director has the primary responsibility for investigating suspected misconduct involving employees below the Executive Director level. The Executive Director shall provide a summary of all investigative work pertaining to misconduct to the Finance Committee. The Finance Committee has the primary responsibility for investigating suspected misconduct involving the Executive Director, as well as Board members and officers. However, the Finance Committee may request the assistance of the Chief Financial Officer in any such investigation.

Investigation into suspected misconduct will be performed without regard to the suspected individual’s position, length of service, or relationship with the Agency.

In fulfilling its investigative responsibilities, the Finance Committee shall have the authority to seek the advice and/or contract for the services of outside firms, including but not limited to law firms, CPA firms, forensic accountants and investigators, etc. The Finance Committee must confer with knowledgeable employees about the availability of funds for such expenditures.

During an official investigation, members of the investigative team, as authorized by the Finance Committee, shall have free and unrestricted access to all Agency records and premises, whether owned or rented, at all times. Members of any investigative team shall be versed and oriented with regard to confidentiality and shall have a confidentiality agreement on file with the Agency.

The investigative team shall also have the authority to examine or copy all or any portion of the contents (in paper or electronic form) of filing cabinets, storage facilities, desks, credenzas and computers without prior knowledge or consent of any individual who might use or have custody of any such items or facilities when it is within the scope of an investigation into suspected misconduct or related follow-up procedures. No items shall be removed from the premises unless it is determined by a law enforcement agency that

such items must be held as evidence in a criminal case. The team may, however, restrict access to a certain area by way of lock and key to safeguard items under investigation.

The existence, the status, or results of investigations into suspected misconduct shall not be disclosed or discussed with any individual other than those with a legitimate need to know in order to perform their duties and fulfill their responsibilities effectively.

Confidentiality

The Finance Committee and the Chief Financial Officer must treat all information received confidentially. Any employee who suspects dishonest or fraudulent activity will notify the appropriate person(s) and should not attempt to personally conduct investigations or interviews/interrogations related to any suspected fraudulent act. (see Reporting Responsibilities section above)

Great care must be taken in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way. Investigation results will not be disclosed or discussed with anyone other than those who have a legitimate need to know. This is important in order to avoid damaging the reputations of persons suspected but subsequently found innocent of wrongful conduct and to protect Agency from potential civil liability.

An employee who discovers or suspects fraudulent activity may remain anonymous. All inquiries concerning the activity under investigation from the suspected individual(s), his or her attorney or representative(s), or any other inquirer should be directed to the Finance Committee or legal counsel. No information concerning the status of an investigation will be given out. The proper response to any inquiry is "I am not at liberty to discuss this matter." Under no circumstances should any reference be made to "the allegation," "the crime," "the fraud," "the forgery," "the misappropriation," or any other specific reference.

The reporting individual should be informed of the following:

1. Do not contact the suspected individual in an effort to determine facts or demand restitution.
2. Do not discuss the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Agency legal counsel or the Finance Committee.

Investigation results will not be disclosed or discussed with anyone other than those who have a legitimate need to know. This is important in order to avoid damaging the reputations of persons suspected but subsequently found innocent of wrongful conduct and to protect the Agency from potential civil liability.

Disclosure to Outside Parties

Allegations of and information related to allegations of suspected misconduct shall not be disclosed to third parties except under the provisions described in this policy (such as disclosure to outside investigators hired by the Agency to aid in an investigation).

However, all known fraud involving the Executive Director, senior management, or members of the Board of Directors, as well as all material fraud involving employees below the senior management level, shall be disclosed by the Finance Committee to the Agency's external auditors.

The Agency will disclose, in a timely manner, in writing to Federal awarding agencies all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. *(200.113 Mandatory disclosures)*

Protection of Records – Federal Matters

The Agency prohibits the deliberate destruction, alteration, mutilation, or concealment of any record, document, or tangible object with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any department or agency of the United States government, or in relation to or contemplation of any such matter or case.

Violations of this policy will be considered violations of the Agency's Code of Ethics and subject to the investigative, reporting, and disclosure procedures described earlier in this policy.

Disciplinary Action

Failure to comply with the standards contained in this policy will render the violator subject to Policy 716 under the Agency's Personnel Policies and Procedures.

A Board member who violates this policy may be removed from the Board by majority vote.

SECURITY

Finance Department

A lock will be maintained on the door leading into the Agency's Finance Department. This door shall be closed and locked in the evenings and whenever the Finance Department is vacant. The key/combination to this lock will be provided to key Finance Department personnel and the Executive Director, and other personnel as approved by the Executive Director. The lock will be changed whenever any of these individuals leaves the employment of Agency.

Agency's blank check stock shall be stored in a fireproof file cabinet in the Finance Department. This cabinet will be locked with a key that is kept in the Finance Department. Access to this file cabinet shall be by keys in the possession and/or control of the Chief Financial Officer and any other person in the Department as deemed necessary by the Chief Financial Officer. No more than two employees shall possess keys concurrently.

Access to Electronically Stored Accounting Data

Agency utilizes passwords to restrict access to accounting software and data. Only duly authorized accounting personnel with data input responsibilities will be assigned passwords that allow access to the system. Employees whose duties are limited to Information Technology are restricted from accessing accounting software.

Accounting personnel are expected to keep their passwords secret and to change their passwords on a regular basis, no less frequently than every 90 days. Administration of passwords shall be performed by a responsible individual independent of programming functions.

Each password enables a user to gain access to only those software and data files necessary for each employee's required duties. On an annual basis, Agency performs a review of accounting software users to ensure they have the appropriate access levels. Unnecessary access will be rescinded.

Note: The Agency's accounting software provides for permissions to be assigned to each password holder. The Chief Financial Officer is responsible for ensuring that password holders only have permissions which allow them to access the necessary sections of the software relevant to their job duties. While one password holder may have access to input or posting capabilities, another may only have access to certain reporting features.

Storage of Sensitive Data [top]

In addition to accounting and financial data stored in the Finance Department, other sensitive data, including protected personally identifiable information (PII) such as social security numbers of employees and/or clients may be stored in areas other than the Finance Department. Locations of sensitive data include, but are not limited to:

1. Other Agency departments such as Head Start / Early Head Start, Community Services, Adult Nutrition, Human Resources, or other programs which require the storage of client or employee data

2. Electronic or on-line storage

The Organization's policy is to minimize the storage of sensitive data outside the Accounting Department by shredding documents with such data or deleting the sensitive data from documents that are stored outside the Finance Department as soon as possible. Please see the Agency's technology policies for standards for electronic and on-line storage.

Storage of Back-Up Files

It is the policy of the Agency to maintain back-up copies of electronic data files in a secure environment. Access to back-up files shall be limited to individuals authorized by management, such as the Executive Director, Chief Financial Officer, and Information Technology Coordinator. The Information Technology Coordinator is responsible for making daily and weekly external back-ups.

General Office Security

During normal business hours, the entry door remains locked to outside visitors, but is easily opened from the inside for safety reasons. A rear exit exists for emergency egress. After hours, a key is required for access to the offices of the Department. Keys are issued only to employees designated by the Department.

TECHNOLOGY AND ELECTRONIC COMMUNICATIONS

Purpose and Scope

The purpose of this policy is to identify guidelines for the use of the Agency's technologies and communications systems. This policy establishes a minimum standard that must be upheld and enforced by users of the Agency's technologies and communications systems.

The term "user" as used in these policies refers to employees (whether full-time, part-time or limited-term), independent contractors, consultants, and any other user having authorized access to, and using any of, the Agency's computers or electronic communications resources.

Computer and electronic communications resources include, but are not limited to, host computers, file servers, stand-alone computers, laptops, printers, fax machines, phones, on-line services, E-mail systems, bulletin Board systems, and all software that is owned, licensed or operated by the Agency.

Acceptable Use of Agency Property

Use of the Agency's computers and electronic communications technologies is for programmatic and business activities of the Agency. All use of such resources shall be in an honest, ethical, and legal manner that conforms to applicable license agreements, contracts, and policies regarding their intended use. Although incidental and occasional personal use of the Agency's communications systems are permitted, users automatically waive any rights to privacy.

In addition, the information, ideas, concepts and knowledge described, documented or contained in the Agency's electronic systems are the intellectual property of the Agency. The copying or use of the Agency's intellectual property for personal use or benefit during or after employment (or period of contract) with the Agency is prohibited unless approved in advance by the Executive Director.

All hardware (laptops, computers, monitors, mice, keyboards, printers, telephones, fax machines, etc.) issued by Community Services of Northeast Texas, Inc. is the property of the Agency and should be treated as such. Users may not physically alter or attempt repairs on any hardware at any time. Users must report any problems with hardware to the Service Manager.

Password Security

Users are responsible for safeguarding their login passwords. Passwords may not be shared, nor should they be printed or stored on-line. Users should not leave their computers unattended without logging off.

In an effort to safeguard areas that may need to be accessed in the absence of the employee assigned to such particular password-protected area, a password storage system is in place. The Information Technology employee will keep the passwords in a safe, locked area. To store the needed passwords, employees are to:

- obtain a card and sleeve from the IT department
- write the user name and password on one side of the card

- fold the card in half once
- write your name and employee number on the outside of the card
- write the area, URL, or software requiring the password on the outside of the card
- write the date on the outside of the card
- place the card in the plastic sleeve
- staple the sleeve once in such a fashion as to prevent the card from being removed
- do not staple through the card
- return the sleeve to the IT department
- repeat this procedure each time the password is changed or updated

The password, key, code, or combination used to lock the password sleeves away shall itself be housed in two duplicate sleeves. One shall be kept in a locked container and its location known only to the Executive Director, and the other shall be kept off-site by a person designated by the Executive Director.

Telecommuting

Telecommuting is the practice of accessing the Agency's computer system from an approved alternate location instead of physically traveling to an employee's usual workplace. This work alternative must be approved by the Executive Director.

The Agency maintains a GoToMyPc.com account for the purpose of telecommuting. In order for an employee to access their computer via telecommuting, the computer to be accessed must remain in logged-on status and must be secured to the extent possible to prevent unauthorized use.

Confidentiality

All information about individuals, families or organizations served by the Agency is confidential. No information may be shared with any person, contractor, or organization outside the Agency unless express written permission is given by:

- the individual whose information is to be shared
- the parent or guardian of any minor child whose information is to be shared
- an authorized person of any organization whose information is to be shared

The Agency shall maintain proof of the permission granted in the appropriate files.

Copyrighted Information

Use of the Agency's electronic communication systems to copy, modify, or transmit documents, software, information or other materials protected by copyright, trademark, patent or trade secrecy laws, without obtaining prior written permission from the owner of such rights in such materials, is prohibited.

Installation of Software

The installation of new software on the computers of the Agency without the prior approval of the Information Technology Coordinator is prohibited. If an employee desires to install any new programs onto an Agency computer, written permission from the Information Technology Coordinator and/or the Executive Director must first be obtained.

Other Prohibited Uses

Other prohibited uses of the Agency's communication systems include, but are not limited to:

1. Engaging in any communication that is discriminatory, defamatory, pornographic, obscene, racist, sexist, evidences religious bias, or is otherwise of a derogatory nature toward any specific person, or toward any race, nationality, gender, marital status, sexual orientation, religion, disability, physical characteristic, age group, or any other protected class;
2. Browsing or downloading and/or forwarding and/or printing pornographic, profane, discriminatory, threatening or otherwise offensive material from any source including, but not limited to, the Internet;
3. Engaging in any communication that is in violation of federal, state or local laws;
4. Proselytizing or promoting religious belief or tenet;
5. Campaigning for or against any candidate for political office or any ballot proposal or issue;
6. Sending, forwarding, redistributing or replying to "chain letters;"
7. Unauthorized use of passwords to gain access to another user's information or communications on the Agency's systems or elsewhere;
8. Advertising, solicitation or other commercial, non-programmatic use;
9. Knowingly introducing a computer virus into the Agency's communication system or otherwise knowingly causing damage to the Agency's systems;
10. Using the Agency's systems in a manner that interferes with normal business functions in any way, including but not limited to, intentionally streaming non-business related video from the Internet during business hours, continuous-feed stock tickers, or other programs, websites, or widgets that cause a decrease in the Agency's Internet bandwidth;
11. Excessive personal use of the Agency's technologies that preempts any business activity or interferes with organizational productivity;
12. Sending E-mail messages under an assumed name or obscuring the origin of an E-mail message sent or received.

Disciplinary Action for Violations

Failure to comply with the standards contained in this policy will render the violator subject to Policy 716 under the Agency's Personnel Policies and Procedures.

A Board member who violates this policy may be removed from the Board by majority vote.

Reporting of Suspected Violations

Suspected violations of these policies should be immediately and confidentially reported to your immediate supervisor. If you prefer not to discuss it with your supervisor, you may contact the Executive Director or the Board Chair.

The Agency reserves the right to install programs that monitor employee use of the Internet and electronic communication systems and to act on any violations of these policies found through use of such programs. The Agency further reserves the right to examine any and all electronic communications sent or received by employees via the Agency's electronic communications systems.

Purpose of Inventory

The purpose of conducting inventory practices is to establish property control and accountability in compliance with the Rules and Regulations as established by the Office of the State Comptroller and the Federal Government. Further, these practices establish a basis for projecting and budgeting property replacement associations, provide accountability for increased security against pilferage of vulnerable property, maximize property utilization and identification of assets which are excess or surplus, and establish a basis for projecting future budgets to support new or renovated facilities.

General Definitions

Capital Assets: Any depreciable piece of property or furniture with an original unit cost of \$5,000.00 or greater, and a life expectancy of one or more years.

Non-capital – Major: Any depreciable and non-consumable piece of property or equipment with an original unit cost of at least \$500, but less than \$5,000.

Non-capital – Minor: Any non-depreciable and non-consumable piece of property or equipment with an original unit cost of less than \$500.

Owner: While it is recognized with few exceptions that the title of all assets is held by Community Services of Northeast Texas Inc., regardless of federal interest, for the purpose of inventory control and accountability, “owner” shall be defined as the program which is in control of the item.

Adding items to the Capital Asset/Inventory List

When an item has been purchased for a unit cost of \$50 but less than \$5000, cannot be depreciated, and is non-consumable, the item must be added to that Program’s inventory list.

When property and/or equipment has been purchased with a unit cost of \$5,000 or more, has a useful life of one or more years, and can be depreciated, the item must be added to the Agency’s Capital Asset List and the Program’s inventory list.

Disposal of items on the Capital Asset/Inventory List

All disposition policies and procedures must be followed according to the funding source of the item.

UNDER NO CIRCUMSTANCES SHALL ASSETS (PROPERTY/SUPPLIES) UNDER COMMUNITY SERVICE’S JURISDICTION, LOCATED ON ANY CAMPUS OR AT ANY OF ITS LOCATIONS, AND INCLUDING OFFICES, BE PERMANENTLY REMOVED, SCRAPPED, DONATED, CANNABLIZED OR DESTROYED WITHOUT PRIOR WRITTEN APPROVAL FROM THE ADMINISTRATIVE OFFICE.

Cycle Inventory

To ensure that a program’s request for additions, deletions or other changes to the inventory were properly recorded; it is necessary to make comparison between the revised Inventory report and the original that was previously supplied. After making the comparison, additions or changes to the inventory are made.

Maintenance of Inventory Records

Once the comparison is complete and all the necessary additions or change requests have been submitted, all information is forwarded to the Inventory Agent.

Property Security

It is the responsibility of each Program Director to convey the importance of building and room security to all members of the Program. Guidelines addressing room and assets security should be established and practiced within each Program location, incorporating the following essential elements:

- Maintaining adequate key control of areas within each Program
- Inventory record of keys
- Conducting periodic building surveys so that access to restricted areas is limited only to those who are authorized to use the area
- Purchasing special deterrents such as lockdown pads and alarm systems to secure valuable assets such as computers, small scientific devices
- If an item is stolen, call the Program Director immediately. The Program Director will then report this to the Service Department to follow-up on the report

Personal Property

All personal property should be registered with the Inventory Agent.

Transfer of Property

Transfer of Property Within Program Locations

Property may be transferred from one location to another location on a permanent basis. These transfers within the purchasing program are permitted, with the approval of the Program Director. Form 904 should be completed to denote the transfer of the property to a new location. The updated Form 904 should be submitted to the Inventory Agent.

Transfer of Property Between Programs

Each Funding source has regulations regarding the transfer of property between programs. These regulations are to be followed when assessing the transfer of property between programs. (This may include written permission from the funding source and may take an extended period of time.) Programs or individual staff, who are aware of and interested in obtaining such property, must obtain written approval from the Program Director and the Executive Director to process property transfers from one program to another. Support Services staff will not allow the transfer of assets from one program to

another until they have written approval from the Program Director and the Executive Director.

Capital Assets Property

Standards and Procedures require CSNT to screen all proposed property purchases. These procedures must ensure that the property is placed in the Inventory Database System and on the Capital Assets List, if applicable. The Chief Financial Officer is responsible for ensuring this is handled properly.

Audits

Audits are conducted by designated personnel annually to assess the accuracy of inventory record information for each Program. The holdings of every Program are spot-checked throughout the course of the year through on-going monitoring and audit reports are immediately provided to each chairperson or director citing the results of such audits/monitorings. A physical audit, in the form of a cycle inventory, of all property is taken every two years with the results reconciled with the inventory records by the Inventory Agent and/or their designee. Division Directors are required to address discrepancies between inventory records and audit findings as reported.

As part of CSNT's Internal Controls, designated Service Department staff will periodically spot-check selected property items under \$5,000 to verify their existence and condition.

If any inventory items cannot ultimately be located, they should be routinely reported to the Program Director as stolen or unaccountable. The Director will report this to the Services Manager. After an investigation, the Services Manager will report the theft, loss, or misuse of any/all assets to the Executive Director. In addition to submitting the report to the Executive Director, the Services Manager is also required to send a copy of the report to the Program Director.

For more information on Inventory, consult the Agency's Inventory Policies and Procedures.

GENERAL LEDGER AND CHART OF ACCOUNTS

The general ledger is defined as a group of accounts that supports the information shown in the major financial statements. The general ledger is used to accumulate all financial transactions of the Agency, and is supported by subsidiary ledgers that provide details for certain accounts in the general ledger. The general ledger is the foundation for the accumulation of data and reports.

Chart of Accounts Overview [top]

The chart of accounts is the framework for the general ledger system, and therefore the basis for the Agency's accounting system. The chart of accounts consists of account titles and account numbers assigned to the titles. General ledger accounts are used to accumulate transactions and the impact of these transactions on each asset, liability, net asset, revenue, expense and gain and loss account.

The Agency's chart of accounts is comprised of six types of accounts:

1. Assets
2. Liabilities
3. Net Assets
4. Revenues
5. Expenses
6. Gains and Losses

Each four-digit account number is preceded by a two-digit grant code, a two-digit program/ administration code, and a three-digit location code.

Distribution of Chart of Accounts

All Agency employees involved with account coding responsibilities (assignment or review of coding) or budgetary responsibilities will be issued a current chart of accounts. As the chart of accounts is revised, an updated copy of the chart of accounts shall be distributed to these individuals promptly.

Control of Chart of Accounts

The Agency's chart of accounts is monitored and controlled by the Chief Financial Officer. Responsibilities include the handling of all account maintenance, such as additions and deletions. Any additions or deletions of accounts should be approved by the Chief Financial Officer, who ensures that the chart of accounts is consistent with the organizational structure of the Agency and meets the needs of each division and department.

Account Definitions

General Ledger

Account Range

1000 - 1999

Category

Assets

Definition

Assets are probable future economic benefits obtained or controlled by the Agency as a result of past transactions or events. Assets of the Agency are classified as current assets, fixed assets, contra-assets, and other assets.

Current assets are assets that are available or can be made readily available to meet the cost of operations or to pay current liabilities. Some examples are cash, temporary investments, and receivables that will be collected within one year of the statement of financial position date.

Fixed assets are tangible assets with a useful life of more than one year that are acquired for use in the operation of the Agency and are not held for resale.

Contra-assets are accounts that reduce asset accounts, such as accumulated depreciation and reserves for uncollectible accounts receivable

Other assets include long-term assets that are assets acquired without the intention of disposing them in the near future. Some examples are security deposits, and long-term investments.

2000 – 2999

Liabilities

Liabilities are probable future sacrifices of economic benefits arising from present obligations of the Agency to transfer assets or provide services to other entities in the future as a result of past transactions or events. Liabilities of the Agency are classified as current or long-term.

Account Definitions (Continued)

General Ledger

Account Range

Category

Definition

Current liabilities are probable sacrifices of economic benefits that will likely occur within one year of the date of the financial statements or which have a due date of one year or less. Common examples of current liabilities include accounts payable, accrued liabilities, short-term notes payable, and deferred revenue.

Long-Term Liabilities are probable sacrifices of economic benefits that will likely occur more than one year from the date of the financial statements. An example is the non-current portion of a mortgage loan.

3000 – 3999

Net Assets

Net Assets is the difference between total assets and total liabilities. See the next section for the Agency's policies on classifying net assets.

4000 – 4999

Revenues

Revenues are inflows or other enhancements of assets, or settlements of liabilities, from delivering or producing goods, rendering services, or other activities that constitute an Agency's ongoing major or central operations.

Revenues of the Agency also include grants received from government agencies, private foundations and corporations and contributions received from donors.

5000 - 9990

Expenses

Expenses are outflows or other encumbrance of assets or establishment of liabilities from delivered or produced goods, rendered services, or carrying out other activities that constitute the Agency's ongoing major or central operations.

Account Definitions (Continued)

General Ledger

Account Range

Category

Definition

Gains and Losses

Gains are increases in net assets from peripheral or incidental transactions and from all other transactions and other events and circumstances affecting the Agency except those that result from revenues or contributions.

Losses are decreases in net assets from peripheral or incidental transactions and from all other transactions and other events and circumstances affecting the

Agency except those that result from expenses.

Gains or losses occur when the Agency sells a fixed asset or writes off as worthless a fixed asset with remaining book value.

Individual Tracking

00000001 – 99999999

These numbers are used for tracking expenses by individual household. The number is generated by the client tracking software and entered into the accounting software.

Classification of Net Assets

Net assets of the Agency shall be classified based upon the existence or absence of donor-imposed restrictions as follows:

Unrestricted Net Assets - Net assets that are not subject to donor imposed stipulations.

Temporarily Restricted Net Assets - Net assets subject to donor imposed stipulations that may or will be satisfied through the actions of the Agency and/or the passage of time.

Permanently Restricted Net Assets - Net assets subject to donor imposed stipulations that the Agency permanently maintain certain contributed assets. Generally, donors of such assets permit the Agency to use all or part of the income earned from permanently restricted net assets for general operations or for specific purposes.

Net assets accumulated by the Agency that are not subject to donor imposed restrictions, but which the Board of Directors of the Agency has earmarked for specific uses, shall be segregated in the accounting records as "Board-designated" funds within the unrestricted category of net assets.

Fiscal Year of Agency

The Agency shall operate on a fiscal year that begins on October 1st and ends on September 30th of each calendar year. Any changes to the fiscal year of the Agency must be ratified by majority vote of the Agency's Board of Directors.

Journal Entries

All general ledgers entries that do not originate from a subsidiary ledger shall be supported by journal vouchers or other documentation, which shall include a reasonable explanation of each such entry. Examples of such journal entries include:

1. Recording of noncash transactions
2. Corrections of posting errors
3. Non-recurring accruals of income and expenses

Certain journal entries are recorded at year end. These entries may include, but are not limited to:

1. Depreciation of fixed assets
2. Amortization of prepaid expenses
3. Accruals of recurring expenses
4. Amortization of deferred revenue

Support for recurring journal entries shall be in the form of a schedule associated with the underlying asset or liability account or, in the form of a journal voucher.

It is the policy of the Agency that all non-routine adjusting journal entries not originating from subsidiary ledgers shall be authorized in writing by the Chief Financial Officer by initialing or signing the entries. If the non-routine adjusting journal entry is originated by the Chief Financial Officer, it shall be approved by the Executive Director.

FINANCIAL MANAGEMENT POLICIES

BUDGETING

Overview

Budgeting is an integral part of managing any Agency in that it is concerned with the translation of organizational goals and objectives into financial and human resource terms. A budget should be designed and prepared to direct the most efficient and prudent use of the Agency's financial and human resources. A budget is a management commitment of a plan for present and future organizational activities that will ensure survival. It provides an opportunity to examine the composition and viability of the Agency's programs and activities simultaneously in light of the available resources.

Preparation and Adoption

It is the policy of the Agency to prepare an annual budget on the accrual basis of accounting. To prepare the Agency budget, the Chief Financial Officer in conjunction with the Program Directors shall gather proposed budget information from all Department Directors and others with budgetary responsibilities and prepare the first draft of the budget. Budgets proposed and submitted by each department should be accompanied by a narrative explanation of the sources and uses of funds and explaining all material fluctuations in budgeted amounts from prior years and discuss said budgets with the Chief Financial Officer in their preparation of said budget.

After appropriate revisions and a compilation of all department budgets by the Chief Financial Officer, a draft of the Agency-wide budget, as well as individual department budgets, is presented to the Executive Director for discussion, revision, and initial approval.

The Agency overall budget shall be submitted to the Board of Directors for approval prior to the Agency's new fiscal year. Each program budget shall be submitted to the Finance Committee prior to the Program's year for approval. Additionally, the Head Start / Early Head Start budget will be submitted to the Policy Council for approval.

Monitoring Performance

It is the policy of the Agency to monitor its financial performance by comparing and analyzing actual results with budgeted results. This function shall be accomplished in conjunction with the monthly financial reporting process described earlier.

On a monthly basis, financial reports comparing actual, month-to-date and year-to-date revenues and expenses with budgeted year-to-date amounts shall be produced by the Chief Financial Officer and distributed to each employee with budgetary responsibilities. These individuals shall be responsible for responding with a written explanation of all budget variances in excess of five percent on a monthly basis. Additionally, these reports are submitted to the Finance Committee monthly and quarterly to the Board of Directors.

ANNUAL AUDIT

Role of the Independent Auditor

It is the policy of the Agency to arrange for an annual audit of the Agency's financial statements to be conducted by an independent accounting firm. The independent accounting firm selected by the Agency will be required to communicate directly with the Agency's Board upon the completion of their audit. In addition, members of the Board of Directors, the Executive Director and the Chief Financial Officer are authorized to initiate communication directly with the independent accounting firm upon completion of the audit.

Audited financial statements, including the auditor's opinion thereon, will be submitted and presented to the Board of Directors by the independent accounting firm at the Agency's Board meeting, after the financial statements have been reviewed and approved by the Finance Committee.

How Often to Review the Selection of the Auditor

The Agency's Finance Committee in conjunction with the Executive Director and the Chief Financial Officer shall review the selection of its independent auditor in the following circumstances:

1. Anytime there is dissatisfaction with the service of the current firm
2. When a fresh perspective and new ideas are desired
3. Every 4 years to ensure competitive pricing and a high quality of service

Selecting an Auditor

The following factors shall be considered by the Agency and/or its Finance Committee in selecting an accounting firm:

1. The firm's reputation in the non-profit community
2. The depth of the firm's understanding of and experience with non-profit agencies and federal reporting requirements under 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, Yellow Book and all governmental grant requirements of the Agency
3. The firm's demonstrated ability to provide the services requested in a timely manner
4. The ability of firm personnel to communicate with Agency personnel in an effective manner

The Agency will prepare and issue a written Request for Proposal (RFP) to be sent to prospective audit firms. The RFP process must be performed no less frequently than every four years. The following information shall be included:

1. Period of services required
2. Type of contract to be awarded (fixed fee, cost basis, etc.)
3. Complete description of the services requested (audit, management letter, tax returns, etc.)
4. Notice that the successful bidder shall prepare a draft of the audit report, to be provided to the Agency in electronic form prior to the finalization of the audit

5. Notice that the successful bidder shall present the audit to the Finance Committee and/or the full Board of Directors at their next monthly meeting following completion of the audit (Identification of additional meetings requiring their attendance, if any)
6. Financial information about the Agency
7. Copy of prior year reports (financial statements, management letters, etc.)
8. Notice that the audit is to be performed accordance with 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*
9. Other information considered appropriate
10. Description of proposal and format requirements
11. Due date of proposals
12. Overview of selection process (i.e. whether finalists will be interviewed, when a decision shall be made, etc.)
13. Identification of criteria for selection

Minimum Proposal Requirements from prospective CPA firms shall be:

1. Firm's auditing background
2. Biographical information (resumes) of key firm member(s) who will serve the Agency
3. Client references
4. Information about the firm's capabilities
5. Firm's approach to performing an audit
6. Copy of the firm's most recent quality/peer review report, including any accompanying letter of findings
7. Other resources available with the firm
8. Expected timing and completion of the audit
9. Expected delivery of reports
10. Cost estimate including estimated number of hours per staff member
11. Rate per hour for each auditor
12. Other information as appropriate

The Finance Committee of the Board of Directors will narrow down the proposals to the top selections with the input of the Executive Director and the Chief Financial Officer.

Preparation for the Annual Audit

The Agency shall be actively involved in planning for and assisting with the Agency's independent accounting firm in order to ensure a smooth and timely audit of its financial statements. In that regard, the finance department shall provide assistance to the independent auditors in the following areas:

Planning - The Chief Financial Officer is responsible for delegating the assignments and responsibilities to accounting staff in preparation for the audit. Assignments shall be based on the list of requested schedules and information provided by the independent accounting firm.

Involvement - Agency staff will do as much work as possible in order to assist the auditors and, therefore, reduce the cost of the audit.

Interim Procedures - To facilitate the timely completion of the annual audit, the independent auditors may perform selected audit procedures prior to the Agency's year-end. By performing significant portions of audit work as of an interim date, the work required subsequent to year-end is reduced. Agency staff will provide requested schedules and documents and otherwise assist the auditors during any interim audit fieldwork.

Throughout the audit process, it shall be the policy of the Agency to make every effort to provide schedules, documents and information requested by the auditors in a timely manner.

Concluding the Audit

Upon receipt of a "DRAFT" of the audited financial statements of the Agency from its independent auditor, the Executive Director and the Chief Financial Officer shall perform a detailed review of the "DRAFT", consisting of the following procedures:

1. Carefully read the entire report for typographical errors
2. Trace and agree each number in the financial statements and accompanying footnotes to the accounting records and/or internal financial statements of the Agency
3. Review each footnote for accuracy and completeness
4. Review all supporting information for accuracy as defined above
5. Read and review all federal sections of the report for accuracy and understanding, as well as, responses required to any findings stated in the report

Any questions or errors noted as part of this review shall be communicated to the independent auditor in a timely manner and resolved to the satisfaction of the Chief Financial Officer and Executive Director.

It shall also be the responsibility of the Executive Director and Chief Financial Officer to review and respond in writing to all management letter or other internal control and compliance report findings and recommendations made by the independent auditor.

INSURANCE

Overview

It is fiscally prudent to have an active risk management program that includes a comprehensive insurance package. This will ensure the viability and continued operations of the Agency.

It is the policy of the Agency to maintain adequate general liability insurance, as well as coverage for buildings and contents.

The Executive Director is responsible to monitor these policies to assure that adequate coverage amounts are maintained. At least every two years, the Executive Director will select 2 to 3 Management Staff to form a committee. This committee will analyze the Risk Management policies and procedures for the Agency. This committee will also assure adequate insurance coverage amounts are maintained.

Coverage Guidelines

As a guideline, the Agency will arrange for the following types and levels of insurance as a minimum:

<u>Type of Coverage</u>	<u>Amount of Coverage</u>
Comprehensive Liability	\$1,000,000
Automobiles for use by Employees	\$1,000,000
Employee Theft	\$500,000 per occurrence
Fire and Water Damage	Coverage for all items with acquisition cost greater than \$1,000
Directors and Officers	\$1,000,000 (with an appropriate deductible level)
Theft	Coverage for all items with acquisition cost greater than \$1,000
Workers' Compensation	To the extent required by law

The Agency shall maintain a detailed listing of all insurance policies in effect. This listing shall include the following information at a minimum:

1. Description (type of insurance)
2. Coverage and deductibles
3. Policy effective dates

POLICIES ASSOCIATED WITH REVENUES AND CASH RECEIPTS

REVENUE

Revenue Recognition Policies

The Agency receives revenue from several types of transactions. Revenue from each of these types of transactions is recognized in the financial statements of the Agency in the following manner:

1. Federal Awards – Revenues from Federal Awards are recorded in the general ledger upon receipt. At Fiscal Year End (FYE) and Program Year End (PYE) an entry is made to Grants Receivable to ensure an accurate accounting of the award revenue.

2. State Pass-Through Grants – Revenues from State Pass-Through Grants are recorded in the general ledger upon receipt. At Fiscal Year End (FYE) and Program Year End (PYE) an entry is made to Grants Receivable to ensure an accurate accounting of the award revenue.

3. State Awards – Currently the Agency does not receive any State awards.

4. Private Awards – Revenues from Private Awards are recorded in the general ledger upon receipt.

5. Private Grants – Revenues from Private Grants are recorded in the general ledger upon receipt.

6. Contributions and Donations

a. Donations by participants/clients – Revenues received are recorded on the appropriate form required by the recipient program and recorded in the appropriate general ledger account and are recorded in the period in which it is received.

b. In-kind donations – In-kind contributions and donations received are recorded in the general ledger separately from other revenue. Such contributions are posted to the appropriate benefitting program or grant. Such contributions are recorded in the period in which they are received.

c. Sponsorships – Sponsorships received are recorded in the general ledger to the appropriate program or grant such Sponsorship is intended to benefit in the period in which it is received.

d. Other Contributions and Donations – Other contributions and donations including those considered to be unrestricted funds will be recorded in the general ledger in one of the unrestricted fund categories and are recorded in the period in which it is received.

7. Fee-for-Service Income – Recognized as income when services are rendered unless collection of amounts due is in question. In this case, revenue is recognized when payments are received.

8. Interest income – monthly accrual based on when it was earned.

Immaterial categories of revenue may be recorded on the cash basis of accounting (i.e., recorded as revenue when received) as deemed appropriate by the Chief Financial Officer.

COST SHARING AND MATCHING (IN-KIND)

Overview

The Agency values contributed services and property that are to be used to meet a cost sharing or matching requirement at their fair market values at the time of contribution, unless award documents or federal agency regulations identify specific values to be used.

The Agency shall claim contributions as meeting a cost sharing or matching requirement of a federal award only if all of the following criteria are met:

1. They are verifiable from Agency records.
2. They are not included as contributions (or match) for any other federally-assisted project or program.
3. They are necessary and reasonable for proper and efficient accomplishment of project or program objectives.
4. They are allowable under the federal cost principles, 2 CFR Part 200 Subpart E, Cost Principles.
5. They are not paid by the federal government under another award, except where authorized by federal statute to be used for cost sharing or matching.
6. They are provided for in the approved budget when required by the federal awarding agency.
7. They conform to all provisions of federal administrative regulations, 2 CFR Part 200 Subpart D, Post Federal Awards Requirements.
8. In the case of donated space, (or donated use of space), the space is subject to an independent appraisal performed by a certified appraiser as defined by 2 CFR Part 200.306(i)(1) to establish its value.

Definitions

The following definitions shall apply with respect to the policies described in this section:

Contribution (Contribution by Participant) - An unconditional transfer of cash or other assets to the Agency, or a settlement or cancellation of the Agency's liabilities, in a voluntary nonreciprocal transfer by another entity acting other than as an owner.

Condition - A donor-imposed stipulation that specifies a future and uncertain event whose occurrence or failure to occur gives the promissory a right of return of the assets it has transferred to the Agency or releases the promissory from its obligation to transfer its assets.

Restriction - A donor-imposed stipulation that specifies a use for the contributed asset that is more specific than broad limits resulting from the nature of the Agency, the environment in which it operates, and the purposes specified in the Agency's articles of incorporation and bylaws. Restrictions on the Agency's use of an asset may be temporary or permanent.

Nonreciprocal Transfer - A transaction in which an entity incurs a liability or transfers assets to the Agency without directly receiving value from the Agency in exchange.

Promise to Give - A written or oral agreement to contribute cash or other assets to the Agency.

Exchange Transaction - A reciprocal transaction in which the Agency and another entity each receive and sacrifice something of approximately equal value.

Non Federal Share – That portion of any federal program's required expenditures not funded by a federal grant.

In-kind – Goods and services donated to the Agency for which the Agency does not pay, but instead, accounts for the value of said goods or services as Non Federal Share.

Accounting for Contributions

The Agency shall recognize contributed income or assets by donors or participants in the period in which the Agency receives them. Assets in nonreciprocal transfers from donors or participants shall be classified as increases in unrestricted, temporarily restricted, or permanently restricted net assets based on the existence or absence of such restrictions.

When the final time or use restriction associated with a contributed asset has been met, a reclassification between temporarily restricted and unrestricted net assets shall be recorded.

When the Agency receives support in the form of volunteer labor, the contribution income shall be recorded as GAAP asset entry if one of the following two criteria is met:

1. The contributed service creates or enhances a nonfinancial asset (such as a building or equipment), or
2. The contributed service possesses all three of the following characteristics:
 - a. It is the type of service that would typically be purchased by the Agency if it had not been contributed,
 - b. It requires specialized skills (i.e. formal training in a trade or profession), and
 - c. It is provided by an individual possessing those specialized skills.

Contributed services that meet one of the two preceding criteria shall be recorded as GAAP In-Kind at the fair market value of the service rendered. However, all other volunteer hours are considered Non-GAAP In-Kind.

Examples of contributed services received and recorded as income by the Agency may include, but are not limited to:

- Volunteer Participation
- Consultants
- Supplies

- Medical services
- Field Trips
- Training
- Space

Receipts and Disclosures

The Agency and its donors are subject to certain disclosure and reporting requirements imposed under the Internal Revenue Code and the underlying Regulations. To comply with those rules, the Agency shall adhere to the following guidelines with respect to contributions received by the Agency.

For any separate contribution received by the Agency it shall provide a receipt to the donor. The receipt shall be prepared by the Agency. All receipts prepared by the Agency shall include the following information:

1. The amount of cash received and/or a description (but not an assessment of the value) of any noncash property received;
2. A statement of whether the Agency provided any goods or services to the donor in consideration, in whole or in part, for any of the cash or property received by the Agency from the donor, and
3. If any goods or services were provided to the donor by the Agency, a description and good faith estimate of the value of those goods or services.

When the Agency receives cash in excess of \$75, or noncash property with a value in excess of \$75, as part of a *quid pro quo* transaction, the Organization shall follow additional disclosure procedures. For purposes of this paragraph, a *quid pro quo* transaction is one in which the Agency receives cash or property in a transaction that is part contribution and part exchange transaction (i.e. the value of the goods or services provided to the donor by the Agency is less than the value of cash or property provided by the donor). In such instances, the Agency shall provide to the donor a receipt stating that only the amount contributed in excess of the fair market value of the goods or services provided by the Agency may be deducted as a charitable contribution. The receipt shall also include a good-faith estimate of the fair market value of the goods or services provided to the donor by the Agency.

IRS rules provide for certain exceptions to the preceding disclosure rules applicable to *quid pro quo* transactions. As such, the Agency shall not provide receipts when it receives cash or property in excess of \$75 in any of the following circumstances:

1. The goods provided to the donor during a year bear the Agency name or logo and have an aggregate cost of \$7.60 or less;
2. The goods provided to the donor in a year have a fair market value equal to no more than 2% of the contribution or \$76, whichever is less; or

3. The gift received by the Agency resulted from any fundraising appeal that included articles worth no more than \$7.60 as adjusted by the Internal Revenue Service each year, as well as a request for contributions and a statement that the recipient may keep the article even if a contribution is not made.

The preceding thresholds are adjusted for inflation by the IRS on an annual basis. Inflation adjustments subsequent to 2002 are not incorporated into this policy manual by reference.

All estimates of the fair market value of goods or services provided by the Agency shall be approved by the Chief Financial Officer and the Executive Director.

It is the policy of the Agency to comply with all current federal and state rules regarding solicitation and collection of charitable contributions, whether specifically addressed in this manual or not, as well as all future revisions to those rules.

Head Start / Early Head Start In-kind Policy

Introduction

The following policies and procedures are intended to provide an overview of the in-kind activities of CSNT Head Start / Early Head Start. The primary purpose of the in-kind policies and procedures is to document how CSNT Head Start / Early Head Start is gathering and documenting in-kind in compliance with the requirements of the Head Start / Early Head Start Performance Standards and 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

These policies and procedures have been approved by the CSNT Governing Board and the CSNT Head Start / Early Head Start Policy Council. All CSNT Head Start / Early Head Start staff are to comply with these policies and procedures when gathering and documenting in-kind.

Grant Requirements

The CSNT Head Start / Early Head Start Grant requires that 20 percent of the total grantee budget be submitted as non-federal share. To wit: 20 percent of the total Head Start / Early Head Start Budget must come from donations made by the communities served by Head Start / Early Head Start. This non-federal share shall be met within following guiding principles:

- The goods or services are necessary, reasonable, allocable and allowable (2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*)
- The goods or services support an activity that is included in the program plan and covered by the Head Start / Early Head Start Program Performance Standards (45 CFR Chapter XIII)
- The goods or services are legally and appropriately allowable under a federal contract

- The goods or services are a normal and customary expenditure under a federal contract
- The services are performed by the donor for the program
- Cash becomes non-federal share when it is spent on an allowable program cost and is recorded as non-federal share when the goods or services are purchased and reported on a monthly in-kind report, not when the cash is received
- Any program income generated and approved for use by the program must be generated and used in the budget year during which it is generated and is not counted as non-federal share
- The goods or services were provided during the applicable program period
- Source documentation exists in sufficient detail to support the claim of the goods or services as non-federal share
- Services are valued similarly to the wages and benefits paid for a similar service performed by program or Agency staff
- Where no similar service function or job exists in the program or Agency, services are valued based on documented wage and benefits rates for similar services performed in the community at large
- Value lies in the service performed, not in the person performing the service
- Goods are valued at a rate consistent with their market value in the service area
- Discounts for goods or services are claimed only if those discounts are not available to the general public
- Valuations for donations of space are supported by up-to-date, written professional appraisals. In cases of less-than-arm's-length leases, no in-kind will be calculated or used for non-federal share
- Time spent by parents or other volunteers on fundraising is not claimed as non-federal share
- Funds used for non-federal share match in one program are not used for match in another program
- Except in special circumstances where allowed by the state, federal dollars cannot be used for match of other federal funds

In-Kind Responsibilities and Timing

CSNT Head Start / Early Head Start in-kind will be gathered on a monthly basis. All CSNT Head Start / Early Head Start employees are responsible for gathering in-kind. All acquired in-kind must be documented and submitted to the Finance General Support Staff. Each Campus Director is

responsible for totaling and submitting their campus in-kind to the Finance General Support Staff by the 1st and 3rd Friday of each month. All administrative in-kind will be collected by the appropriate staff and submitted to the Program Monitor by the 5th of each month.

The Executive Director, Head Start Director and Financial Director will be responsible for maintaining a current and accurate Real Estate Appraisal for all CSNT Head Start / Early Head Start properties. This document must include the listed property, actual square footage, monthly rental amount based on fair market value, actual monthly rental amount paid by CSNT Head Start / Early Head Start, and the in-kind difference. This document must be dated and signed by a real estate agent.

In-Kind Homework

The Education Specialist will provide the teaching staff with in-kind homework by the 30th of each month for the following month. The homework will coincide with the monthly curriculum as well as be age appropriate. It is the teacher's responsibility to get the homework to the parents. It is also the teacher's responsibility to give the parent instructions on how to complete homework as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind homework the campus staff would like to use should be presented to the Education Specialist for approval before being sent home with the child as in-kind homework. All in-kind homework must be turned in along with other campus in-kind by the 5th of each month. Homework should include a complete and signed volunteer timesheet with corresponding homework attached to the back of timesheet. All volunteer timesheets must be complete with time, services performed, totals and signatures in order to be counted.

In-Kind Monitoring

Each Campus Director will be responsible for monitoring the amount of in-kind collected for their campus. It is the Campus Director responsibility to make sure all in-kind submitted to the Accounting Clerk has the signed correct forms with the corresponding documentation attached. Any in-kind submitted to Accounting Clerk with missing information, signatures or is unexplainable will be sent back to the campus for correction.

In-Kind Reviews

Monthly In-kind Reports will be reviewed periodically as a part of the ongoing monitoring of the CSNT Head Start / Early Head Start Program. Policy Council Budget Reports will also be reviewed on a regular basis as a part of the monitoring/tracking process. Campus In-kind Reports will be tracked by the Program Monitor and submitted to the Head Start Director by the 10th of each month.

The results of reviews will be discussed openly with staff when a finding has been documented. The resolution of any findings will be considered a joint effort between the campus staff and administrative staff. All findings should be corrected within 45 days of the original notification unless otherwise documented.

In-Kind Forms

Approved forms are to be used when documenting and tracking in-kind. Completed forms should accompany all submitted in-kind. Any in-kind questions should be directed to the Program Monitor through the Campus Director.

CASH RECEIPTS

Overview

Due to the liquid nature of Cash Receipts (including checks payable to the Agency), it is the objective of the Agency to establish and follow the strongest possible Internal Controls. The Internal Controls Path will be notated by the responsible party, or Internal Control Employee (ICE) and their numerical designation, based on the number of employees required to deliver the highest level of Internal Controls.

In order to maintain adequate segregation of duties, staff not normally involved in accounting procedures such as assistants, a receptionist, or program director may be assigned incoming cash-handling tasks such as daily mail receipts.

The following is the internal control procedure for cash handling within the Agency. This particular procedure requires five ICE employees:

1. Two individuals, ICE 1 and ICE 2, receive incoming funds together and, in the presence of one another, create a permanent record of the funds received by documenting the receipt in the mail log.
2. Someone other than the person(s) involved in Step 1, ICE 3, prepares a deposit slip.
3. ICE 4 takes the deposit to the bank to be credited to the proper bank account.
4. Someone other than the person(s) in Steps 1 through 3, ICE 5, will compare the list prepared in Step 1 to the bank deposit records to verify that all funds were properly deposited.
5. When necessary, receipts are entered into the accounts receivable records by the ICE 3 and approved by ICE 4.
6. Posting of any subsequent write-off or write-down of accounts receivable may only be done by someone who does not have access to incoming funds. Such action requires proper review and approval.
7. Reconciliations of anticipated revenue with actual recorded revenue are performed by individuals who do not have access to incoming funds, typically ICE 4.

Processing of Checks and Cash Received in the Mail

Mail is retrieved from the Post Office Box. (ICE 1) Mail is opened by designated staff (ICE 2) and a listing of cash/checks received shall be prepared in an open area, with another employee (ICE 1) present at the opening of envelopes that may potentially contain cash, checks, or negotiable instruments. The mail shall be recorded in the Mail Log. (ICE 2) All cash, checks, or negotiable instruments received via US Mail, or any other method of delivery, shall be photocopied, a date-stamp applied to the photocopy, and delivered (ICE 1) (with date-stamped photocopy) to the Finance Department (ICE 3) to be restrictively endorsed.

Endorsement of Checks

The restrictive endorsement shall be a rubber stamp that includes the following information:

1. For Deposit Only
2. Community Services of Northeast Texas, Inc.
3. A space for the bank account number of the proper account

A deposit slip is prepared by the Assistant Finance Director (ICE 3) from the cash/checks/instruments received, and enters the information into the Program Activity Log. The Chief Financial Officer (ICE 4) verifies the Program Activity Log. Deposits are then taken to the bank by an individual named by the Chief Financial Officer. Different employees complete this task so that no one employee makes bank deposits consistently.

Timeliness of Bank Deposits

Bank deposits will be made on a daily basis, unless the cumulative total amount received for deposit is less than \$500, or the proper account for the deposit is in question due to its nature. Once the cumulative amount received exceeds \$500, and/or the proper account has been established, a deposit will be made. Regardless of the cumulative total of receipts, a deposit will be made weekly.

Reconciliation of Deposits

On a periodic basis, the Chief Financial Officer (ICE 4), and/or a non-Finance employee (ICE 5) reconcile the listings of receipts to bank deposits reflected on the monthly bank statement. Any discrepancies shall be immediately investigated.

GRANTS / RECEIVABLE MANAGEMENT

Monitoring and Reconciliations

The Agency records grants receivable and income as it is earned and billed during the grant year. The Chief Financial Officer is responsible for monitoring budget-to-actual expenditures throughout the grant year, and will meet semi-monthly with the Program Director and the Executive Director to discuss grant fiscal results.

ACCOUNTS RECEIVABLE MANAGEMENT

Monitoring and Reconciliations

On a monthly basis, a detailed accounts receivable report is generated and reconciled to the general ledger by the finance department. All differences are immediately investigated and resolved, and the reconciliation is reviewed by the Chief Financial Officer.

Credits and Other Adjustments to Accounts Receivable

From time to time, credit against accounts receivable from transactions other than payments and bad debt will occur. Examples of other credits include returned products and adjustments for billing errors. An employee who is independent of the cash receipts function will process credits and adjustments to Accounts Receivable, and all credits shall be authorized by the Chief Financial Officer.

Notes: Bad debt write-off are not allowable costs for federal grants.

POLICIES ASSOCIATED WITH EXPENDITURES AND DISBURSEMENTS

COST PRINCIPLES

All purchases, expenditures, and/or disbursements will be conducted under the principles that each will be allowable, allocable, and reasonable.

PURCHASING POLICIES AND PROCEDURES

Overview

The policies described in this section apply to all purchases made by the Agency.

The Agency requires the practice of ethical, responsible, and reasonable procedures related to purchasing, agreements and contracts, and related forms of commitment. The policies in this section describe the principles and procedures that all staff shall adhere to in the completion of their designated responsibilities.

The goal of these procurement policies is to ensure that materials and services are obtained in an effective manner and in compliance with the provisions of applicable federal statutes and grant requirements.

Responsibility for Purchasing

All Department Directors shall have the authority to initiate purchases on behalf of their department, within the guidelines described herein. In addition, Department Directors may delegate purchasing authority to responsible individuals within their department. Department Directors shall inform the Finance Department of all individuals that may initiate purchases or prepare Purchase Requisitions.

Persons initiating Purchase Requisitions are responsible for acquiring the necessary approvals to begin the purchase process. Once all approvals are obtained (Division Director, Chief Financial Officer, Executive Director, or any official designee of each of these) the purchase may be completed.

The person completing the purchase is responsible for adherence to all policies including cost principles, procurement, and inventory requirements.

Non-Discrimination Policy

All contractors who are recipients of Agency's funds, or who propose to perform any work or furnish any goods under agreements with the Agency, shall agree to these principles:

1. Contractors will not discriminate against any employee or applicant for employment because of race, religion, color, sexual orientation or national origin, except where religion, sex, or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractors.
2. Contractors agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause. Notices, advertisements, and solicitations placed in accordance with Federal law, rule or regulation shall be deemed sufficient for meeting the intent of this section.

Code of Conduct in Purchasing

Pursuant to 2 CFR Part 200.318 (c)(1);

Ethical conduct in managing the Agency's purchasing activities is expected. Staff are mindful that they represent the Board of Directors and share a professional trust with other staff and the general membership.

Staff shall discourage the offer of, and decline, individual gifts or gratuities of value in any way that might influence the purchase of supplies, equipment, and/or services. Staff shall notify their immediate supervisor if they are offered such gifts.

No officer, Board member, employee, or agent of the Agency shall participate in the selection or administration of a contractor if a real or apparent conflict of interest would be involved. Such a conflict would arise if an officer, Board member, employee or agent, or any member of his/her immediate family, his/her spouse/partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in the contractor selected.

Officers, Board members, employees and agents of Community Services of Northeast Texas, Inc. shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to sub-agreements. However, unsolicited gifts of a nominal value of \$25 or less may be accepted with the approval of the Executive Director.

Use of Purchase Requisitions

[illegible]

All completed Purchase Requisitions must be signed by the preparer and approved by the appropriate Department Director(s), Chief Financial Officer, and Executive Director.

All contracts, agreements, memoranda of understanding, and renewals of same, between the Agency and outside parties must be approved by the Executive Director. Only the Executive Director may legally bind the Agency, and thus is the only employee who is authorized to enter into any contract, agreement, or memorandum of understanding on behalf of the Agency.

Competition

Pursuant to 2 CFR Part 200.319;

In order to promote open and full competition, purchasers will:

- Be alert to any internal potential conflicts of interest.
- Be alert to any noncompetitive practices among contractors that may restrict, eliminate, or restrain trade.
- Not permit contractors who develop specifications, requirements, or proposals to bid on such procurements.
- Award contracts to bidders whose product or service is most advantageous in terms of price, quality, and other factors.
- Issue solicitations that clearly set forth all requirements to be evaluated.
- Reserve the right to reject any and all bids when it is in the Organization's best interest.
- Not give preference to state or local geographical areas unless such preference is mandated by Federal statute. (200.319(b))
- "Name brand or equivalent" description may be used as a means to define the performance or requirements (200.319(c)(1))

PROCUREMENT POLICIES [\[top\]](#)

Cost Analysis

Every purchase made by the Agency requires a cost analysis. At times, such as a purchase of a single item costing a minimal amount, this analysis can be as simple as using good judgement about the reasonable cost of an item. A minimal amount would be characterized as an item costing less than five dollars and a minimal purchase would be characterized as an order of three or less of said item.

The cost principle of allowability, allocability, and reasonableness should be used in each cost analysis. As the unit cost of the item rises, so does the complexity and depth of the cost analysis.

An in-depth, written cost analysis is required for purchases with a unit cost over \$25,000.

Thresholds and Triggers

\$5	Minimal Purchase
Under \$25	Can be purchased from petty cash
Over \$100	Requires Price Quote Form
Over \$50	Requires Inventory Tag (unless item is consumable)
Over \$50, less than \$500	Considered Minor Equipment
Over \$500, less than \$5,000	Considered Major Equipment
Over \$5,000	Requires written bid from contractor
Over \$5,000	Requires funding source approval

Over \$5,000
Over \$25,000

Considered Capitalized Equipment
Requires Sealed Bid Process

Required Requests For Proposals from Contractors

Purchases in excess of \$100 require the completion of a Price Quote Form. The completed Price Quote Form is to be attached to a completed requisition and submitted for approval.

Purchases where the cost of labor, services, annual lease, or the price of a single item exceeds \$5,000, the Agency shall receive written quotations and/or proposals from at least three (3) contractors. After selecting which contractor should obtain the contract, and prior to awarding said contract, the Agency shall secure written approval of the purchase from the prevailing funding source and any other funder which shall hold an interest in the purchase.

Purchase decisions exceeding \$25,000 for labor, equipment, supplies or services purchased, leased or contracted for shall be made only after receiving written bids from at least three (3) contractors. Recommendations shall be based on consideration of all applicable criteria as described under "Evaluation of Alternative Contractors" below, plus funding source approval, where required. Sealed bids shall be utilized when required by a Federal awarding Agency, and/or when the decision will be based primarily on price.

Requests For Proposals (RFP) should include the following:

1. A clear and accurate description of the requirements for the material, product or service to be procured. In competitive procurements, such a description shall not contain features, which unduly restrict competition.
2. Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals (see the next section entitled "Evaluation of Alternative Contractors" for required criteria)
3. A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.
4. The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitations.
5. The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement.
6. Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient.

7. A description of the proper format, if any, in which proposals must be submitted, including the name of the Community Services of Northeast Texas, Inc. person to whom proposals should be sent.
8. The date by which proposals are due.
9. Required delivery or performance dates/schedules.
10. Clear indications of the quantity (ies) requested and unit(s) of measure.

Record-Keeping Associated with Independent Contractors

The Agency shall obtain a completed Form W-9 or equivalent substitute documentation from all contractors to whom 1099-qualifying payments are made. A record shall be maintained of all contractors to whom a Form 1099 is required to be issued at year-end. Payments to such contractors shall be accumulated over the course of a calendar year.

Extensions of Due Dates and Receipt of Late Proposals

Solicitations should provide for sufficient time to permit the preparation and submission of offers before the specified due date. However, in the event that a prospective offeror requests an extension to a due date specified in a solicitation, and such an extension is both justified and compatible with the requirements of the Agency, an extension may be granted by the purchasing representative.

Contractor proposals are considered late if received after the due date and time specified in the solicitation. All such late proposals shall be marked "Late Proposal" on the outside of the envelope and retained, unopened, in the procurement folder. Contractors that submit late proposals shall be sent a letter notifying them that their proposal was late and could not be considered for award.

Evaluation of Alternative Contractors

Alternative contractors shall be evaluated on a weighted scale that considers the following criteria:

1. Adequacy of the proposed methodology of the contractor
2. Skill and experience of key personnel
3. Demonstrated company experience
4. Other technical specifications as designated by proposal request
5. Compliance with administrative requirements of the request for proposal
6. Contractor's financial stability
7. Contractor's demonstrated commitment to the nonprofit sector
8. Results of communications with references supplied by contractor

9. Ability to meet time deadlines
10. Cost
11. Historically Underutilized Business status of contractor
12. Other criteria as specified by proposal request

Not all of the preceding criteria may apply in each purchasing scenario. However, in each situation requiring consideration of alternative contractors, the department responsible for the purchase shall establish the relative importance of each criterion prior to requesting proposals and shall evaluate each proposal on the basis of the criteria and weighting that have been determined.

Affirmative Consideration of Minority, Small Business and Women-Owned Businesses

Positive efforts shall be made by the Agency, to utilize small businesses, minority-owned firms, and women's business enterprises, whenever possible. The following steps shall be taken in furtherance of this goal:

1. Ensure that small business, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.
2. Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small business, minority-owned firms and women's business enterprises.
3. Consider in the contract process whether firms competing for larger contracts tend to subcontract with small businesses, minority-owned firms and women's business enterprises.
4. Encourage contracting with consortiums of small businesses, minority owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.
5. Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the minority-owned firms and women's business enterprises.

Special Purchasing Conditions

The following special purchasing conditions require documentation showing the condition was met.

Emergencies:

Where equipment, materials, parts, and/or services are needed, quotations will not be necessary if the health, welfare, and safety of staff and protection of Agency property is involved.

Single Source:

Where there is only one (1) distributor/contractor for merchandise/services needed and no other product meets the stated needs or specifications, quotations will not be necessary.

Federally-Funded Programs:

Purchases that will be charged to programs funded with federal awards are subject to additional policies.

Contractor Files and Required Documentation

The Finance Department shall create a contractor folder for each new contractor from whom the Agency purchases goods and/or services.

Prior to paying the first invoice from a new 1099-qualifying contractor, a completed W-9 or substitute documentation must be received in the Finance Department. Completed, signed Forms W-9 or substitute documentation are filed alphabetically.

See the section on "Payroll and Related Policies" for guidance on determining whether a contractor should be treated as an employee.

Receipt and Acceptance of Goods

All goods shall be received at each location by the location supervisor, or designated employee, or at the Executive Office by an Internal Control Employee who shall inspect all goods received. Upon receipt of any item from a contractor, the following actions shall immediately be taken:

1. Review bill of lading for correct delivery point,
2. Verify the quantity of boxes/containers with the bill of lading,
3. Examine boxes/containers for exterior damage,
4. Note on the bill of lading any discrepancies (missing or damaged boxes/containers, etc.),
5. Sign and date the bill of lading, and
6. Retain a copy of the bill of lading.

When goods are moved to another area for thorough inspection the following inspection procedures shall be performed:

1. Remove the packing slip from each box/container,
2. Compare the description and quantity of goods per the Purchase Requisition to the packing slip,
3. Examine goods for physical damage,
4. Count or weigh items, if appropriate, and
5. Record an indication of counts on the Purchase Requisition.

It is the policy of the Agency to perform the preceding inspection procedures in a timely manner in order to facilitate prompt return of goods and/or communication with contractors.

Petty Cash Policies

Petty Cash funds will be created only with the approval of a Division Director, the Chief Financial Officer, and Executive Director. All three must approve the creation of a Petty Cash Fund.

Petty Cash Funds cannot exceed \$100, except as otherwise allowed by policy herein.

When a Petty Cash Fund is created, the Petty Cash Custodian will be provided a summary of the Community Services of Northeast Texas, Inc. Petty Cash Policies for the care of the fund. The Petty Cash Custodian will also be asked to acknowledge receipt of the fund and their understanding of the policies governing Petty Cash.

The fund is to be stored in a locked and secure place. Where possible, such location should be within the field of view of one of the Agency's security video cameras.

The Petty Cash Fund is only to be used for authorized purchases or reimbursements to employees for authorized purchases of \$100.00 or less with the presentation of an original store receipt.

Original store receipts are required for the replenishment of the Petty Cash Fund. All reimbursements are to be properly documented with the following:

- A Petty Cash voucher showing the nature of each expenditure
- Original receipts for the purchase that support the voucher

Reimbursements in excess of \$100.00 are completed by submitting a Requisition to the Finance Department with the original receipt, justification and/or authorization attached.

Cashing of personal checks from the Petty Cash Fund is prohibited.

Employee advances from the Petty Cash Fund is prohibited.

At any time, cash on hand and all receipts should be equal to the original amount of the Petty Cash Fund issued.

In special circumstances, the Executive Director may approve a larger Petty Cash fund for a particular location, but in no instance shall any Petty Cash fund exceed \$200.00.

Petty Cash Funds may be monitored at any time as part of the Agency's ongoing monitoring and compliance process.

Replenishment of a Petty Cash Fund shall be accomplished by the issuance of an Agency check made payable to the individual responsible, and shall include in the payee line, the title "Petty Cash Custodian" as to establish the check is not part of the individual's compensation.

POLITICAL INTERVENTION

Prohibited Expenditures

Consistent with its tax-exempt status under the Internal Revenue Code, it is the policy of the Agency not to incur any expenditure for political activity, including, but not limited to:

1. Contributions to political action committees,
2. Contributions to the campaigns of individual candidates for public office,
3. Contributions to political parties,
4. Expenditures to produce printed materials (including materials included in periodicals) that support or oppose candidates for public office,
5. Expenditures for the placement of political advertisements in periodicals.

Endorsements of Candidates

It is the policy of the Agency not to endorse any candidates for public office in any manner, either verbally or in writing. This policy extends to the actions of management and other representatives of the Agency, when these individuals are acting on behalf of, or are otherwise, representing the Agency.

Prohibited Use of Agency Assets and Resources

No assets or human resources of the Agency shall be utilized for political activities as defined above. This prohibition extends to the use of Agency assets or human resources in support of political activities that are engaged in personally by Board members, members of management, employees, or any other representatives of the Agency. While there is no prohibition against these individuals engaging in political activities personally (on their own time, and without representing that they are acting on behalf of the Agency), these individuals must at all times be aware that Agency resources cannot at any time be utilized in support of political activities.

ACCOUNTS PAYABLE MANAGEMENT

Overview

The Agency strives to maintain efficient business practices and good cost control. A well-managed accounts payable function can assist in accomplishing this goal from the purchasing decision through payment and check reconciliation.

The recording of assets or expenses and the related liability is performed by an employee independent of ordering and receiving. The amounts recorded are based on the contractor invoice for the related

goods or services. The contractor invoice shall be supported by an approved Purchase Requisition where necessary, and shall be reviewed and approved by the appropriate Department Director(s), Chief Financial Officer, and Executive Director prior to being processed for payment. Invoices and related general ledger account distribution codes are reviewed prior to posting to the subsidiary system.

The primary objective for accounts payable and cash disbursements is to ensure:

1. Disbursements are properly authorized
2. Invoices are processed in a timely manner
3. Contractor credit terms and operating cash are managed for maximum benefits

Recording of Accounts Payable

All valid accounts payable transactions, properly supported with the required documentation, shall be recorded as accounts payable in a timely manner.

Accounts payable are processed on a daily basis. Information is entered into the system from approved invoices or disbursement vouchers with appropriate documentation attached.

Only original invoices will be processed for payment. In the case of lost invoices, copies of invoices may be used only when such invoices have been verified as unpaid by researching the contractor records. No contractor-provided statements shall be used as the sole document to process payments for invoices.

Accounts Payable Classification

Expenses and encumbrances shall be classified and posted in the month for which the program received the benefit of said purchase. For purposes of the preparation of the Agency's monthly financial statements, a suspension date is used to determine which invoices will require subsequent classification and posting in the event a contractor is late in providing required documentation. The generally accepted suspension date is the tenth (10th) day of the month, with adjustments allowed based on reasonable factors.

Establishment of Control Devices

A Chain of Custody Control of invoices is established by the appropriate Internal Control Employee as soon as invoices are received. Upon receipt of invoices, each invoice shall be recorded on a log of invoices received, "date received" stamped, and distributed to the Finance Department. Upon receipt, the Accounts Clerk shall stamp invoices with date and time received, prepare check requests, and log all check requests with amounts prior to distributing to the appropriate authorizing supervisors. The log is reviewed prior to each check run to determine which, if any, invoices have not been returned to the finance department.

Preparation of a Voucher Package

Prior to any account payable being submitted for payment, a package called a "voucher package" shall be assembled. Each voucher package shall contain the following documents:

1. Contractor invoice (or employee expense report)
2. Packing slip (where appropriate)
3. Receiving report (or other indication of receipt of merchandise and authorization of acceptance)
4. Purchase Requisition (when required)
5. Any other supporting documentation deemed appropriate

Processing of Voucher Packages

The following procedures shall be applied to each voucher package by the Finance Department:

1. Check the mathematical accuracy of the contractor invoice.
2. Compare the nature, quantity and prices of all items ordered per the contractor invoice to the Purchase Requisition, packing slip and receiving report
3. Document the general ledger distribution, using the Agency's current chart of accounts
4. Properly allocate among funding sources referring to Agency's current cost allocation plan.
5. Obtain the review and approval of the Department Director (or their designee) associated with the goods or services purchased

Payment Discounts

To the extent practical, it is the policy of the Agency to take advantage of all prompt payment discounts offered by contractors. When availability of such discounts is noted, and all required documentation in support of payment is available, payments will be scheduled so as to take full advantage of the discounts.

Employee Expense Reports

Reimbursements for travel expenses, or other approved costs will be made only upon the receipt of a properly approved and completed expense reimbursement form. All receipts must be attached, and a brief description of the business purpose of trip or meeting must be noted on the form. Expense reports will be processed for payment in the next contractor payment cycle if received within two business days of the deadline.

Reconciliation of A/P Subsidiary Ledger to General Ledger

At the end of each monthly accounting period, the total amount due to contractors per the accounts payable subsidiary ledger shall be reconciled to the total per the accounts payable general ledger account (control account). All differences are investigated and adjustments are made as necessary. The reconciliation and the results of the investigation of differences are reviewed and approved by the Chief Financial Officer.

Also on a monthly basis, the Accounting Clerk shall perform the following procedures:

1. Check all statements received for unprocessed invoices
2. Check the Purchase Requisition/Order file for open purchase orders that are more than 60 days old and follow up

CREDIT AND DEBIT CARD POLICY

Storage of Debit and Credit Cards

It is the policy of the Agency to store debit and credit cards in a locked box in the Executive Director's office. Access to this box is limited. Only the Executive Director, Executive Assistant, Human Resources Director, and Service Manager have access to the box.

Preparation of a Debit/Credit Authorization Voucher

Some purchasing situations require use of a credit card. When use of a credit card is deemed necessary for a purchase, a requisition and debit/credit authorization voucher must be completed. The requisition shows the reason and amount of the purchase. The debit/credit authorization shows the amount of the purchase and the manner in which it will be completed.

Obtaining a Debit/Credit card for use

Once all approving signatures have been obtained on the requisition and debit/credit authorization voucher, the approved documentation is presented to the Executive Assistant. The Executive Assistant will obtain the initials and date of the individual requesting the card. The card will not be issued for longer than twenty-four hours. A placeholder card with the receiving individual's name shall be placed in the location left void by the issuance of the card until such time as the card is returned. The placeholder card shall then be removed.

Returning Debit/Credit card

After use, the card is to be returned to the Executive Assistant. Original receipts from purchases made with the debit card are to be given to the Assistant Finance Director.

TRAVEL POLICY

Purpose

Community Services of Northeast Texas, Inc. (CSNT) (Agency) recognizes Board Members, Officers, and employees of the Agency may be required to travel or incur other expenses from time to time to conduct Agency business and to further the mission of this Community Action Agency.

The purpose of this policy is to ensure that adequate cost controls are in place, travel and other expenditures are appropriate, and to provide a uniform and consistent approach for the timely reimbursement of authorized expenses.

It is the policy of CSNT to reimburse only reasonable and necessary expenses actually incurred by Board Members, Officers and/or employees. Employee travel and the expenses associated with said activities shall be authorized only in circumstances, which are clearly consistent with the Agency's mission. Travel should be via the most reasonable and cost-effective alternative, consistent with good business practices. Neither luxury, nor sub-standard modes of transportation and accommodations shall be used.

Employees who are uncertain about a particular expense or policy will need to contact the supervisor prior to the expenditure. Those traveling are reminded to exercise good business judgment and discretion with respect to incurred expenses. Reported expenses must be supported by appropriate documentation.

Necessity of Travel

Travel must be reasonable and/or necessary to be considered allowable. Employees shall consider the ways in which the Agency will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be taken into account in deciding whether a particular individual's participation is necessary. In determining whether the benefits to CSNT outweigh the costs, less expensive alternatives, such as participation by telephone or video conferencing, or the availability of local programs or training opportunities, shall be considered.

Instances of travel should be as a result of one of the following situations:

- Attendance is required by a funding source
- Attendance is part of a planned, approved, and budgeted training schedule
- Attendance is part of an employee's Agency-approved fulfillment of responsibilities as an Officer or Board Member of a county, regional, state, or national association
- Attendance is required in order to facilitate an approved task within an employee's job description which cannot be completed by other means
- Attendance has been deemed necessary by the Executive Director as a prudent measure in the fulfillment of the Agency's mission

Request/Authorization to Travel

Travel plans must be pre-approved.

The requesting employee is required to complete the approved travel request form(s) and submit the completed form(s) to their supervisor.

Supervisors will assess the request and its conformity with the Agency's Necessity of Travel statement and other factors to determine if the travel meets the needs of the program. If approved, the completed and signed form shall be forwarded to the appropriate Division Director(s).

Division Directors will also assess the request to ensure the request meets with all program concerns, including necessity, feasibility, allowed activities, budget conformity, and other factors. Once approved, the form(s) shall be forwarded to the Executive Assistant who will ensure all transportation needs are completed following strict procedural guidelines with respect to lodging and/or airfare bids and other transportation expenses.

The *Continued Service Agreement* form shall be signed prior to the release of any funds for the requested travel.

Once all Agency-approved travel forms are signed, the travel package shall be forwarded to the Chief Financial Officer who will assess the request to ensure that adequate budgeted funds are, or will be, available from all affected programs to meet the financial responsibility created by the travel. Once approved, the form(s) shall be forwarded to the Executive Director.

The Executive Director shall assess the request, weighing all presented factors, including compliance with state and federal regulations, to ensure the request is in the best interest of the Agency. The request shall be analyzed to avoid unnecessary expenses.

CASH DISBURSEMENTS (CHECK-WRITING) POLICIES

Check Preparation

It is the policy of the Agency to print contractor checks and expense reimbursement checks on a weekly or as needed basis. Checks shall be prepared by persons independent of those who initiate or approve expenditures, as well as those who are authorized check signers.

All contractor and expense reimbursement checks shall be produced according to the following policies:

1. Expenditures must be reasonable, allowable, and allocable in accordance with 2 CFR Part 200, and any other relevant federal or state statutes.
2. Expenditures must be supported in conformity with the purchasing, accounts payable, and travel policies described herein.
3. Where possible, the Finance Department will take advantage of any early-payment discounts offered by contractors.
4. Where possible, all contractors shall be paid within 30 days of submitting a proper invoice.

Proof of delivery of the requested goods or services is required.

5. Cash requirements associated with each disbursement shall be verified prior to the preparation of checks.
6. Supporting documentation required to substantiate each expenditure shall be attached to the corresponding check prior to forwarding the entire package to an authorized check signer.
7. Checks shall be utilized in numerical order. Safeguards are in place to prevent the intentional or unintentional utilization of a check out of numerical order.
8. Unused checks are stored in a locked, secure, fire-resistant, location within the Finance Department.
9. Checks shall not be made payable to "bearer" or "cash."
10. Checks shall not be signed prior to being prepared.
11. The Internal Control Employee who prepares checks for mailing shall mark invoices and other supporting documentation with a "paid" designation in order to prevent duplicate payments.

Check Signing

Checks require two signatures. The two required signatures shall be those of either two authorized Board members or one authorized Board member and the Executive Director. The Board shall determine which Board members are authorized signers, and on which accounts they are authorized to sign. No checks shall be signed prior to the check being completed in its entirety (no signing of blank checks). With the exception of payroll checks created by the Agency's third-party payroll contractor, no signatures other than hand-written, original signatures shall be affixed to any Agency check.

Check signers should examine all original supporting documentation to ensure that each item has been properly checked prior to signing a check. Checks should not be signed if supporting documentation appears to be missing or there are any questions about a disbursement.

Mailing of Checks

After signature, checks are processed for immediate mailing. This task shall be performed by an individual (Internal Control Employee) who has not authorized the expenditures being paid nor been involved in the preparation of said checks.

Voided Checks and Stop Payments

Checks may be voided due to processing errors by making proper notations in the check register and defacing the check by clearly marking it as "VOID," and by removing and destroying the signature area of the check. All voided checks shall be retained to aid in preparation of bank reconciliations.

Stop payment orders may be made for checks lost in the mail or other valid reasons. Stop payments are processed on-line through the bank's online banking system by accounting personnel with this authority.



Community Services of Northeast Texas, Inc.



PAYROLL AND RELATED POLICIES

Classification of Workers as Independent Contractors or Employees

It is the policy of the Agency to consider all relevant facts and circumstances regarding the relationship between the Agency and the individual in making determinations about the classification of workers as independent contractors or employees. This determination is based on the degree of control and independence associated with the relationship between the Agency and the individual. Facts that provide evidence of the degree of control and independence fall into three categories:

1. Behavioral control
2. Financial control
3. The type of relationship of the parties

Facts associated with each of these categories that will be considered by the Agency in making employee/contractor determinations shall include:

1. Behavioral control:
 - a. Instructions given by the Agency to the worker that indicate control over the worker (establishing an employee/employer relationship), such as:
 - (1) When and where to work
 - (2) What tools or equipment to use
 - (3) What workers to hire or to assist with the work
 - (4) Where to purchase supplies and services
 - (5) What work must be performed by a specified individual
 - (6) What order or sequence to follow
 - b. Training provided by the Agency to the worker (i.e. employees typically are trained by their employer, whereas contractors typically provide their own training)
2. Financial control:
 - a. The extent to which the worker has unreimbursed business expenses (i.e. employees are more likely to be fully reimbursed for their expenses than is a contractor)
 - b. The extent of the worker's investment in the facilities/assets used in performing services for the Agency (greater investment associated with contractors)
 - c. The extent to which the worker makes services available to the relevant market
 - d. How the Agency pays the worker (i.e. guaranteed regular wage for employees vs. flat fee paid to some contractors)
 - e. The extent to which the worker can realize a profit or loss
3. Type of Relationship:
 - a. Written contracts describing the relationship the Agency and the individual intend to create,
 - b. Whether the Agency provides the worker with employee-type benefits, such as insurance or any type of paid leave
 - c. The regularity and length of the relationship
 - d. The extent to which services performed by the worker are a key aspect of the regular business of the Agency

If an individual qualifies for independent contractor status, the individual will be sent a Form 1099 if total compensation paid to that individual for any calendar year, on the cash basis, is \$600 or more. The amount reported on a Form 1099 is equal to the compensation paid to that person during a calendar year (on the cash basis). Excluded from “compensation” or reimbursements of business expenses that have been accounted for by the contractor by supplying receipts and business explanations.

If an individual qualifies as an employee, such person shall be subject to all Human Resources policies and procedures.

Payroll Administration

The Agency operates on a bi-weekly payroll. For all Agency employees, a personnel file is established and maintained with current information and relevant historical documentation, as described throughout this section and more fully described in the Agency's Personnel Policies and Procedures Manual.

The following forms, documents and information shall be obtained and included in the personnel files of all new employees:

1. The Agency Employment Application
2. Applicant references (work & personal)
3. Interview questions and answers
4. Form W-4 Employee Federal Withholding Certificate
5. Form I-9 Employment Eligibility Verification (under separate file)
6. Copy of driver's license
7. Copy of Social Security card issued by the Social Security Administration
8. Hire date and scheduled hours
9. Job title, description, pay grade, and starting salary
10. Information about any applicable benefits
11. Authorization for direct deposit of paycheck, along with a voided check or bank letter

Each employee personnel file shall also indicate whether the employee is exempt or non-exempt from the provisions of the Fair Labor Standards Act.

An employee's personnel file is the sole property of the Agency and the contents therein, unless otherwise prescribed by law, shall not be made available to any person, including the employee, without the express permission of the Executive Director. Each file contains a log of persons gaining access to the file.

Changes in Payroll Data

It is the policy of the Agency that all of the following changes in payroll data are to be authorized in writing:

1. New hires
2. Terminations
3. Changes in salaries and pay rates
4. Voluntary payroll deductions

5. Changes in income tax withholding status
6. Court-ordered payroll deductions
7. Changes in program allocation

New hires, terminations, and changes in salaries or pay rates shall be authorized in writing by the appropriate Division Director with final authorization by the Executive Director.

Changes to the salary of the Executive Director shall be approved by the Board of Directors.

Voluntary payroll deduction shall be authorized in writing by the individual employee. Changes in federal income tax withholding status must be made by completing a Form W-4.

Documentation of all changes in payroll data shall be maintained in each employee's personnel file.

Payroll Taxes

The Finance Department is responsible for ensuring all required tax forms are properly completed and submitted, and that all required taxes are withheld and paid. The Finance department may utilize the services of a third-party payroll service center for the processing of payroll, as determined by the Executive Director.

It is the policy of the Agency to obtain an updated Form W-4 from each employee in January of each year. Withholding of federal income taxes shall be based on the most current Form W-4 provided by each employee.

Preparation of Timesheets

Each Agency employee shall submit to the Payroll Specialist a signed and approved timesheet no later than 12:00 noon on the 1st day following the close of each pay period. Timesheets shall be prepared in accordance with the following guidelines:

1. Each timesheet shall reflect all hours worked during the pay period
2. Timesheets shall be prepared in black or blue ink
3. Errors shall be corrected by crossing through the incorrect entry with one horizontal line, filling in the correct entry, and placing the employee's initials next to the change. The use of correction fluid, correction tape, or erasure devices is prohibited
4. Employees shall identify and record hours worked based on the nature of the work performed
5. Compensated absences should be clearly identified as such. An authorized Leave Request Form shall accompany the timesheet when such absences: a) require adjustment to the employee's accrued leave hours; b) are for specific types of leave as set forth in the Agency Personnel Policies and Procedures; or c) the leave is to be voluntarily uncompensated
6. Timesheets shall be signed by the employee prior to submission

Each employee shall submit, along with their completed timesheet, an Agency-approved personnel activity report (Form 211) which expressly lists the program activities, and to which funding source those

activities should be charged. When Payroll has extracted necessary data from this form, it is forwarded to the Service Manager, who prepares a cost allocation analysis report using the data. This report is used to analyze, augment, and/or adjust the cost allocation plan on a schedule determined by policy.

After preparation, timesheets shall be approved and signed by Department Directors or their designees, prior to submission to the Payroll Specialist. Corrections identified by an employee's supervisor shall be authorized by the employee by placing the employee's initials next to the change.

An Agency employee who is on leave, on travel, or is ill on the day that timesheets are due may telephone or e-mail timesheet information to his/her supervisor. Information submitted in this manner must reflect the actual time worked and any appropriate notations. The employee must sign a timesheet submitted in this manner immediately upon his/her return to the office. Timesheets submitted in this manner shall bear the following notation: "Time reported via telephone or e-mail by employee to supervisor." The timesheet shall be signed by the supervisor.

Altering or falsifying time records, recording time on another employee's time record, or willfully violating any other timesheet policy or procedure may result in disciplinary action, up to and including termination.

Processing of Timesheets

Supervisors review timesheets for personnel in their charge. After approval, the timesheets are submitted to the Payroll Specialist for review and input into the third-party payroll contractor's software.

Review of Payroll

The Payroll Specialist prepares *Register Prior to Processing* report from all timesheet and allocation data. This report is submitted to an appropriate Internal Control Employee for review.

The Payroll Specialist electronically submits the payroll to the payroll service provider. The payroll data is processed by the payroll service provider and the entire data packet is returned to the Agency electronically. The Payroll Specialist uses the processed data to prepare the *Labor Distribution* report. This report is delivered to the Assistant Finance Director who uses the information to make the required transfer of funds to cover payroll expenses.

The payroll service provider delivers to the Agency via secure carrier, two sealed packages containing the final payroll. One is a collection of reports, and the other contains pay stubs and any live checks. One of the payroll reports is the *Final Payroll Register*. The reports are delivered to the Assistant Finance Director who shall secure them until needed. The stubs and/or live checks are delivered to an appropriate Internal Control Employee who shall secure them until needed.

Prior to the distribution of the payroll payments, the Chief Financial Officer will review the *Register Prior to Processing*, the *Labor Distribution* and, the *Final Payroll Register* reports to verify they have calculated the same payroll liability to the Agency. The Executive Director, as a part of the Agency's fraud prevention procedures, will inspect the three reports to verify and attest to their consistency.

Distribution of Payroll

The final payroll, as delivered from the payroll service provider may include live checks and/or check stubs for electronic deposits. Any documents requiring distribution to employees shall only be distributed by an appropriate Internal Control Employee who does not control any aspect of the preparation of payroll.

Payroll Tax Returns

Federal and all applicable state payroll tax returns are prepared by the Agency's external Payroll_Service Center. The Agency shall verify, on a regular basis, that the returns filed by the payroll service provider are consistent with those reports received by the taxing entity.

Third-party contracted workers

In the event the Agency contracts for the services of personnel such as the MET program, those workers will be subject to the Policies and Procedures that pertain to any other non-employee and any policies which are deemed necessary, such as mandatory training and safety issues.

END OF PAYROLL POLICIES

POLICIES PERTAINING TO SPECIFIC ASSET AND LIABILITY ACCOUNTS

CASH AND CASH MANAGEMENT

Cash Accounts at Banks

Grant/ Program Specific Accounts:

Separate bank accounts are maintained for each grant or program operated by the Agency.

Accounts Payable Bank Account:

The Accounts Payable bank account provides for routine business check disbursements.

Funds are transferred from each grant/program bank account into the Accounts Payable bank account in the amounts necessary to fund disbursements that satisfy authorized encumbrances by each grant or program.

Payroll Account:

The payroll account is separate. As such, only the amount needed for the payroll and all payroll liabilities to cover each payroll is transferred into this account from the appropriate grant/ program account, based on the amount calculated and communicated by the outside payroll service center.

Transfers from the grant/program account into the payroll account are initiated by the Assistant Finance Director and approved by the Chief Financial Officer.

Authorized signers on the payroll account will be the same as those on the accounts payable account.

Bank Reconciliations

Reconciliation between the bank balance and general ledger balance may not be conducted by an individual who is an authorized check signer on said account. It is the policy of the Agency to complete the bank reconciliation process within three weeks of receipt of each bank statement.

Bank reconciliations are prepared by the Assistant Finance Director on a monthly basis. Any adjusting journal entries resulting from preparing bank reconciliations are prepared by the Chief Financial Officer.

Bank reconciliations and copies of resulting journal entries are filed in the current year's accounting files. Copies of canceled checks are included with bank statements in either an electronic format or in paper form, depending on the financial institution.

Cash Flow Management

The Chief Financial Officer monitors cash flow needs on a weekly basis to ensure that payment obligations can be met. Fund transfers between bank accounts are performed when needed and authorized.

Stale Checks

It is the policy of the Agency to write off checks of \$1,000 or less that are more than 6 months old that have not cleared the Agency's bank. For uncashed checks that are more than 6 months old and that exceed \$1,000, contact will be made with the payee to resolve the issue.

All stale checks that are written off shall be credited to the same expense or asset account that was debited when the check was written, or the expenditure incurred.

PREPAID EXPENSES

Accounting Treatment

It is the policy of the Agency to treat payments of expenses that have a time-sensitive future benefit as prepaid expenses and to amortize these items over the corresponding time period. For purposes of this policy, payments of less than \$500 shall be expensed as paid and not treated as prepaid expenses, regardless of the existence of a future benefit.

Prepaid expenses with future benefits that expire within one year from the date of the financial statements shall be classified as current assets. Prepaid expenses that benefit future periods beyond one year from the financial statement date shall be classified as non-current assets.

Procedures

As part of the account coding process performed during the processing of accounts payable, all incoming contractor invoices shall be reviewed for the existence of time-sensitive future benefits. If future benefits are identified, the payment shall be coded to a prepaid expense account code.

CAPITAL ASSET MANAGEMENT

Capitalization Policy

Physical assets acquired with unit costs in excess of \$5000 are capitalized on the financial statements. Items with unit costs below this threshold shall be expensed in the year purchased.

Contributed Assets

Assets with fair market values in excess of \$5000 (per unit, on the day of delivery) that are contributed to the Agency shall be capitalized on the financial statements. Contributed items with market values below this threshold shall be posted in the year received.

Capitalized contributed assets are accounted for at their market value at the time of donation and all such assets, except land and certain works of art and historical treasures, are subject to depreciation over their estimated useful lives, as described later.

Maintenance of a Capital Assets Listing

All capitalized assets, whether they be fixed assets, intellectual property, real property, or major equipment, shall be recorded within the Capital Assets List. This list shall include the following information with respect to each asset:

1. Inventory Tag Number
2. Item Description
3. Model Number
4. Serial Number
5. Acquisition Cost
6. Acquisition Date
7. Source Award Number
8. Federal Interest Status
9. Federal Interest Percentage
10. Item Status
11. Item Condition
12. Age
13. Useful Life
14. Disposition Information
15. Location

A physical inventory of all assets capitalized under the preceding policies will be taken on an annual basis. This physical inventory shall be reconciled to the Capital Assets List and adjustments made as necessary. All adjustments resulting from this reconciliation will be approved by the Chief Financial Officer.

Capitalized assets are maintained by program and depreciations of said items are not to be included as operating expenses. Depreciation is calculated based on an item's estimated useful life using the

straight-line method. For accounting and interim financial reporting purposes, depreciation expense will be recorded on an annual basis.

Repair of Capital Assets

Expenditures to repair capitalized assets shall be expensed as incurred if the repairs do not materially add to the value of the property or materially prolong the estimated useful life of the property.

Expenditures to repair capitalized assets shall be capitalized if the repairs increase the value of property, prolong its estimated useful life, or adapt it to a new or different use. Such capitalized repair costs shall be depreciated over the remaining estimated useful life of the property. If the repairs significantly extend the estimated useful life of the property, any remaining non-depreciated portion of the original cost of the property shall also be depreciated over its new, extended useful life.

Disposing of Capital Assets

In the event a non-expendable asset is sold, scrapped, donated or stolen, adjustments need to be made to the fixed asset listing and property log. If money is received for the asset, then the difference between the money received and the "book value" (purchase price less depreciation) of the asset will be recorded as a loss if the money received is less than the book value and a gain if the money received is more than the book value.

ACCRUED LIABILITIES

Identification of Liabilities

The finance department shall establish a list of commonly incurred expenses that may have to be accrued at the end of an accounting period. Some of the expenses that may be accrued by the Agency at the end of an accounting year are:

- Salaries and wages
- Payroll taxes
- Personal leave (see policy below)
- Rent
- Insurance
- Maintenance contracts
- Notes payable

In addition, the Agency shall record a liability for deferred revenue (revenue received but not yet earned) in accordance with the revenue recognition policies described elsewhere in this manual. Adjustments to deferred revenue accounts shall be made at least annually.

Personal Leave

The Chief Financial Officer will adjust the personal leave potential liability on the financial statements at year end. See personnel policy #380 for details of the personal leave policy.

NOTES PAYABLE

Record-Keeping

It is the policy of the Agency to maintain a schedule of all notes payable, mortgage obligations, lines of credit, and other financing arrangements. This schedule shall be based on the underlying loan documents and shall include all of the following information:

1. Name and address of lender
2. Date of agreement or renewal/extension
3. Total amount of debt or available credit
4. Amounts and dates borrowed
5. Description of collateral, if any
6. Interest rate
7. Repayment terms
8. Maturity date
9. Address to which payments should be sent
10. Contact person at lender

Accounting and Classification

An amortization schedule shall be maintained for each note payable. Based upon the amortization schedule, the principal portion of payments due with the next year shall be classified as a current liability in the statement of financial position of the Agency. The principal portion of payments due beyond one year shall be classified as long-term/non-current liabilities in the statement of financial position.

Demand notes and any other notes without established repayment dates shall always be classified as current liabilities.

Unpaid interest expense shall be accrued as a liability at the end of the accounting year.

A detailed record of all principal and interest payments made over the entire term shall be maintained with respect to each note payable. Periodically, the amounts reflected as current and long-term notes payable per the general ledger shall be reconciled to these payment schedules and the amortization schedules, if any, provided by the lender. All differences shall be investigated.

Non-Interest-Bearing Notes Payable

Community Services of Northeast Texas, Inc. may from time to time receive notes payable that do not require the payment of interest, or that require the payment of a below-market rate of interest for the type of obligation involved. In such cases, it shall be the policy of the Agency to record contribution income for any unpaid interest.

For demand loans, recording of interest expense and contribution income shall be performed at the end of each accounting period, based on the outstanding principal balance of the loan during that period, multiplied by the difference between a normal interest rate for that type of loan and the rate, if any, that is required to be paid by the Agency.

For loans with fixed maturities or payment dates, the note payable shall be recorded at the present value of the future principal payments, using as a discount rate the difference between a normal interest rate for that type of loan and the rate, if any, that is required to be paid by the Agency. The difference between the cash proceeds of the note and the present value shall be recorded as contribution income in the period the loan is made. Thereafter, interest expense shall be recorded in each accounting period using the effective interest method, with the corresponding credit entry increasing the note payable account to reflect the amount(s) that shall be repaid.

POLICIES ASSOCIATED WITH FINANCIAL AND TAX REPORTING

FINANCIAL STATEMENTS

Standard Financial Statements of the Agency

Preparing financial statements and communicating key financial information is a necessary and critical accounting function. Financial statements are management tools used in making decisions, in monitoring the achievement of financial objectives, and as a standard method for providing information to interested parties external to the Agency. Financial statements may reflect year-to-year historical comparisons or current year budget to actual comparisons.

The basic financial statements of the Agency that are maintained on an Agency-wide basis shall include:

1. **Statement of Financial Position** - reflects assets, liabilities and net assets of the Agency and classifies assets and liabilities as current or non-current/long-term. A Statement of Financial Position is prepared at year end as part of the annual audited financial statements.
2. **Statement of Activities** - presents support, revenues, expenses, and other changes in net assets of the Agency, by category of net asset (unrestricted, temporarily restricted and permanently restricted). A Statement of Activities is prepared on a monthly basis and at year end as part of the annual audited financial statements.
3. **Statement of Cash Flows** - reports the cash inflows and outflows of the Agency in three categories: operating activities, investing activities, and financing activities. A Statement of Cash Flows is prepared on an annual basis as part of the audited financial statements.

Frequency of Preparation

The objective of the finance department is to prepare accurate financial statements in accordance with generally accepted accounting principles and distribute them in a timely and cost-effective manner. In meeting this responsibility, the following policies shall apply:

A standard set of financial statements described in the preceding section shall be produced on a monthly basis prior to the monthly Board meeting. The standard set of financial statements described in the preceding section shall be supplemented by the following schedules:

1. Individual statements of activities on a departmental and functional basis (and/or program/grant basis)
2. Comparisons of actual year-to-date revenues and expenses with year-to-date budgeted amounts

The monthly set of financial statements shall be prepared on the accrual method of accounting, including all receivables, payables, and annual adjustments for depreciation expense.

Review and Distribution

All financial statements and supporting schedules shall be reviewed and approved by the Chief Financial Officer prior to being issued by the Finance department.

After approval by the Chief Financial Officer, a complete set of monthly financial statements, including the supplemental schedules described above, shall be distributed to the following individuals:

1. Executive Director
2. Department Directors and any other employee with budget-monitoring responsibilities
3. Finance Committee
4. Board of Directors

Financial statements may include an additional supplemental schedule prepared or compiled by the Chief Financial Officer.

GOVERNMENT RETURNS

Overview

To legitimately conduct business, the Agency must be aware of its tax and information return filing obligations and comply with all such requirements of federal, state and local jurisdictions. Filing requirements of the Agency include, but are not limited to, filing annual information returns with IRS.

Filing of Returns

It is the policy of the Agency to become familiar with the obligations in each jurisdiction and to comply with all known filing requirements. The Chief Financial Officer shall be responsible for identifying all filing requirements and assuring that the Agency is in compliance with all such requirements.

It is also the policy of the Agency to file complete and accurate returns with all authorities. The Agency shall make all efforts to avoid filing misleading, inaccurate or incomplete returns.

Filings made by the Agency include, but are not limited to, the following returns:

Form 990 - Annual information return of tax-exempt organizations, filed with IRS. Form 990 for the Agency is due on the fifteenth day of the fifth month following year-end. An automatic 3-month extension of time to file Form 990 may be obtained by filing Form 8868. Upon expiration of the first 3-month extension, a second 3-month extension may be requested using Form 8868.

W-2's and 1099's - Annual report of employee and non-employee compensation, based on calendar-year compensation, on the cash basis. These information returns are due to employees and independent contractors by January 31 and to federal government by February 28.

Form 940 - Annual federal unemployment tax return filed with IRS, for all employers [other than charitable organizations exempt from FUTA (but not necessarily state unemployment tax) under IRC section 501(c)(3)], due January 31.

Form 941 - Quarterly payroll tax return filed with IRS to report wages paid to employees and federal payroll taxes. Form 941 is due by the end of the month following the end of each quarter, or 10 days later if all payroll tax deposits have been made in a timely manner during the quarter.

Form 269 – June 30th, December 31st, and February 28th

Form 272 – 45 days after quarter end.

ETCOG Monthly Financial Statements– 5th business day of the subsequent month

CSBG Monthly Financial Statement – 20th day of the subsequent month

CEAP Monthly Financial Statement – 15th day of the subsequent month

The Agency's fiscal and tax year-end is September 30. All annual tax and information returns of the Agency (Form 990) are filed on the accrual basis of reporting.

Federal and all applicable state payroll tax returns are prepared by the Agency's external Payroll_Service Center.

It is the policy of the Agency to comply with all state payroll tax requirements by withholding and remitting payroll taxes to the state of residency of each Agency employee.

Public Access to Information Returns

The Agency is subject to federal requirements to make the following forms "widely available" to all members of the general public:

1. The three most recent annual information returns (Form 990), excluding the list of significant donors (Schedule B)
2. The Agency's recognition of its tax-exempt status (Form 1023 or Form_1024), filed with IRS, and all accompanying schedules and attachments

It is the policy of the Agency to adhere to the following guidelines in order to comply with the preceding public disclosure requirements:

Community Services of Northeast Texas, Inc. is a non-profit entity that is eligible to receive funds under the Federal Community Services Block Grant Program and is authorized by the State of Texas to service a geographic area of the state; thereby making it subject to the Public Information Act.

All copies of documents requested by anyone, other than those provided to the Members of the Board of Directors or Policy Council for the purpose of conducting normal Agency business shall be processed according to the Public Information Act and thereby subject to the allowable costs as outlined in the Public Information Act.

In accordance with the Texas Administrative Code Title 1 – Part 3 – Chapter 70 – Rule §70.9, the following rate schedule has been adopted:

Fewer than 50 pages of paper records - \$.10 per copy (standard-size paper copies)

More than 50 pages of paper records - \$.10 per copy
(standard-sized paper copies)

Plus the actual cost of postage if applicable

The total amount incurred for the copies of records and postage, if applicable, shall be due upon receipt of the requested documents.

4. After payment is received by the Agency, all requested copies shall be shipped to requesters within 30 days. Making of all copies and shipping within the 30-day time period shall be the responsibility of the finance department.
5. For requests for copies made in person during normal business hours, copies shall be provided while the requester waits, time permitting, subject to collection of applicable fees.
6. The Agency shall accept certified checks and money orders for such payments.

POLICIES PERTAINING TO FEDERAL AWARDS

Administration of Federal Awards

Definitions

The Agency may receive financial assistance from a donor/grantor agency through the following types of agreements:

Grant: A financial assistance award given to the Organization to carry out its programmatic purpose.

Contract: An agreement between the Agency and a funding source that includes the terms under which the grant or award will be administered.

Preparation and Review of Proposals

Individual divisions or programs are responsible for preparing proposals for projects that the Agency intends to pursue. All proposals shall be reviewed by the Chief Financial Officer prior to submission to government agencies or other funding sources to ensure the proposed budget includes all appropriate costs.

Final proposals and grant applications shall be reviewed and approved in writing by the Board of Directors and/or the Executive Director, as directed by the funding source.

The full Board (or appropriate Board committee) will approve acceptance of all grants.

The full Board will be involved in all decisions concerning new funding sources.

The Agency may refuse to consider grants based on the cost/benefit of administering such awards.

“Proposal costs of the current accounting period of both successful and unsuccessful bids and proposals normally should be treated as indirect costs and allocated currently to all activities.” (2 CFR Part 200.460)

Post-Award Procedures

After an award has been made, the following steps shall be taken:

1. Verify the specifications of the grant or contract. The Chief Financial Officer shall review the terms, time periods, award amounts and expected expenditures associated with the award. A CFDA (*Catalog of Federal Domestic Assistance*) number shall be determined for each award. All reporting requirements under the contract or award shall be summarized.
2. Create new general ledger account numbers as required. New accounts shall be established for the receipt and expenditure categories in line with the grant or contract budget.
3. Gather documentation. A file is established for each grant or contract. The file contains the proposal, all correspondence regarding the grant or contract, the final signed award document and all reports submitted to the funding sources.

Billing and Financial Reporting

The Agency's primary source of revenue are:

- Reimbursement grants – Billed monthly, or as funders require, based on allowed, incurred expenses
- Federal/State grants – Funds are received once funding is approved, per grant regulations
- Fee-for-service income – Billed according to contract requirements based on number of units or services provided
- Private grants – Funds are usually received once funding is approved. Financial expenditure reports, if required, are submitted as required by funding source.
- Donations/Contributions – May be solicited or unsolicited

The Agency strives to provide management, staff and funding sources with timely and accurate financial reports applicable to federal awards. These reports include monthly and cumulative expenditures, a project budget, and a balance remaining column.

The Agency shall prepare and submit financial reports as specified by the financial reporting clause of each grant or contract award document. Preparation of these reports shall be the responsibility of the Chief Financial Officer, subject to review and approval by the Executive Director.

The following policies shall apply to the preparation and submission of billings to federal agencies under awards made to the Agency:

1. It is the policy of the Agency to request reimbursement after expenditures have been incurred, unless an award specifies another method.
2. The Agency will strive to minimize the time between receipt and disbursement of grant funds as administratively feasible (2 CFR Part 200).
3. Each award normally specifies a particular billing cycle; therefore, a schedule is established for each grant and contract to ensure that reimbursement is made on a timely basis along with any other reporting that is required in addition to the financial reports.
4. Requests for reimbursement of award expenditures will use the actual amounts as posted to the general ledger as the source for all invoice amounts.
5. All financial reports required by each federal award will be prepared and filed on a timely basis. To the extent the Agency's year-end audit results in adjustments to amounts previously reported to federal agencies, revised reports shall be prepared and filed in accordance with the terms of each federal award.

The Agency shall maintain separate billing records in addition to the official general ledger accounting records. Billing records shall be reconciled to the general ledger on a monthly basis.

At the time invoices (requests for reimbursement) are prepared, revenue and accounts receivable shall be recorded on the books of the Agency by the Chief Financial Officer.

If a federal award authorizes the payment of cash advances to the Agency, the Chief Financial Officer may request that a request for such an advance be made. Upon receipt of a cash advance from a federal Agency, the Agency shall reflect a liability equal to the advance. As part of the monthly close-out and invoicing process, the liability shall be reduced, and revenue recognized, in an amount equal to the allowable costs incurred for that period.

Cash drawdowns of Advances

Cash drawdowns from federal agencies shall be made as needed in conjunction with the accounts payable and payroll schedule, based on need. All federal funds shall be deposited into an interest-bearing cash account under the cash receipts policies and procedures described in this manual. The Agency requires that federal funds will be disbursed within 24 hours of receipt using the following process:

1. The Chief Financial Officer determines which checks will be printed
2. The Chief Financial Officer only selects those expenditures which have been properly approved
3. The Chief Financial Officer draws down the cash required
4. The Accounting Clerk prints the checks selected by the Chief Financial Officer
5. The Accounting Clerk prepares the checks for signing, including a list of payee's and amounts
6. The Chief Financial Officer posts (approves) the printed checks in the accounting software
7. The checks, backup, and check list are forwarded to the proper authorized check signers

Accounts Receivable Entry Policies

Where necessary, individuals independent of the cash receipts function shall post customer invoices, credit adjustments, and other adjustments to the accounts receivable subsidiary ledger.

Classification of Income and Net Assets

All income received by the Agency is classified as "unrestricted" with the exception of the following:

1. Grants and other awards received from government agencies or other grantors, which are classified as temporarily restricted.
2. Special donations received from donors requesting that the funds be permanently restricted for specific purposes.

As with all temporarily restricted net assets, when the restriction associated with the contribution has been met (due to the passing of time or the use of the resource for the purpose designated by the donor), the Agency will reclassify the related assets from “temporarily restricted” to “unrestricted” in its Statement of Financial Position and reflect the reclassification as an activity in its Statement of Activities.

Procurement under Federal Awards

Procurement of goods and services whose costs are charged to federal awards received by the Agency are subject to all of the specific Agency purchasing policies described earlier, under “Purchasing Policies and Procedures.” In addition, procurements associated with Federal awards are subject to the following supplemental policies:

1. The Agency shall avoid purchasing items that are not necessary for the performance of the activities required by a Federal award.
2. Where appropriate, an analysis shall be made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the Federal government.
3. Documentation of the cost and price analysis associated with each procurement decision shall be retained in the procurement files pertaining to each Federal award.
4. For all procurements in excess of the small purchase acquisition threshold, procurement records and files shall be maintained to include all of the following:
 - a. The basis for contractor selection.
 - b. Justification for lack of competition when competitive bids or offers are not obtained.
 - c. The basis for award cost or price.
5. The Agency shall make all procurement files available for inspection upon request by a Federal Awarding Agency.
6. All contracts with contractors shall require the contractor to certify in writing that it has not been suspended or disbarred from doing business with any federal Agency.

In addition, no employee, officer, or agent of the Agency shall participate in the selection, award or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of her or his immediate family, his or her partner, or an Agency which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

Solicitations of Bids from Contractors

All purchases in excess of \$5,000 but less than \$25,000 shall be made by obtaining oral or written quotations from at least two responsible contractors.

All purchases of at least \$25,000, but less than \$100,000, shall be made by obtaining written quotations from at least three responsible contractors.

All purchases of \$100,000 or more shall be made by obtaining competitive proposals from at least three responsible contractors. Sealed bids shall be utilized when required by the Federal awarding Agency.

The Agency shall not utilize the "cost-plus-a-percentage-of-cost" method of contracting with contractors.

All other policies and procedures associated with procurement under Federal awards shall be governed by the policies applicable to all purchases of the Agency, described in the section of this manual on "Policies Associated with Expenditures and Disbursements."

Equipment and Furniture Purchased With Federal Funds

For purposes of Federal award accounting and administration, "equipment" shall include all assets with a unit cost equal to the lesser of \$5,000 or the capitalization threshold utilized by the Agency, described under Asset Management.

All purchases of "equipment" with federal funds shall be approved in advance in writing by the federal awarding Agency. In addition, the following policies shall apply regarding equipment purchased and charged to federal awards:

1. Any equipment that is owned by the Federal government and given to the Agency for use in a program shall be marked as such.
2. Adequate insurance coverage will be maintained with respect to equipment and furniture charged to Federal awards.
3. A physical inventory of all equipment purchased with federal funds shall be performed at least once annually. The results of the physical inventory shall be reconciled to the accounting records of and federal reports filed by the Agency.

Standards for Financial Management Systems

In accordance with 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, it is the policy of the Agency to maintain a financial management system that provides for the following:

1. Identification, in all its accounts, of all Federal awards received and expended and the Federal programs under which they were received.

2. Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements of 2 CFR Parts 200.327, Financial Reporting, and 200.328, Monitoring and Reporting Program Performance, and/or the award.
3. Records that identify adequately the source and application of funds for federally funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be fully supported by source documentation.
4. Effective control over and accountability for all funds, property and other assets. The Agency must adequately safeguard all such assets and assure they are used solely for authorized purposes.
5. Comparison of outlays with budget amounts for each award.
6. Information that relates financial data to performance accomplishments and demonstrates cost effective practices as required by funding sources. (2 CFR Part 301, *Performance Measurement*)
7. Written procedures to minimize the time elapsing between the transfer of funds and disbursement by the Agency. Advance payments must be limited to the minimum amount needed and be timed to be in accordance with actual, immediate cash requirements. (2 CFR Part 200.305 *Payment*)
8. Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the 2 CFR Part 200, Subpart E, *Cost Principles* and the terms and conditions of the award.

Document Administration

For each grant/award/contract received by the Agency from a federal, state, or local government agency, a master file of documents applicable to the award shall be prepared and maintained. The responsibility for assembling each master file shall be assigned to the designated SPA assigned to administer the program.

The master file assembled for each government award shall include all of the following documents, including originals (where possible) of all documents received from the awarding entity:

1. Copy of the initial application for the award and corresponding budget
2. All correspondence to and from the awarding agency post-application, leading up to the award
3. The final, approved budget and program plan, after making any modifications
4. The grant agreement and any other documents associated with the initial making of the award

5. Subsequent grant modifications (financial and programmatic)
6. Copies of program and financial reports
7. Subsequent correspondence to/from the awarding agency
8. Notices of any monitoring visits to be conducted by the awarding agency
9. Correspondence and other documents resulting from the closeout process of the award

Close Out of Federal Awards

The Agency shall follow the close out procedures described in 2 CFR Part 200.343-345, Closeout, and in the grant agreements as specified by the granting Agency.

The Agency shall liquidate all obligations incurred under the grant or contract within 90 days of the end of the grant or contract agreement.



Community Services of Northeast Texas, Inc.



RECORDS RETENTION POLICY

Paper Records

The following guidelines will ensure adequate record keeping while making the most efficient use of valuable office and storage space. The retention periods listed here are based on the needs of the organization and requirements set forth by the various funding sources and may need to be modified from time to time.

RM CODES: All retention periods begin as of the 'store' date, that is, the date the records are removed from the current filing system and archived in a storage facility. On the day a box is given a code number, added to the RM List, the box is given the appropriate RM code. Files are kept 'current' for two years after the close of any particular program, calendar period, or fiscal period prior to receiving an RM code and being added to storage. RM Code 99 is given to all information that gives an overview of the Agency's activities in perpetuity. This includes, but is not limited to employee records, real estate records, annual reports, and audits.

99 = Permanent 7 = seven years 5 = five years 3 = three years 1 = one year

All records, except those expressly designated as not necessary to retain, shall have an RM Code of 3.

TYPE OF RECORD	RM CODE
Accident reports/claims (settled Cases)	7
Accounts payable ledgers and schedules	7
Accounts receivable ledgers and schedules	7
Audit reports	99
Bank reconciliations	3
Bank Statements	3
Chart of Accounts	99
Cancelled Checks (Regular purchases)	7
Cancelled Checks (Capital Asset purchases)	99
Contracts, notes and leases:	
Expired	7
Still in effect	99
Correspondence:	
General and/or routine	3
Legal and matters relating to capital expenditures	99
Deeds, mortgages and bills of sales	99
Depreciation schedules	99
Duplicate deposit slips	3
Employee time records	7
Employment applications (persons not hired)	1
Expense analyses/expense distribution schedule	7
Financial statements:	
Year end	99
Other	3

Garnishments	7
General ledgers/year end trial balance	99
Head Start / Early Head Start:	
Children's files	3
Children's attendance records	3
In-kind	3
USDA	3
Insurance policies (expired)	3
Insurance records (policies, claims, etc.)	99
Internal audit reports	7
Internal reports	3
Inventories of products, materials and supplies	7
Invoices (to customers, from contractors)	7
Journals	99
Minute books of governing bodies	99
Notes receivable ledgers and schedules	7
Nutrition client files	7
Payroll records and summaries	7
Personnel records	99
Personnel medical records	99
Petty cash vouchers	3
Physical inventory tags	3
Property records (incl. depreciation schedules)	99
Property records (Capital Asset information)	99
Purchase requisitions:	
Purchasing department copy	7
Other copies	3
Receiving sheets	3
Retirement and pension records	99
Requisitions	3
Sales records	7
Sign-in sheets (visitors)	3
Subsidiary ledgers	7
Tax returns and worksheets, examination reports and other documents relating to determination of income tax liability	99
TDHCA Client files	7
Trademark registrations and copyrights	99
Training manuals (no longer in use)	3
Voucher register and schedules	7
Withholding tax statements	7

Electronic Records

Place policy here



Community Services of Northeast Texas

Community Services of Northeast Texas Handbook

May 2025

This version supersedes all previous versions.

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Core Policies

1.0 Welcome

1.1 Welcome to Community Services of Northeast Texas

Welcome! You have just joined a dedicated organization. We hope that your employment with Community Services of Northeast Texas will be rewarding and challenging. We take pride in our employees as well as in the services we provide.

The Agency complies with all federal and state employment laws, and this handbook generally reflects those laws. The Agency also complies with any applicable local laws, although there may not be an express written policy regarding those laws contained in the handbook.

The employment policies and/or benefits summaries in this handbook are written for all employees.

Please take the time now to read this handbook carefully. Sign the acknowledgment at the end to show that you have read, understood, and agree to the contents of this handbook, which sets out the basic rules and guidelines concerning your employment. This handbook supersedes any previously issued handbooks or policy statements dealing with the subjects discussed herein. The Agency reserves the right to interpret, modify, or supplement the provisions of this handbook at any time. Neither this handbook nor any other communication by a management representative or other, whether oral or written, is intended in any way to create a contract of employment. Please understand that no employee handbook can address every situation in the workplace.

If you have questions about your employment or any provisions in this handbook, contact Human Resources.

We wish you success in your employment here at Community Services of Northeast Texas!

All the best,

Michelle Morehead, CEO
Community Services of Northeast Texas

1.2 At-Will Employment

Your employment with Community Services of Northeast Texas is on an "at-will" basis. This means your employment may be terminated at any time, with or without notice and with or without cause. Likewise, we respect your right to leave the Agency at any time, with or without notice and with or without cause.

Nothing in this handbook or any other Agency document should be understood as creating a contract, guaranteed or continued employment, a right to termination only "for cause," or any

other guarantee of continued benefits or employment. Only the CEO has the authority to make promises or negotiate with regard to guaranteed or continued employment, and any such promises are only effective if placed in writing and signed by the CEO.

If a written contract between you and the Agency is inconsistent with this handbook, the written contract is controlling.

Nothing in this handbook will be interpreted, applied, or enforced to interfere with, restrain, or coerce employees in the exercise of their rights under Section 7 of the National Labor Relations Act.

2.0 Introductory Language and Policies

2.1 About the Company

Community Services of Northeast Texas, Inc. (CSNT) is a private non-profit organization operating as a Federally recognized Community Action Agency (CAA), which seeks to serve low-income families and individuals in the Northeast Texas area. The main Texas counties served by CSNT are Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, and Titus counties. Other counties are also served with ancillary programs. CSNT's primary goal is to identify and combat the major causes and conditions of poverty and move families toward self-reliance.

The Community Services Division of CSNT administers the Comprehensive Energy Assistance Program (CEAP), the Community Services Block Grant (CSBG), Tenant Based Rental Assistance (TBRA), and other programs. This Division is responsible for case management, self-reliance activities, food pantries, fan drives, school supplies, toy drives, and much more. CSNT currently has one outreach office in Mt. Pleasant, which serves all twelve of the main counties listed above.

Head Start is a comprehensive family-focused child development program which prepares children for school success and helps families remain involved in the education process. The program serves income-eligible children ages 1-5 and their families by providing educational, health, dental and social services. Head Start partners with most Independent School Districts in the service area.

2.2 Mission Statement

CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.

2.3 Ethics Code

Community Services of Northeast Texas will conduct business honestly and ethically wherever operations are maintained. We strive to improve the quality of our services, products, and operations and will maintain a reputation for honesty, fairness, respect, responsibility, integrity, trust, and sound business judgment. Our supervisors and employees are expected to adhere to

high standards of business and personal integrity as a representation of our business practices, at all times consistent with their duty of loyalty to the Agency.

We expect that officers, directors, and employees will not knowingly misrepresent the Agency and will not speak on behalf of the Agency unless specifically authorized. The confidentiality of trade secrets, proprietary information, and similar confidential commercially-sensitive information (e.g., financial or sales records/reports, marketing or business strategies/plans, product development, customer lists, patents, or trademarks) about the Agency or operations, or that of our customers or partners, is to be treated with discretion and only disseminated on a need-to-know basis (see policies relating to privacy).

Violation of the Ethics Code can result in discipline, up to and including termination of employment. The degree of discipline imposed may be influenced by the existence of voluntary disclosure of any ethical violation and whether or not the violator cooperated in any subsequent investigation.

CSNT is an Agency committed to delivering a high-quality service, while promoting Agency accountability and maintaining legal compliance.

If any employee reasonably believes that some policy, practice, or activity of CSNT is in violation of any law or public policy, a complaint may be made to the CEO.

CSNT will not retaliate against any employee who, in good faith, has made a complaint. Accordingly, any report made in good faith under this policy will not result in any adverse action against the person making the report.

Whistleblowers frequently make their reports in confidence. Subject to applicable law and policy and the need to conduct an appropriate investigation, reasonable efforts will be made to maintain confidentiality of the Whistleblowers' identity and the information they report. Whistleblowers should be cautioned that their identity may become known for reasons outside of the control of recognized CSNT administrators.

2.4 Revisions to Handbook

This handbook is our attempt to keep you informed of the terms and conditions of your employment, including Community Services of Northeast Texas policies and procedures. The handbook is not a contract. The Agency reserves the right to revise, add, or delete from this handbook as we determine to be in our best interest, except the policy concerning at-will employment. When changes are made to the policies and guidelines in this handbook, we will communicate them promptly, either in a written supplement to the handbook, email, or via Paychex.

3.0 Hiring and Orientation Policies

3.1 EEO Statement and Non-harassment Policy

Equal Opportunity Statement

Community Services of Northeast Texas is committed to the principles of equal employment. We are committed to complying with all federal, state, and local laws providing equal employment opportunities, and all other employment laws and regulations. It is our intent to maintain a work environment that is free of harassment, discrimination, or retaliation based on the following protected classes: age (40 and older), race (including discrimination on the basis of a person's hair texture or protective hairstyle commonly or historically associated with race, such as braids, locks, and twists), religion, color, national origin, gender, sex, sexual orientation (including transgender status, gender identity or expression), pregnancy (including childbirth, lactation, and related medical conditions), physical or mental disability, genetic information, military service, veteran status, political affiliation, or any other status protected by federal, state, or local laws. The Agency is dedicated to the fulfillment of this policy in regard to all aspects of employment, including, but not limited to, recruiting, hiring, placement, transfer, training, promotion, rates of pay, and other compensation, termination, and all other terms, conditions, and privileges of employment.

The Agency will conduct a prompt and thorough investigation of all allegations of discrimination, harassment, or retaliation, or any violation of the Equal Employment Opportunity Policy in a confidential manner. The Agency will take appropriate corrective action, if and where warranted. The Agency prohibits retaliation against employees who provide information about, complain about, or assist in the investigation of any complaint of discrimination or violation of the Equal Employment Opportunity Policy.

We are all responsible for upholding this policy. You may discuss questions regarding equal employment opportunity with your supervisor or any other designated member of management.

Policy Against Workplace Harassment

Community Services of Northeast Texas has a strict policy against all types of workplace harassment, including sexual harassment and other forms of workplace harassment, based upon an individual's membership in a protected class. All forms of harassment of, or by, employees, vendors, visitors, customers, and clients are strictly prohibited and will not be tolerated.

Sexual Harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; (2) submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

While it is not possible to identify every act that constitutes or may constitute sexual harassment, the following are some examples of sexual harassment:

- Unwelcome requests for sexual favors;
- Lewd or derogatory comments or jokes;
- Comments regarding sexual behavior or another person's body;
- Sexual innuendo and other vocal activity such as catcalls or whistles;
- Obscene letters, notes, emails, invitations, photographs, cartoons, articles, or other written or pictorial materials of a sexual nature;
- Repeated requests for dates after being informed that interest is unwelcome;
- Retaliating against another for refusing a sexual advance or reporting an incident of possible sexual harassment to the Agency or any government agency;
- Offering or providing favors or employment benefits such as promotions, favorable evaluations, favorable assigned duties or shifts, etc., in exchange for sexual favors; and
- Any unwanted physical touching or assaults, or blocking or impeding movements.

Other Harassment

Other workplace harassment is verbal or physical conduct that insults or shows hostility or aversion towards an individual because of the individual's membership in a protected class.

Again, while it is not possible to list all the circumstances that may constitute other forms of workplace harassment, the following are some examples of conduct that may constitute workplace harassment:

- The use of disparaging or abusive words or phrases, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to the above protected categories;
- Written or graphic material that insults, stereotypes, or shows aversion or hostility towards an individual or group because of one of the above protected categories and that is placed on walls, bulletin boards, or elsewhere on our premises, in emails or voicemails, or otherwise circulated in the workplace; and
- A display of symbols, slogans, or items that are associated with hate or intolerance towards any select group.

Reporting Discrimination and Harassment

If you feel that you have witnessed or have been subjected to any form of discrimination or harassment, immediately notify Human Resources or any member of management.

The Agency prohibits retaliation against employees who, based on a reasonable belief, provide information about, complain, or assist in the investigation of any complaint of harassment or discrimination.

We will promptly and thoroughly investigate any claim and take appropriate action where we find a claim has merit. To the extent possible, we will retain the confidentiality of those who report suspected or alleged violations of the harassment policy.

Discipline for violation of this policy may include, but is not limited to, reprimand, suspension, demotion, transfer, and termination of employment. If the Agency determines that harassment or discrimination occurred, corrective action will be taken to effectively end the harassment. As necessary, the Agency may monitor any incident of harassment or discrimination to assure the

inappropriate behavior has stopped. In all cases, the Agency will follow up as necessary to ensure that no individual is retaliated against for making a complaint or cooperating with an investigation.

3.2 Accommodations for Pregnancy, Childbirth, and Related Medical Conditions

Community Services of Northeast Texas provides reasonable accommodations to employees experiencing limitations related to pregnancy, childbirth, nursing mothers, or related medical conditions. We are committed to complying with the federal Pregnant Workers Fairness Act (PWFA) and any applicable state or local laws offering additional protections.

Examples of reasonable accommodations include:

- Additional break time for restroom use, meals, hydration, and rest.
- Seating options allowing for sitting or standing as needed.
- Schedule changes, part-time work, and paid and unpaid leave.
- Flexible work hours to accommodate medical appointments and physical needs.
- Telework (remote work).
- Closer parking spots to the workplace entrance.
- Light duty.
- Making existing facilities accessible or modifying the work environment.
- Job restructuring.
- Temporarily suspending one or more essential functions of the job.
- Acquiring or modifying equipment, uniforms, or devices.
- Adjusting or modifying examinations or policies.

If you require an accommodation, notify your supervisor. In instances where the need for a particular accommodation is not obvious, you may be asked to provide:

- The reason an accommodation is needed;
- A description of the proposed accommodation; and
- Information on how the accommodation will effectively address your limitations.

Medical documentation will not be required in the following situations:

- When the limitation and need for an accommodation is obvious.
- If the Agency is already aware of the limitation due to previous disclosure.
- If the requested accommodation is to do any of the following, as needed:
 - Carry or keep water nearby and drink;
 - Take additional restroom breaks;
 - Sit, stand, or alternate between sitting and standing; or
 - Take breaks to eat and drink.
- For any lactation accommodations.
- When a similar accommodation has been provided to other employees without requiring documentation.

Nursing Mothers

Community Services of Northeast Texas will provide nursing mothers reasonable break time to express milk for their infant child for up to one year following the child's birth.

If you are nursing, you will be provided with a space, other than a restroom, that is shielded from view and free from intrusion from coworkers and the public.

Expressed milk can be stored in company refrigerators. Sufficiently mark or label your milk to avoid confusion for other employees who may share the refrigerator. You may also bring a personal cooler for storage.

Break time should, if possible, be taken concurrently with any other break time already provided. If you are nonexempt, clock in and out for any time taken that does not run concurrently with normally scheduled rest periods. Break time may be unpaid where permissible by applicable law.

You must make reasonable efforts to not disrupt Agency operations.

You are encouraged to discuss the length and frequency of these breaks with your supervisor.

The Agency will not discriminate or retaliate against employees who express breast milk in the workplace in accordance with this policy.

The Agency will engage in an interactive process with you to identify suitable accommodations. While we strive to accommodate all requests, certain accommodations may not be provided if they would result in undue hardship to the Agency. Factors considered include the nature and cost of the accommodation, the overall financial resources of the facility, and the impact on operations, including safety and efficiency.

If leave is provided as a reasonable accommodation, it may run concurrently with leave under the federal Family and Medical Leave Act (FMLA) and/or any other applicable leave as permitted by law.

The Agency strictly prohibits retaliation against employees who request or utilize an accommodation under this policy.

3.3 Disability Accommodation

Community Services of Northeast Texas complies with the Americans with Disabilities Act (ADA) and Americans with Disabilities Act Amendments Act (ADAAA), the Pregnancy Discrimination Act, and all applicable state and local fair employment practices laws, and is committed to providing equal employment opportunities to qualified individuals with disabilities, including disabilities related to pregnancy, childbirth, and related conditions. Consistent with this commitment, the Agency will provide reasonable accommodation to otherwise qualified individuals where appropriate to allow the individual to perform the essential functions of the job, unless doing so would create an undue hardship on the business.

If you require an accommodation because of your disability, it is your responsibility to notify your supervisor. You may be asked to include relevant information such as:

- The reason you need an accommodation.
- A description of the proposed accommodation.
- How the accommodation will help you perform the essential functions of your job.

After receiving your request, the Agency will engage in an interactive dialogue with you to determine the precise limitations of your disability and explore potential reasonable accommodations that could overcome those limitations. Where appropriate, we may need your permission to obtain additional information from your medical provider. All medical information received by the Agency in connection with a request for accommodation will be treated as confidential.

The Agency encourages you to suggest specific reasonable accommodations that you believe would allow you to perform your job. However, the Agency is not required to make the specific accommodation requested by you and may provide an alternative accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on the Agency.

Where state or local law provides greater protections to employees than federal law, the Agency will apply the law that provides the greatest benefit to employees.

If leave is provided as a reasonable accommodation, such leave may run concurrently with leave under the federal Family and Medical Leave Act and/or any other leave where permitted by state and federal law.

The Agency will not discriminate or retaliate against employees for requesting an accommodation.

3.4 Religious Accommodation

Community Services of Northeast Texas recognizes the diversity of religious beliefs and is committed to providing equal employment opportunities to all employees, regardless of their religious beliefs and practices or lack thereof. Consistent with this commitment, the Agency complies with Title VII of the Civil Rights Act of 1964 and all applicable state and local laws that prohibit employment discrimination on the basis of religion. The Agency will reasonably accommodate the sincerely held religious beliefs of employees if the accommodations would resolve a conflict between the individual's religious belief or practice and a work requirement, unless doing so would create an undue hardship.

Requesting a Religious Accommodation

If you need accommodation because of your religious beliefs or practices, make the request with your Human Resources department. You may be asked to include relevant information such as:

- A description of the proposed accommodation.
- The reason you need the accommodation.
- How the accommodation will help resolve the conflict between your religious beliefs or practices (or lack thereof) and your work requirements.

After receiving your request, the Agency will engage in an interactive dialogue with you to explore potential accommodations that could resolve the conflict between your religious beliefs or practices and work requirements. The Agency encourages you to suggest specific reasonable accommodations. However, the Agency is not required to make the specific accommodation requested by you and may provide an alternative accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on the Agency.

The Agency will not discriminate or retaliate against employees who, in good faith, request a religious accommodation under this policy.

3.5 Conflicts of Interest

Community Services of Northeast Texas is concerned with conflicts of interest that create actual or potential job-related concerns, especially in the areas of confidentiality, customer relations, safety, security, and morale. If there is any actual or potential conflict of interest between you and a competitor, supplier, distributor, or contractor to the Agency, you must disclose it to your supervisor. If an actual or potential conflict of interest is determined to exist, the Agency will take such steps as it deems necessary to reduce or eliminate this conflict.

3.6 Employment Authorization Verification

New hires will be required to complete Section 1 of federal Form I-9 on the first day of paid employment and must present acceptable documents authorized by the U.S. Citizenship and Immigration Services proving identity and employment authorization no later than the third business day following the start of employment with Community Services of Northeast Texas. If you are currently employed and have not complied with this requirement or if your status has changed, inform your supervisor.

If you are authorized to work in this country for a limited time, you will be required to submit proof of renewed employment eligibility prior to expiration of that time to remain employed by the Agency.

3.7 Employment of Relatives and Friends

The Agency will not employ relatives or friends in circumstances where actual or potential conflicts may arise that could compromise supervision, safety, confidentiality, security, and morale at Community Services of Northeast Texas. It is your obligation to inform the Agency of any such potential conflict so we can determine how best to respond to the specific situation.

3.8 Job Descriptions

Community Services of Northeast Texas attempts to maintain a job description for each position. If you do not have a current copy of your job description, you should request one from your supervisor.

Job descriptions prepared by the Agency serve as an outline only. Due to business needs, you may be required to perform job duties that are not within your written job description. Furthermore, the Agency may have to revise, add to, or delete from your job duties per business needs. On occasion, the Agency may need to revise job descriptions with or without advance notice to employees.

If you have any questions regarding your job description or the scope of your duties, please speak with your supervisor.

3.9 New Hires and Introductory Periods

The first 90 days of your employment is considered an introductory period. During this period, you will become familiar with Community Services of Northeast Texas and your job responsibilities, and we will have the opportunity to monitor the quality and value of your performance and make any necessary adjustments in your job description or responsibilities. Completion of this introductory period does not imply guaranteed or continued employment. Nothing that occurs during or after this period should be construed to change the nature of the at-will employment relationship.

3.10 Posting of Openings

Community Services of Northeast Texas desires to promote qualified employees from within where it believes that is possible, consistent with the need to assure that all positions are staffed by highly competent individuals.

To be eligible to apply for a posted job, employees must have performed competently for at least 180 calendar days in their current position. In the best interest of the Agency, the CEO reserves the right to transfer an employee even if they have not fulfilled the 180-day requirement.

To apply for an open position, employees should submit an application to Human Resources.

Job posting is a way to inform employees of openings and to identify qualified and interested applicants who might not otherwise be known to the hiring supervisor. Other recruiting sources may also be used to fill open positions in the best interest of the organization.

3.11 Physical/Medical Examination

Bi-annual medical evaluations are required by law for Head Start/Early Head Start employees and for all other employees when the examination is job-related and aligns with business needs, unless restricted by state or federal law. Non-compliance may lead to disciplinary actions, including immediate termination, at the discretion of the CEO. Additionally, CSNT requires all employees to undergo a physical examination by a qualified physician or certified nurse practitioner either before or within ninety days of their hire date, as determined by the CEO.

3.12 Training Program

Community Services of Northeast Texas, Inc. has professional development opportunities for staff. These opportunities may include on-site training, as well as out-of-town conferences.

Head Start employees should refer to the Content Area Policies and Procedures Manual for specific details. Community Services division employees should submit inquiries/requests to their immediate supervisor.

All training is subject to funding source regulations, standards and budget limitations. Written notification is given to employees for any additional professional development funding.

4.0 Wage and Hour Policies

4.1 Pay Period

At Community Services of Northeast Texas, the standard pay period is biweekly for all employees. Pay dates are alternate Fridays. Special provisions may be required from time to time if holidays fall on pay dates. In the event that a regularly scheduled payday falls on a non-banking day, employees will receive pay on the last banking day before the regularly scheduled payday.

Review your paycheck for accuracy. If you find an issue, report it to your supervisor immediately.

4.2 Overtime

If you are nonexempt, you may qualify for overtime pay. All overtime must be approved in advance, in writing, by your supervisor.

At certain times Community Services of Northeast Texas may require you to work overtime. We will attempt to give as much notice as possible in this instance. However, advance notice may not always be possible. Failure to work overtime when requested or working unauthorized overtime may result in discipline, up to and including termination of employment.

Unless otherwise required or exempted by law, overtime pay of one and one-half times your regular rate of pay is paid for any hours worked in excess of 40 hours in a workweek. Holidays, vacation days, and sick leave days do not count as time worked for computing overtime.

4.3 Meal and Rest Periods

Community Services of Northeast Texas strives to provide a safe and healthy work environment and complies with all federal and state regulations regarding meal and rest periods. Check with your supervisor regarding procedures and schedules for rest and meal breaks. The Agency requests that employees accurately observe and record meal and rest periods. If you know in advance that you may not be able to take your scheduled break or meal period, let your

supervisor know; in addition, notify your supervisor as soon as possible if you were unable to or prohibited from taking a meal or rest period.

4.4 Attendance

Community Services of Northeast Texas requires regular and punctual attendance by employees. You are expected to arrive at the workplace on time and ready to perform your job. Failure to comply with this policy may result in disciplinary action, up to and including termination.

If you are not going to arrive at work or return from a break on time, you must notify your supervisor as soon as possible but at least 1 hour before your scheduled start time.

If you must miss work due to an emergency or other unexpected circumstance, notify your supervisor as soon as possible. Notice should include the expected duration of your absence and your expected time or date of return. You may be required to provide documentation of the need for the absence, as permitted by applicable law.

If you become ill during your scheduled workday and need to leave before the end of your shift, notify your supervisor immediately. If you are unable to perform your job at an acceptable level due to illness, you may be sent home until you are well enough to work.

Absences will be considered excused if you requested the time off in accordance with Agency policies and received the required approval for the absence. Absences will be considered unexcused if you are absent from work during scheduled work hours without permission and do not receive retroactive approval. This policy applies to all absences, including full- or partial-day absences, late arrivals, and early departures.

In the event an employee is absent three consecutive days (with proper notice) due to an illness or an injury that has prevented them from returning to their job responsibilities, they will be required to provide a physician's statement releasing them for full duty prior to resuming their scheduled workdays.

Planned absences, such as vacations or medical appointments, should be arranged as far in advance as possible. If you need to be absent during the workday, attempt to schedule outside appointments or obligations so that your absence has the smallest impact possible on business operations.

The Agency reserves the right to apply unused vacation, sick time, or other paid time off to unauthorized absences when permitted by applicable law. Absences resulting from approved leave, vacation, or legal requirements are exceptions to this policy.

If you fail to report to work for 3 or more consecutive days and have not provided proper notification, the Agency will assume that you have voluntarily resigned your position and will proceed with the termination process.

4.5 Employment Classifications

The Agency designates all employees as either exempt or nonexempt in compliance with applicable federal, state, and local law:

- **Exempt employees.** Exempt employees are generally paid a fixed salary and are not entitled to overtime pay.
- **Nonexempt employees.** Nonexempt employees are entitled to minimum wage and overtime pay.

The Agency also assigns each employee to one of the following categories:

- Regular Full-Time employees are those who have completed the introductory period and who are regularly scheduled to work 30 hours or more per week. Full-time employees are eligible for CSNT's full benefit package.
- Regular Part-Time employees are those who have completed the introductory period and who are regularly scheduled to work less than 30 hours per week. Generally, they are not eligible for certain benefits (i.e. health, dental and vision). Specific requirements must be met to qualify for certain additional benefits.
- Temporary employees are those who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees are ineligible for all of CSNT's benefit programs.

You will be informed of your classification, status, and responsibilities at the time of hire and at any time your classification, status, or responsibilities change. If you have a question regarding this information, contact Human Resources. These classifications do not alter your employment at-will status.

4.6 Introduction to Wage and Hour Policies

At Community Services of Northeast Texas, pay depends on a wide range of factors, including pay scale surveys, individual effort, profits, and market forces. If you have any questions about your compensation, including matters such as paid time off, overtime, benefits, or paycheck deductions, speak with your supervisor.

4.7 Paycheck Deductions

Community Services of Northeast Texas is required by law to make certain deductions from your pay each pay period, including deductions for federal income tax, Social Security and Medicare (FICA) taxes, state income taxes, and any other deductions required under law or by court order for wage garnishments. The amount of your tax deductions will depend on your earnings and the information you list on your federal Form W-4 and applicable state withholding form. Permissible deductions for exempt employees may also include, but are not limited to, deductions for full-day absences for reasons other than sickness or disability and certain disciplinary suspensions. You may also authorize certain voluntary deductions from your paycheck where permissible under state law. Your deductions will be reflected in your wage statement. If you have any questions about deductions from your pay, contact Human Resources.

The Agency will not make deductions to your pay that are prohibited by federal, state, or local law. Review your paycheck for errors each pay period and immediately report any discrepancies to Human Resources.

You will be reimbursed in full for any isolated, inadvertent, or improper deductions, as defined by law. If an error is found, you will receive an immediate adjustment, which will be paid no later than your next regular payday.

The Agency will not retaliate against employees who report erroneous deductions in accordance with this policy.

4.8 Posting of Work Schedules

Work schedules for employees vary throughout the Agency. Supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

4.9 Recording Time

Community Services of Northeast Texas is required by applicable federal, state, and local laws to keep accurate records of hours worked by certain employees. To ensure that the Agency has complete and accurate time records and that employees are paid for all hours worked, nonexempt employees are required to record all working time. Speak with your supervisor for specific instructions.

You must accurately record all of your time to ensure you are paid for all hours worked and must follow established Agency procedures for recording your hours worked. Time must be recorded as follows:

- Immediately before starting your shift.
- Immediately after finishing work, before your meal period.
- Immediately before resuming work, after your meal period.
- Immediately after finishing work.
- Immediately before and after any other time away from work.
- Other compensable time required by state law (such as time taken waiting to undergo and undergoing mandatory screenings).

Time sheets are to be turned into your supervisor each week.

If you are required to clock in, you should clock in no more than five minutes before the time you actually start working and clock out no later than five minutes after you actually stop working.

Notify your supervisor of any pay discrepancies, unrecorded or mis-recorded work hours, or any involuntarily missed meal or break periods.

Falsifying time entries is strictly prohibited. Falsifying time entries includes working "off the clock." If you falsify your own time records, or the time records of co-workers, or if you work off the clock, you will be subject to discipline up to and including termination. Immediately report to Human Resources any employee, supervisor, or supervisor who falsifies your time entries or encourages or requires you to falsify your time entries or work off the clock.

4.10 Travel Expenses

The purpose of this policy is to define approved business travel expenses and the authority for incurring and approving such expenses at Community Services of Northeast Texas.

It is the policy of CSNT to reimburse only reasonable and necessary expenses actually incurred by Board Members, Officers and/or employees. Employee travel and the expenses associated with said activities shall be authorized only in circumstances, which are clearly consistent with the Agency's mission. Travel should be the most reasonable and cost-effective alternative, consistent with good business practices. Neither luxury, nor sub-standard modes of transportation and accommodations shall be used.

Employees who are uncertain about a particular expense or policy will need to contact their supervisor prior to the expenditure. Those traveling are reminded to exercise good business judgment and discretion with respect to incurred expenses. Reported expenses must be supported by appropriate documentation.

Necessity of Travel

Travel must be reasonable and/or necessary to be considered allowable. Employees shall consider the ways in which the Agency will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be taken into account in deciding whether a particular individual's participation is necessary. In determining whether the benefits to CSNT outweigh the costs, less expensive alternatives, such as participation by telephone or video conferencing, or the availability of local programs or training opportunities, shall be considered.

Instances of travel should be as a result of one of the following situations:

- Attendance is required by a funding source.
- Attendance is part of a planned, approved, and budgeted training schedule.
- Attendance is part of an employee's Agency-approved fulfillment of responsibilities as an Officer or Board Member of a county, regional, state, or national association.
- Attendance is required in order to facilitate an approved task within an employee's job description which cannot be completed by other means.
- Attendance has been deemed necessary by the CEO as a prudent measure in the fulfillment of the Agency's mission.

Request/Authorization to Travel

Travel plans must be pre-approved. The requesting employee is required to complete the approved travel request form(s) and submit the completed form(s) to their supervisor.

supervisors will assess the request and its conformity with the Agency's Travel Expenses Policy to determine if the travel meets the needs of the program.

Any employee attending a training that adds value to their ability to perform mission-driven tasks for the agency will know the amount of funds being expended on the training.

The CEO shall assess the request, weighing all presented factors, including compliance with state and federal regulations, to ensure the request is in the best interest of the Agency. The request shall be analyzed to avoid unnecessary expenses.

Reimbursements

CSNT will reimburse employees for allowable and reasonable business travel expenses incurred while on assignments away from the normal work location. All business travel must be approved in advance by the CEO.

Supervisors (or team members directed by a supervisor to do so) will make all travel arrangements for all Community Services employees. If all arrangements cannot be arranged and paid prior to travel, the types of expenses that may be approved for reimbursement are:

- Airfare or common carrier fare for travel in coach or economy class or the lowest available fare
- Car rental fees, only for compact or mid-sized cars
- Fares for shuttle or airport bus service, where available; costs of public transportation for other ground travel
- Taxi fares, parking fees, including valet parking, only when there is no less expensive alternative or when other methods are impractical or unsafe.
- Mileage costs for the use of personal cars, only when approved in advance.
- Cost of standard accommodation in low to mid-priced hotels, motels, or similar lodgings, or when a specific rate has been negotiated with, and, or through a funding source or the convening entity.
- Charges for telephone calls, fax, and similar services required for business purposes.
- Approved per diem rate for meals and incidental expenses.

Employees who are involved in an accident while traveling on business must promptly report the incident to their immediate supervisor. Vehicles owned, leased, or rented by Community Services may not be used for personal use without prior approval of the CEO, and only in cases where such uses would benefit the Agency.

Travel advances to cover certain reasonable anticipated expenses may be made to employees, after travel has been approved.

When travel is completed, employees are required to submit completed travel expense reports within ten days. Reports must be accompanied by receipts for all expenses not covered by a per diem advance.

Employees should contact their supervisor for guidance and assistance on procedures related to travel arrangements, travel advances, expense reports, reimbursement for specific expenses, or any other business travel issues.

Abuse of this business travel expenses policy, including falsifying expense reports to reflect costs not incurred by the employee can be grounds for disciplinary action, up to and including termination of employment. No employee may charge any personal expenditures to any Agency credit card, debit card, or hotel bill at any time. Exceptions are when hotels require all charges to be posted to the room portfolio. In such cases, the traveling employee must settle the personal items prior to the final room receipt being posted.

Mileage Reimbursements

Employees may submit a mileage form for reimbursement with their time sheets listing approved travel for reimbursement based on the current IRS Mileage Rate.

Local travel is defined as any travel from an employee's duty station to any location other than their duty station for the purpose of conducting agency business.

Approved travel is defined as travel in an employee's personal vehicle for stated purposes in which case the employee has sought and received prior approval from a Program Director or the CEO, or in which case the travel is deemed necessary by the employee's supervisor and no agency vehicle is available. If there is a company vehicle available, mileage will not be paid or reimbursed. If employees still choose to drive their personal vehicle for work activities, a copy of their current personal liability insurance must be on file.

Out-of-town travel is defined as travel to locations with a distance of more than 50 miles from the agency's administrative office to events which require an overnight stay.

Approved long-distance travel is defined as travel in an employee's personal vehicle in lieu of travel via public carrier. Prior approval from the CEO is required.

All travel reimbursement forms must be submitted within ten days of the end of travel.

It is the intent to pay reimbursements within 14 days of submission, based on availability of funds.

If an employee chooses not to submit a form for reimbursement, the amount of the reimbursement cannot be used as in-kind or non-federal share.

Payments for reimbursement are processed through the agency's accounts payable system and not through the payroll department. It is the responsibility of each individual employee receiving reimbursements to maintain their own records for tax purposes. The agency will not be able to research tax documentation at a later date.

5.0 Performance, Discipline, Layoff, and Termination

5.1 Criminal Activity/Arrests

Employees should report all incidents to their supervisor. Employees should report changes in their criminal background to their supervisor immediately.

Community Services of Northeast Texas will report all criminal activity in accordance with applicable law. Involvement in criminal activity while employed by the Agency, whether on or off Agency property, may result in disciplinary action including suspension or termination of employment.

Employees are expected to be on the job, ready to work, when scheduled. Inability to report to work as scheduled may lead to disciplinary action, up to and including termination of employment, for violation of an attendance policy or job abandonment.

5.2 Standards of Conduct

Community Services of Northeast Texas wishes to create a work environment that promotes job satisfaction, respect, responsibility, integrity, and value for all our employees, clients, customers, and other stakeholders. We all share the responsibility of improving the quality of our work environment. By deciding to work here, you agree to follow our rules.

While it is impossible to list everything that could be considered misconduct in the workplace, what is outlined here is a list of common-sense infractions that could result in discipline, up to and including immediate termination of employment. This policy is not intended to limit our right to discipline or terminate employees for any reason permitted by law.

All employees representing or acting on behalf of Community Services will comply with all applicable laws and regulations and all directors, officers, and employees are expected to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. All Head Start employees are required to abide by the *Human Resources Management, 1302.90 – Personnel Policies of the Head Start Performance standards*.

Examples of inappropriate conduct include:

- Violation of the policies and procedures set forth in this handbook.
- Possessing, using, distributing, selling, or negotiating the sale of illegal drugs or other controlled substances.
- Being under the influence of alcohol during working hours on Agency property (including in Agency vehicles), or on Agency business.
- Inaccurate reporting of the hours worked by you or any other employees.
- Providing knowingly inaccurate, incomplete, or misleading information when speaking on behalf of the Agency or in the preparation of any employment-related documents including, but not limited to, job applications, personnel files, employment review documents, intra-company communications, or expense records.
- Taking or destroying Agency property.
- Possession of potentially hazardous or dangerous property (where not permitted) such as firearms, weapons, chemicals, etc., without prior authorization.
- Fighting with, or harassment of (as defined in our EEO policy), any fellow employee, vendor, or customer.
- Refusal or failure to follow directions or to perform a requested or required job task.
- Refusal or failure to follow safety rules and procedures.
- Excessive tardiness or absences.
- Smoking in non-designated areas.
- Working unauthorized overtime.
- Solicitation of fellow employees on Agency premises during working hours.
- Failure to dress according to Agency policy.
- Use of obscene or harassing (as defined by our EEO policy) language in the workplace.
- Engaging in outside employment that interferes with your ability to perform your job at this Agency.
- Gambling on Agency premises.
- Lending keys or keycards to Agency property to unauthorized persons.
- Theft or inappropriate removal or possession of property.
- Falsification of timekeeping records.

- Fraudulent activity.
- Working under the influence of alcohol or illegal drugs.
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment.
- Fighting or threatening violence in the workplace.
- Boisterous or disruptive activity in the workplace.
- Negligence or improper conduct in the workplace.
- Negligence or improper conduct leading to damage of employer-owned or customer-owned property.
- Insubordination or other disrespectful conduct.
- Violation of safety or health rules.
- Smoking in prohibited areas.
- Sexual or other unlawful or unwelcome harassment.
- Possession of dangerous materials, such as explosives or firearms, in the workplace.
- Excessive absenteeism or any absence without notice.
- Unauthorized absence from workstation during the workday.
- Unauthorized use of telephones, mail systems, or other employer-owned equipment .
- Unauthorized disclosure of business "secrets" or confidential information.
- Violation of personnel policies.
- Unsatisfactory performance or conduct.
- Request for removal from employment by a grantee agency/school district.
- Failure to follow and adhere to all Federal and State Funding Rules and Regulations.

Nothing in this policy is intended to limit your rights under the National Labor Relations Act, or to modify the at-will employment status where at-will is not prohibited by state law.

5.3 Disciplinary Process

Violation of Community Services of Northeast Texas's policies or procedures may result in disciplinary action, including demotion, transfer, leave without pay, or termination of employment. The Agency encourages a system of progressive discipline depending on the type of prohibited conduct. However, the Agency is not required to engage in progressive discipline and may discipline or terminate employees who violate the rules of conduct, or where the quality or value of their work fails to meet expectations at any time. Again, any attempt at progressive discipline does not imply that your employment is anything other than on an "at-will" basis consistent with applicable law. Note that the specific terms of your employment relationship, including termination procedures, are governed by the laws of the state of Texas.

In appropriate circumstances, CSNT will first provide you with a verbal counseling, then with performance correction notices and task plans, and if the conduct is not sufficiently altered, eventual demotion, transfer, or termination of employment.

Community Services recognizes that there are certain types of employee problems that are serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual progressive discipline steps.

By using progressive discipline, the Agency hopes most employee problems can be corrected at an early stage, benefiting both the employee and Community Services.

5.4 Exit Interview

You may be asked to participate in an exit interview when you leave Community Services of Northeast Texas. The purpose of the exit interview is to provide management with greater insight into your decision to leave employment; identify any trends requiring attention or opportunities for improvement; and to assist the Agency in developing effective recruitment and retention strategies. Your cooperation in the exit interview process is appreciated.

Community Services of Northeast Texas, Inc. (CSNT) will generally schedule exit interviews at the time of employment termination. The exit interview will afford an opportunity to discuss such issues as employee benefits, conversion privileges, repayment of outstanding debts to CSNT, or return of CSNT-owned property. Suggestions, complaints, and questions can also be voiced. Employees will receive their final pay in accordance with applicable state law.

5.5 Open Door/Conflict Resolution Process

Community Services of Northeast Texas strives to provide a comfortable, productive, legal, and ethical work environment. To this end, we want you to bring any problems, concerns, or grievances you have about the work place to the attention of your supervisor and, if necessary, to Human Resources or upper level management. To help manage conflict resolution we have instituted the following problem-solving procedure:

If you believe there is inappropriate conduct or activity on the part of the Agency, management, its employees, vendors, customers, or any other persons or entities related to the Agency, bring your concerns to the attention of your supervisor at a time and place that will allow the person to properly listen to your concern. Most problems can be resolved informally through dialogue between you and your immediate supervisor. If you have already brought this matter to the attention of your supervisor before and do not believe you have received a sufficient response, or if you believe that person is the source of the problem, present your concerns to Human Resources or CEO, who will then work with his/her staff (and employment counsel, as necessary). Describe the problem, those persons involved in the problem, efforts you have made to resolve the problem, and any suggested solution you may have.

5.6 Outside Employment

Outside employment that creates a conflict of interest or affects the quality or value of your work performance or availability at Community Services of Northeast Texas is prohibited. The Agency recognizes that you may seek additional employment during off hours, but in all cases expects that any outside employment will not affect your attendance, job performance, productivity, work hours, or scheduling, or would otherwise adversely affect your ability to effectively perform your duties or in any way create a conflict of interest. Any outside employment that will conflict with your duties and obligations to the Agency should be reported to your supervisor. Failure to adhere to this policy may result in discipline up to and including termination.

5.7 Performance Reviews

Community Services of Northeast Texas will make efforts to periodically review your work performance. The performance review is a tool used to evaluate employee performance over the review period by assessing:

- Your performance of assigned job duties and responsibilities.
- Your achievement or lack of achievement of specific targets and goals.
- Other aspects of your performance (e.g., communication skills, professionalism, ability to collaborate, reliability, willingness to take initiative, etc.).

The performance review process will take place at the end of an employee's initial period in any new position (the introductory period), annually, or as business needs dictate.

The performance review process is intended to increase the quality and value of your work performance. The review process may be used to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

A positive performance review does not guarantee a pay raise or continued employment.

5.8 Promotions

To match you with the job for which you are best suited and to meet the business needs of Community Services of Northeast Texas, you may be transferred from your current job. It is our policy to promote from within only when the most qualified candidate is available. Promotions are made on an equal opportunity basis according to employees possessing the needed skills, education, experience, and other qualifications that are required for the job.

Employees who are promoted or transferred within Community Services must complete a secondary introductory period of the same length with each reassignment to a new position. Any significant absence will automatically extend a introductory period by the length of the absence. If Community Services determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

In cases of promotions or transfers within Community Services, an employee who, in the sole judgment of management, is not successful in the new position can be removed from that position at any time during the secondary introductory period. If this occurs, the employee may be allowed to return to his or her former job or to a comparable job for which the employee is qualified, depending on the availability of such positions and CSNT's needs.

5.9 Resignation Policy

Community Services of Northeast Texas hopes that your employment with the Agency will be a mutually rewarding experience; however, the Agency acknowledges that varying circumstances can cause you to resign employment. The Agency intends to handle any resignation in a professional manner with minimal disruption to the workplace. CSNT reserves the right to

accept a resignation upon the day it is given instead of waiting for the advance notice period to expire.

Notice

The Agency requests that you provide a minimum notice period as outlined below as your notice of your resignation. Provide a written resignation letter to your supervisor and a copy to Human Resources. If you provide less notice than requested, the Agency may deem you to be ineligible for rehire, depending on the circumstances of the notice given.

- C-level staff (CEO, COO, Chief Financial Officer) are expected to give notice at least 28 calendar days in advance (four weeks).
- Program Directors, Campus Directors, and Assistant Directors are expected to give notice at least 21 calendar days in advance (three weeks).
- All other staff are expected to give notice at least 14 calendar days in advance (two weeks).

The Agency reserves the right to provide you with pay in lieu of notice in situations where job or business needs warrant.

Final Pay

The Agency will pay separated employees in accordance with applicable laws and other sections of this handbook.

Notify the Agency if your address changes during the calendar year in which resignation occurs to ensure tax information is sent to the correct address.

Return of Property

Return all Agency property at the time of separation, including cellphones, keys, tools, and identification cards.

5.10 Workforce Reductions (Layoffs)

If necessary based upon business needs, Community Services of Northeast Texas management may decide to implement a reduction in force (RIF). We acknowledge that RIFs can be a trying experience for all involved, and the Agency will make its best effort to make sound business decisions while acknowledging the needs of its workforce.

6.0 General Policies

6.1 Access to Personnel and Medical Records Files

Community Services of Northeast Texas maintains separate medical records files and personnel files for all employees. Files containing medical records are stored separate and apart from any business-related records in a safe, locked, inaccessible location. The medical file is the repository for sensitive and confidential information related to an individual's health, health

benefits, health-related leave and/or accommodations, and benefits selections and coverage. Medical records are kept confidential in compliance with applicable laws and access is on a "need-to-know" basis only.

Supervisors and others in management may have access to your personnel file for possible employment-related decisions. If you wish to review your personnel or medical records file, you must give the Agency reasonable notice. Inspection must occur in the presence of a Agency representative.

All requests by an outside party for information contained in your personnel file will be directed to Human Resources, which is the only department authorized to give out such information.

6.2 Vehicle Use Policy

All employees required to operate a motor vehicle as part of their employment duties must maintain a valid driver's license, acceptable driving record, and appropriate insurance coverage. Community Services of Northeast Texas may run a motor vehicle department check to determine your driving record. It is your responsibility to provide a copy of your current driver's license and insurance coverage for your personnel file. Any changes in your driving record, including, but not limited to, driving infractions or changes to your insurance policy, must be reported to the Agency.

State law requires all motorists to carry auto liability insurance. It is against the law to drive without insurance. If you use your own vehicle as a part of your employment duties, you must provide management with a current proof of insurance statement or card. New proof of insurance is required every time your policy expires and renews.

Employees with MVRs that violate the following standards may be subject to having their driving privileges revoked. The criteria for acceptable MVRs are as follows:

- **No more than 2 moving violations in any 12-month period.**
- **No more than 2 at-fault accidents in any 12-month period.**
- **No restricted or suspended license in the past 12 months.**
- **No driving under the influence (DWI) convictions.**

CSNT employees who operate their privately owned vehicles on agency business are responsible for complying with state laws regarding liability insurance for that vehicle.

Employees who transport clients in privately owned vehicles must carry proof of liability insurance in the vehicle and must also have a copy of the current liability insurance certificate on file in the office. Any accident that occurs while operating a privately owned vehicle on agency business must be promptly reported to the Service supervisor.

If you use your personal vehicle in the course and scope of employment, you may not operate such vehicle while:

1. Under the influence of drugs, alcohol, or any other substance that might impair your judgment or ability to drive; or
2. Texting, emailing, or otherwise using a cell phone or other handheld device without utilizing a hands-free device.

Company vehicles are to be used for Community Services of Northeast Texas business only. Unless the use of the vehicle has been approved for personal use, personal or outside business use is strictly prohibited.

If you drive a Agency vehicle, all infractions or violations while driving the vehicle and all restrictions, suspensions, or revocations against your driver's license must be immediately reported to your supervisor.

When a Agency vehicle cannot be operated, is unsafe for use, or has been damaged, notify your supervisor immediately.

As the driver of a Agency vehicle, you are responsible for the vehicle while in your charge and must not permit unauthorized persons to drive it. You are also responsible for keeping the vehicle clean and uncluttered.

You may not operate an Agency motor vehicle while under the influence of alcohol, a chemical substance, or other substances that can impair judgment. You may not operate an Agency motor vehicle while texting, emailing, or otherwise using a cell phone or other handheld device without utilizing hands-free technology.

Multiple driving moving violations that appear on the annual state department of motor vehicle check may result in suspension of rights to drive a Agency vehicle or drive a personal vehicle on Agency business. If there are persistent and ongoing problems with driving infractions, and driving a vehicle is a part of successful execution of job responsibilities, you may be terminated.

6.3 Computer Security and Copying of Software

Software programs purchased and provided by Community Services of Northeast Texas are to be used only for creating, researching, and processing materials for Agency use. By using Agency hardware, software, and networking systems you assume personal responsibility for their use and agree to comply with this policy and other applicable Agency policies, as well as city, state, and federal laws and regulations.

All software acquired for or on behalf of the Agency, or developed by Agency employees or contract personnel on behalf of the Agency, is and will be deemed Agency property. It is the policy of the Agency to respect all computer software rights and to adhere to the terms of all software licenses to which the Agency is a party.

You may not illegally duplicate any licensed software or related documentation. Unauthorized duplication of software may subject you and/or the Agency to both civil and criminal penalties under the United States Copyright Act. To purchase software, obtain your supervisor's approval. All software acquired by the Agency must be purchased through IT.

You may not duplicate, copy, or give software to any outsiders including clients, contractors, customers, and others. You may use software on local area networks or on multiple machines only in accordance with applicable license agreements entered into by the Agency.

6.4 Use of Equipment

Community Services equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using Community Services property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination of employment.

6.5 Nonsolicitation/Nondistribution Policy

Community Services of Northeast Texas prioritizes a harmonious work environment that minimizes disruption to business operations and respects the focus of employees, visitors, and others. Our nonsolicitation/nondistribution policy aims to ensure a balanced approach to interactions within the workplace.

Solicitation

For the purposes of this policy, **solicitation** includes various activities such as selling items or services, seeking contributions, or seeking support for an organization. Solicitation, whether conducted verbally, in writing, or electronically, falls under this policy's scope.

During your assigned working hours, soliciting other employees is prohibited. **Working hours** refers to periods when either you or the employees you intend to solicit are expected to be actively engaged in work-related activities. You are permitted to engage in solicitation during authorized nonworking times, such as breaks, provided that the recipients of the solicitation are also on nonworking time.

Distribution

To ensure cleanliness, organization, and safety, the distribution of nonwork-related literature or items within working areas is prohibited at all times. Working areas do not include break/rest areas, lunchrooms, and parking lots. Electronic distribution of materials during work hours is also not allowed. Any literature that violates the Agency's equal employment opportunity (EEO) and nonharassment policies, or knowingly spreads false information, is strictly prohibited. Non-employees are not permitted to distribute materials on company premises under any circumstances.

Statutory Rights and Communication

This policy is not meant to curtail the statutory rights of employees, including their right to discuss terms and conditions of employment. Open communication remains a vital part of our workplace culture.

Reporting Violations

If you become aware of violations of this policy, report them to your supervisor.

We appreciate your cooperation in maintaining a respectful and focused work environment.

6.6 Personal Appearance

Your personal appearance reflects on the reputation, integrity, and public image of Community Services of Northeast Texas. All employees are required to report to work neatly groomed and dressed. You are expected to maintain personal hygiene habits that are generally accepted in the community, including clean clothing, good grooming and personal hygiene, and appropriate attire for the workplace and the work being performed. This may include wearing uniforms or protective safety clothing and equipment, depending upon the job. Use common sense and good judgment in determining what to wear to work.

The following professional business wear appearance guidelines should be followed in all Community Services locations:

- Shoes must provide safe, secure footing and offer protection against hazards. Open-toed shoes are not permitted in the centers where there is an active operating kitchen. Open-toed shoes and/or open-heeled shoes are not permitted in an active operating kitchen.
- All shirts must cover the employee's midriff at all times; tank tops, tube or halter tops, or shorts may not be worn under any circumstances.
- Tattoos are allowed provided they are not vulgar or political. Body art such as nose rings, tongue rings and ear cuffs are not allowed. Belly rings are permissible as long as they are covered.
- Monday - Thursday, staff may wear jeans as long as an Agency marked shirt or other nice unmarked shirt is also worn. Specific to Center Directors and Family Service Workers on licensed campuses, you may also follow the "jean" guidelines with the exception of home visits and contact with the community outside the Center. In these cases, jeans are not acceptable.
- Friday shirts are not restricted to an Agency shirt.
- Jeans that are clean and in good repair are considered acceptable attire for the maintenance and kitchen staff, regardless of a marked shirt.
- Head Start Center Staff, except for the cooks or custodians may not wear scrubs.
- All personnel entering kitchen areas must wear a hair net.
- All personnel assisting in food preparation must wear gloves.

Any violation of this policy may lead to disciplinary action, up to and including termination.

The Agency, in accordance with applicable law, will reasonably accommodate employees with disabilities or religious beliefs that make it difficult for them to comply fully with the personal

appearance policy unless doing so would impose an undue hardship on the Agency. Contact your supervisor to request a reasonable accommodation.

6.7 Cell Phone/Mobile Device Use

While Community Services of Northeast Texas permits employees to bring personal cell phones and other mobile devices into the workplace, you must not allow the use of such devices to interfere with your job duties or impact workplace safety and health.

Use of personal cell phones and mobile devices at work can be distracting and disruptive and cause a loss of productivity. Thus, you should primarily use such personal devices during nonworking time, such as breaks and meal periods. During this time, use devices in a manner that is courteous to those around you. Outside of nonworking time, use of such devices should be minimal and limited to emergency use only. If you have a device that has a camera and/or audio/video recording capability, you are restricted from using those functions on Agency property unless authorized in advance by management or when they are used in a manner consistent with your right to engage in concerted activity under section 7 of the National Labor Relations Act (NLRA).

You are expected to comply with Agency policies regarding the protection of confidential and proprietary information when using personal devices.

While operating a vehicle on work time, the Agency requires that the driver's personal cell phone/mobile device be turned off.

Community Services of Northeast Texas may issue certain employees a Agency cell phone/mobile device for work-related communications and/or operations. If you drive a vehicle during your employment, you may not use any cell phone/mobile device or other communication device while driving.

- Use Agency-issued phones for business purposes. Personal use should be for communication only, and should be kept to a minimum.

The Agency owns and remains entitled to all cell phone/mobile devices issued to employees, including all passwords controlling access to them.

You may not change those passwords except with permission. At the time of employment termination, all such equipment and passwords must be returned to the Agency in operable condition.

Nothing in this policy is intended to prevent employees from engaging in protected concerted activity under the NLRA.

You will be subject to disciplinary action up to and including termination of employment for violation of this policy.

6.8 Personal Data Changes

It is your obligation to provide Community Services of Northeast Texas with your current contact information, including current mailing address and telephone number. You should also inform the Agency of any changes to your tax withholding status. Failure to do so may result in loss of

benefits or delayed receipt of W-2 and other mailings. To make changes to this information, contact Human Resources.

6.9 Security

All employees are responsible for helping to make Community Services of Northeast Texas a secure work environment. Upon leaving work, lock all desks, lockers, and doors protecting valuable or sensitive material in your work area and report any lost or stolen keys, passes, or similar devices to your supervisor immediately. Refrain from discussing specifics regarding Agency security systems, alarms, passwords, etc. with those outside of the Agency.

Community Services wishes to maintain a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. To this end, Community Services prohibits the possession, transfer, sale, or use of such materials on its premises. Community Services requires the cooperation of all employees in administering this policy.

Desks, lockers, and other storage devices may be provided for the convenience of employees but remain the sole property of Community Services. Accordingly, they, as well as any articles found within them, can be inspected by any agent or representative of Community Services as appointed by the CEO at any time, either with or without prior notice. We assume no responsibility for the loss of, or damage to, your property maintained on Agency premises including that kept in lockers and desks.

Community Services likewise wishes to discourage theft or unauthorized possession of the property of employees, Community Services, visitors, and customers. To facilitate enforcement of this policy, Community Services or its representative as appointed by the CEO may inspect not only desks and lockers but also persons entering and/or leaving the premises and any packages or other belongings. Any employee who wishes to avoid inspection of any articles or materials should not bring such items onto CSNT's premises.

In order to promote the safety of employees and Agency visitors, improve the security of its facilities, and provide a monitoring tool for compliance issues, CSNT may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, showers, and dressing rooms, and that video cameras will be positioned in appropriate places within and around CSNT buildings and vehicles. Use of said devices is intended to promote the safety and security of people and property.

Unauthorized disabling and/or tampering of any CSNT controlled electronic monitoring equipment shall result in immediate employment termination.

Immediately advise your supervisor of any known or potential security risks and/or suspicious conduct of employees, customers, or guests of the Agency. Safety and security is the responsibility of all employees and we rely on you to help us keep our premises secure.

6.10 Social Media

Community Services of Northeast Texas acknowledges that social media has become an integral part of modern life that provides us with unique opportunities to communicate and share information with others. However, we also want to educate employees that their social media use can:

- Pose risks to the Agency's confidential and proprietary information, reputation, and brand;
- Expose the Agency to discrimination, harassment, and other claims; and
- Jeopardize the Agency's compliance with business rules and laws.

To minimize legal risks, avoid loss of productivity and distraction, and ensure that the Agency's IT resources and communications systems are used appropriately, all employees must abide by the following policy regarding social media use.

Social Media

For purposes of this policy, **social media** refers to any means of posting content on the internet, including personal websites, social networking sites, blogs, chat rooms, and other online platforms, whether affiliated with the Agency or not.

Use Good Judgment

While the Agency respects your right to personal expression, you should assume that anything you do on social media—whether on a business or personal account—could be viewed by a colleague, supervisor, partner, supplier, competitor, investor, customer, or potential customer. As such, any social media activity, even from your personal account, reflects on the Agency as well as on yourself. It is important to remember that anyone can see what you post (or what you posted five years ago).

Guidelines for Posting on Social Media

When posting:

- Protect trade secrets, intellectual property, and confidential information related to the Agency.
- Do not make statements that are maliciously false or defamatory or would constitute unlawful harassment or discrimination.
- Do not make express or implied threats of violence.
- Avoid linking personal accounts to the Agency as an official source.
- Respect copyright, trademark, and third-party rights.
- Do not use the Agency's email addresses to register on social media platforms for personal use.
- If you identify yourself as an employee of Community Services of Northeast Texas on your personal account and are posting about the Agency, make it clear that your views are your own and that you are not speaking on behalf of the Agency.

Using Social Media at Work

Do not use social media while on your work time, unless it is work related as authorized by your supervisor or consistent with policies that cover equipment owned by the Agency.

Media Contacts

If you are not authorized to speak on behalf of the Agency, do not speak to the media on behalf of the Agency. Direct all media inquiries for official Agency responses to the CEO.

Retaliation

Retaliation against those reporting policy violations or cooperating in investigations is prohibited. Retaliatory actions may lead to disciplinary measures.

Violations

Violations of this policy may result in discipline, up to and including termination.

This policy does not limit employees rights to discuss wages, hours, or other terms and conditions of employment. All employees have the right to engage in or refrain from such activities.

6.11 Visitors in the Workplace

To provide for the safety and security of employees and the facilities at Community Services, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Because of safety and security reasons, family and friends of employees are discouraged from visiting. In cases of emergency, employees will be called to meet any visitor outside their work area.

All visitors should enter Community Services at the main entrance. Authorized visitors must sign in and will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on CSNT's premises, employees should immediately notify their supervisor or, if necessary, direct the individual to the reception area.

6.12 Remote Work

Remote working is the practice of accessing the Agency's computer system from an approved alternate location instead of physically traveling to a central workplace. This work alternative must be approved by the CEO.

The Agency maintains various approved accounts for the purpose of working remotely. In order for an employee to access their computer remotely, it must remain in logged in status and must be secured to the extent possible to prevent unauthorized use.

Remote working is an alternative method of meeting the needs of the organization and is not a universal employee benefit but a privilege. As such, Community Services has the right to refuse to make telecommuting available to an employee and to terminate a telecommuting arrangement at any time.

Eligibility

An employee may be eligible to work remotely if their duties can be met through basic hardware and software; they have proven to be trustworthy, disciplined, and self-motivated; are accountable for productivity; and have been given permission by Community Services.

Rules and other company policies

While working remotely, employees must adhere to all the conditions in the Employee Handbook. All company policies around conduct, confidentiality, personal leave, etc., continue to apply, regardless of one's location.

Failure to adhere to these policies could result in disciplinary action, up to and including termination of employment.

Work expectations

Employees must follow the work schedules provided to them, be sure to meet deadlines and uphold high-quality standards. And while some flexibility is allowed, the employee must agree to work set hours as much as possible, five days a week, or on your regular schedule as established in consultation with your supervisor.

- Choose a quiet and distraction-free working space
- Have adequate internet connection
- Dedicate your full attention to job duties during working hours
- Adhere to break and attendance schedules agreed upon with your supervisor
- Use time keeping policies while working remotely
- When clocked in, be available for communication

Tools may be made available to employees for managing time and tasks, communicating with co-workers, logging and tracking projects, and accessing resources. Discuss the tools necessary to complete your job with your supervisor.

Performance will be measured focusing on the same metrics that apply to work done in the office.

Communicate clearly and consistently

Employees are to be online and accessible during working hours according to their regular schedule. All employees are expected to check-in with their supervisors at least once a day. If they leave their work location for any reason, their supervisor must be notified.

Any correspondence from a co-worker must be answered with all information requested expeditiously.

Tools have been provided for communicating with team members and collaborating on projects. On-time attendance is expected at scheduled remote meetings. Expectations will be set and agreed upon between the employee and supervisor.

Security

Employees are advised to choose a safe and secure location to work from, and to maintain high levels of safety, applying all privacy safeguards.

Employees are expected to safeguard any equipment assigned to them when working remotely.

Securing data and company information is of utmost concern.

Compensation

Full time employees working remotely are eligible for company benefits, including health insurance and worker's compensation, according to the same terms as employees working onsite at CSNT.

In accordance with our current guidance, no changes will be made to an employee's salary if said employee works from home and fulfills their regular work schedule.

6.13 Third Party Disclosures

From time to time, Community Services of Northeast Texas may become involved in news stories or potential or actual legal proceedings of various kinds. When that happens, lawyers, former employees, newspapers, law enforcement agencies, and other outside persons may contact our employees to obtain information about the incident or the actual or potential lawsuit.

If you receive such a contact, you should not speak on behalf of the Agency and should refer any call requesting the position of the Agency to the CEO. If you have any questions about this policy or are not certain what to do when such a contact is made, contact Human Resources.

6.14 Use of Company Technology

This policy is intended to provide Community Services of Northeast Texas employees with the guidelines associated with the use of the Agency information technology (IT) resources and communications systems.

This policy governs the use of all IT resources and communications systems owned by or available at the Agency, and all use of such resources and systems when accessed using your own devices, including but not limited to:

- Email systems and accounts.
- Internet and intranet access.
- Telephones and voicemail systems, including wired and mobile phones, smartphones, and pagers.
- Printers, photocopiers, and scanners.
- Fax machines, e-fax systems, and modems.
- All other associated computer, network, and communications systems, hardware, peripherals, and software, including network key fobs and other devices.

- Closed-circuit television (CCTV) and all other physical security systems and devices, including access key cards and fobs.]]

General Provisions

Agency IT resources and communications systems are to be used for business purposes only unless otherwise permitted under applicable law.

All content maintained in Agency IT resources and communications systems are the property of the Agency. Therefore, employees should have no expectation of privacy in any message, file, data, document, facsimile, telephone conversation, social media post, conversation, or any other kind or form of information or communication transmitted to, received, or printed from, or stored or recorded on Agency electronic information and communications systems.

The Agency reserves the right to monitor, intercept, and/or review all data transmitted, received, or downloaded over Agency IT resources and communications systems in accordance with applicable law. Any individual who is given access to the system is hereby given notice that the Agency will exercise this right periodically, without prior notice and without prior consent.

The interests of the Agency in monitoring and intercepting data include, but are not limited to: protection of Agency trade secrets, proprietary information, and similar confidential commercially-sensitive information (i.e. financial or sales records/reports, marketing or business strategies/plans, product development, customer lists, patents, trademarks, etc.); managing the use of the computer system; and/or assisting employees in the management of electronic data during periods of absence.

You should not interpret the use of password protection as creating a right or expectation of privacy, nor should you have a right or expectation of privacy regarding the receipt, transmission, or storage of data on Agency IT resources and communications systems.

Do not use Agency IT resources and communications systems for any matter that you would like to be kept private or confidential.

All IT resources are subject to the Texas Open Records Act and to subpoena.

Violations

If you violate this policy, you will be subject to corrective action, up to and including termination of employment. If necessary, the Agency will also advise law enforcement officials of any illegal conduct.

7.0 Benefits

7.1 Family and Medical Leave (FMLA)

In accordance with the Family and Medical Leave Act of 1993 (FMLA), Community Services of Northeast Texas provides up to 12 or 26 weeks of unpaid, job-protected leave in a 12-month period to covered employees in certain circumstances.

Eligibility

To qualify for FMLA leave, you must:

- Have worked for the Agency for at least 12 months, although that time need not be consecutive;
- Have worked at least 1,250 hours in the last 12 months; and
- Be employed at a worksite that has 50 or more employees within 75 miles.

Reasons for Leave

You may take up to 12 weeks of unpaid FMLA leave in a 12-month calendar period, which is for any of the following reasons:

- The birth of a child and to care for that child (leave must be completed within one year of the child's birth);
- The adoption or foster care placement of a child with you and in order to care for the newly placed child (leave must be completed within one year of the child's placement);
- To care for a spouse, child, or parent with a serious health condition;
- To care for your own serious health condition that makes you unable to perform the essential functions of your position; or
- A qualifying exigency of a spouse, child, or parent who is a military member on covered active duty or called to covered active duty status (or has been notified of an impending call or order to covered active duty).

You may take up to 26 weeks of unpaid FMLA leave in a single 12-month period, beginning on the first day that you take FMLA leave, to care for a spouse, child, parent, or next of kin who is a covered service member and who has a serious injury or illness related to active duty service.

As used in this policy:

- **Spouse** means a husband or wife as recognized under state law for the purposes of marriage in the state or other territory or country where the marriage took place.
- **Child** means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18 or age 18 or older and incapable of self-care because of a mental or physical disability at the time FMLA leave is to commence. A child for the purposes of military exigency or military care leave can be of any age.
- **Parent** means a biological, adoptive, step, or foster parent, or any other individual who stood in loco parentis to you when you were a child.
- **Next of kin** for the purposes of military care leave is a blood relative other than a spouse, parent, or child in the following order: brothers and sisters, grandparents, aunts and uncles, and first cousins. If a military service member designates in writing another blood relative as their caregiver, that individual will be the only next of kin. In appropriate circumstances, you may be required to provide documentation of next of kin status.

Notice

If the need for leave is foreseeable because of an expected birth, adoption, or a planned medical treatment, you must give at least 30 days' notice. If 30 days' notice is not possible, give

notice as soon as practical (within one or two business days of learning of your need for leave). Failure to provide appropriate notice may result in the delay or denial of leave.

In addition, if you are seeking intermittent or reduced schedule leave that is foreseeable due to a planned medical treatment or a series of treatments for yourself, a family member, or covered service member, you must first consult with the Agency regarding the dates of this treatment to work out a schedule that best suits your needs or the needs of the covered military member, if applicable, and the Agency.

If the need for leave is unforeseeable, provide notice as soon as possible. Normal call-in procedures apply to all absences from work, including requests for absences under this policy. Failure to provide appropriate notice may result in the delay or denial of leave.

Employees may request leave within Paychex Flex.

Certification

If you are requesting leave because of your own or a covered relative's serious health condition, you and the relevant healthcare provider must supply appropriate medical certification. You may obtain medical certification forms from Human Resources. When you request leave, the Agency will notify you of the requirement for medical certification and when it is due (at least 15 days after you request leave). If you provide at least 30 days' notice of medical leave, you should also provide the medical certification before leave begins. Failure to provide requested medical certification in a timely manner may result in denial of FMLA-covered leave until it is provided.

At our expense, the Agency may require an examination by a second healthcare provider designated by us. If the second healthcare provider's opinion conflicts with the original medical certification, we, at our expense, may require a third, mutually agreeable, healthcare provider to conduct an examination and provide a final and binding opinion. Subsequent medical recertification may also be required. Failure to provide requested certification within 15 days, when practical, may delay further leave until it is provided.

The Agency also reserves the right to require certification from a covered military member's healthcare provider if you are requesting military caregiver leave and certification in connection with military exigency leave.

Paid Leave Utilization During FMLA Leave

FMLA leave is unpaid; however, you may use available paid leave FMLA leave as permitted by law.

FMLA leave runs concurrently with other leaves, such as accrued paid leave that is substituted for unpaid FMLA leave, to the extent allowed by applicable law. The substitution of paid leave for unpaid FMLA leave does not extend the 12 or 26 weeks (whichever is applicable) of FMLA leave. In addition, the substitution of paid leave for unpaid leave may not result in you receiving more than 100% of your salary.

If you are receiving short- or long-term disability or workers' compensation benefits during a personal medical leave, you will not be required to use accrued paid leave. However, you may elect to use accrued paid leave to supplement these benefits.

Leave Increments

Intermittent Leave

If medically necessary, FMLA leave for a serious health condition may be taken intermittently (in separate blocks of time) or on a reduced leave schedule (reducing the usual number of hours you work per workweek or workday). FMLA leave may also be taken intermittently or on a reduced leave schedule for a qualifying exigency relating to covered military service.

As FMLA leave is unpaid, the Agency will reduce your salary based on the amount of time actually worked. In addition, while you are on an intermittent or reduced schedule leave that is foreseeable due to planned medical treatments, the Agency may temporarily transfer you to an available alternative position that better accommodates your leave schedule and has equivalent pay and benefits.

Parental Leave

Leave for the birth or placement of a child must be taken in a single block and cannot be taken on an intermittent or reduced schedule basis. Parental leave must be completed within 12 months of the birth or placement of the child; however, you may use parental leave before the placement of an adopted or foster child to consult with attorneys, appear in court, attend counseling sessions, etc.

Family Care, Personal Medical, Military Exigency, and Military Care Leave

Leave taken for these reasons may be taken in a block or blocks of time. In addition, if a healthcare provider deems it necessary or if the nature of a qualifying exigency requires, leave for these reasons can be taken on an intermittent or reduced schedule basis.

Fitness for Duty Requirements

If you take leave because of your own serious health condition (except if you are taking intermittent leave), you are required, as are all employees returning from other types of medical leave, to provide medical certification that you are fit to resume work. You will not be permitted to resume work until certification is provided.

Health Insurance

Maintaining Coverage During Leave

Your health insurance coverage will be maintained by the Agency during leave on the same basis as if you were still working. You must continue to make timely payments of your share of the premiums for such coverage. Failure to pay premiums within 30 days of when they are due may result in a lapse of coverage. If this occurs, you will be notified 15 days before the date coverage lapses that coverage will terminate unless payments are promptly made.

Reinstatement

Upon returning to work at the end of leave, you will generally be placed in your original job or an equivalent job with equivalent pay and benefits. You will not lose any benefits that accrued before leave was taken.

Spouse Aggregation

If both you and your spouse work at the Agency, you are collectively eligible for 12 weeks of leave for the birth or placement of a child or to care for a parent with a serious health condition. Similarly, spouses employed by the Agency will be limited to a combined total of 26 weeks of leave to care for a military service member. This 26-week leave period will be reduced, however, by the amount of leave taken for other qualifying FMLA events. This type of leave aggregation does not apply to leave needed for your own serious health condition, to care for a spouse or child with a serious health condition, or because of a qualifying exigency.

Failure to Return

If you fail to return to work or fail to make a request for an extension of leave prior to the expiration of the leave, you will be deemed to have voluntarily terminated your employment. The Agency is not required to grant requests for open-ended leaves with no reasonable return date under these policies or as disability accommodations.

Abuse of Leave

If you are found to have provided a false reason for a leave, you will be subject to disciplinary action, up to and including termination.

Designation of Leave

If the Agency becomes aware of any qualifying reason for FMLA leave, the Agency will designate it as such. You may not refuse FMLA designation under this policy.

Retaliation

The Agency will not retaliate against employees who request or take leave in accordance with this policy.

Required Notice

The Agency is required to provide you with a copy of the *Your Employee Rights Under the Family and Medical Leave Act* notice, which is attached as an addendum at the end of this handbook.

7.2 Medical Leave of Absence

For full-time employees, in case of illness, medical leaves of absence without pay for up to four (4) weeks may be requested for those employees with less than one year of continuous employment.

If you expect to be absent for more than three consecutive work days as a result of an illness, injury or disability, you must submit a written request for medical leave to the Human Resource Director as far in advance of your anticipated leave date as practicable. If your absence is due to an emergency, you or a member of your immediate family must inform your supervisor or the Human Resource Director as soon as practicable; this should be followed up with a written leave

request, normally submitted within three days of the beginning of your leave. All medical leave requests must be accompanied by appropriate medical certification from your physician, indicating the condition necessitating your leave request and your projected date of return to work.

If your leave request is granted, you are required to provide the Human Resources Office with additional physician's statements at least once every fourteen (14) days, or more frequently if requested, attesting to your continued disability and inability to work. You may also be required to provide CSNT access to your medical records or to submit to an examination at any time by a physician designated by CSNT at its discretion.

Before being permitted to return from medical leave, you are required to present to the Human Resources Office a note from your physician indicating that you are capable of returning to work.

All company benefits that operate on an accrual basis (vacation and paid sick days) continue during the leave of absence. All other company benefits paid by CSNT listed in the Employee Handbook continue during your leave at the expense of CSNT. No holiday pay will be given. If you have not returned to work at the end of your leave of absence, all benefits provided by CSNT will cease unless as determined by Management. At that time, you may assume the medical insurance premiums based on COBRA and take over the premium payments for additional benefits.

Reinstatement cannot be guaranteed to any employee returning from medical leave. Employees are notified by CSNT regarding any such right to reinstatement prior to the commencement of their leaves. CSNT endeavors, however, to place employees returning from leave in their former positions or positions for which they qualify comparable in status and pay, subject to budgetary restrictions, CSNT's need to fill vacancies, and the ability of CSNT to find qualified temporary replacements.

7.2 Extended Medical Leave of Absence

In individual circumstances, an employee may qualify for an unpaid extended medical leave of absence following a completion of the Medical Leave of Absence or FMLA. Granting of this unpaid leave will be at the sole discretion of Management on a case-by-case basis after an interactive process with the employee. As accommodations depend on individual circumstances, the extended leave period can be extended or adjusted as a reasonable accommodation to the extent it would not result in an undue hardship to CSNT.

During this leave, CSNT will continue to provide its portion of the health insurance benefits. All other university benefits, including those that operate on an accrual basis (vacation, sick leave, holiday leave, etc.), will not continue to accrue during the leave of absence. Any benefits that are currently paid by the employee through payroll deduction will continue to be the responsibility of the employee. The employee will remit the required amounts to CSNT if they wish to continue the benefits; if the employee wishes to suspend those benefits a written notice should be given. If the employee has not returned to work at the end of this leave, all benefits will cease and the employee's employment with CSNT will terminate.

7.3 Jury Duty Leave

Community Services of Northeast Texas encourages employees to fulfill their civic duties related to jury duty service.

Jury duty pay will be calculated on the employee's base pay rate times the number of hours the employee would otherwise have worked on the day of absence. Employees will be paid up to 5 days paid leave for each jury summons. Regular Full-Time and Regular Part-Time employees qualify for paid jury duty.

Employees must show the jury duty summons to their supervisor as soon as possible so that the supervisor may make arrangements to accommodate their absence. Of course, employees are expected to report for work whenever the court schedule permits.

Either Community Services or the employee may request an excuse from jury duty if in CSNT's judgment, the employee's absence would create serious operational difficulties.

Paid Time Off and holiday benefits will continue to accrue during jury duty leave.

The Agency will not discriminate or retaliate against employees for missing work due to jury service. Upon return to work, you will be reinstated to your prior position without loss of seniority and will be treated as if you have been on a leave of absence or furlough.

7.4 Military Leave (USERRA)

Community Services of Northeast Texas complies with applicable federal and state law regarding military leave and re-employment rights. A military leave of absence will be granted to members of the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, with amendments) and all applicable state law. You must submit documentation of the need for leave to Human Resources. When returning from military leave of absence, you will be reinstated to your previous position or a similar position, in accordance with state and federal law. You must notify your supervisor of your intent to return to employment based on requirements of the law. For more information regarding status, compensation, benefits, and reinstatement upon return from military leave, contact Human Resources.

7.5 Witness Leave

Community Services of Northeast Texas realizes that, on occasion, employees may be subpoenaed to appear in a civil, criminal, legislative, or administrative proceeding. In such cases, you will be provided unpaid leave to attend. Notify your supervisor as soon as possible to make scheduling arrangements. You may opt to use personal leave in place of unpaid leave.

The Agency reserves the right to require employees to provide proof of the need for leave to the extent authorized by law.

The Agency will not retaliate against employees who request or take leave in accordance with this policy.

7.6 Voting Leave

If your work schedule prevents you from voting on Election Day, Community Services of Northeast Texas will allow you a reasonable time off to vote. The time when you can go to vote will be at the discretion of your supervisor, consistent with applicable legal requirements.

7.7 Political Convention Leave

Community Services of Northeast Texas will provide employees with unpaid leave to attend:

- A precinct convention for which they are eligible to participate; or
- A county, district, or state convention for which they are a delegate.

Provide as much notice as possible of your need for leave.

The Agency will not discriminate or retaliate against employees who request or take leave in accordance with this policy.

7.8 Bereavement Leave

Community Services of Northeast Texas recognizes the importance of taking leave when there is a death in the family. Where bereavement leave is not required by law, the Agency will provide bereavement leave as follows:

An employee must notify and obtain the approval of his or her supervisor before a bereavement leave may commence and it must be in writing.

Up to 3 days of paid bereavement leave will be provided to Regular Full-Time and Regular Part-Time employees.

Bereavement pay is calculated based on the base pay rate at the time of absence. Bereavement leave will normally be granted unless there are unusual business needs or staffing requirements. Employees may, with their supervisors' approval, use any available paid leave for additional time off as necessary.

Community Services defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child, or sibling; the employee's child's spouse; grandparents or grandchildren. Special consideration will also be given to any other person whose association with the employee was similar to any of the above relationships.

CEO may grant Administrative Leave to attend extended family, friends, etc. The CEO may also grant Administrative Leave in addition to Bereavement Leave in special circumstances with prior approval.

7.9 Parental Leave for School Visits

Community Services recognizes the value of parental involvement in children's education. For this reason, Community Services provides employees who are parents, guardians, or custodians of children in licensed day care facilities or pre-kindergarten through grade 12 unpaid time off for

the purpose of school visits. Parental leave for school visits allows employees to participate in activities sponsored, approved, or supervised by the school or daycare such as parent/teacher conferences or field trips.

Employees may request up to 12 hours of parental leave for school visits within any calendar year. Any available paid leave may be substituted for unpaid leave for school visits. Employees must provide their immediate supervisors reasonable advance notice of the need for parental leave for school visits. Upon return from the leave, employees must provide documentation to their supervisor from the school verifying the date and time of the visit.

7.10 Personal Leave of Absence

Community Services provides leaves of absence without pay to eligible employees who wish to take time off from work duties to fulfill personal obligations or reasons not covered by FMLA. Regular Full-Time and Regular Part-Time employees are eligible to request personal leave as described in this policy.

As soon as eligible employees become aware of the need for a personal leave of absence, they should obtain approval from their supervisor. Final approval is required by the CEO.

Personal leave may be granted for a period of up to 30 calendar days every one year. With the supervisor's approval, an employee may take any available paid leave as part of the approved period of leave.

Requests for personal leave will be evaluated based on a number of factors, including anticipated workload requirements and staffing considerations during the proposed period of absence.

Subject to the terms, conditions, and limitations of the applicable plans, health insurance benefits will be provided by Community Services until the end of the month in which the approved personal leave begins. At that time, employees will become responsible for the full costs of these benefits if they wish coverage to continue. When the employee returns from personal leave, benefits will again be provided by Community Services according to the applicable plans.

Benefit accruals, such as Personal Leave and holiday benefits, will be suspended during the leave and will resume upon return to active employment.

When a personal leave ends, every reasonable effort will be made to return the employee to the same position, if it is available, or to a similar available position for which the employee is qualified. However, Community Services cannot guarantee reinstatement in all cases.

An employee is responsible for ensuring their portion of their benefits premiums (Medical, Dental, Life, AD&D, Cancer and Accident) are paid while on leave. Earned Personal leave used while the employee is on leave and may cover some of the cost of the benefits. Any remaining cost must be paid to the agency by the employee by the date provided to the employee by the HR Department.

Personal leave runs concurrently with Medical Leave of Absence, Extended Leave of Absence and FMLA. Personal Leave does not extend those time limits.

If an employee fails to report to work promptly at the expiration of the approved leave period, Community Services will assume the employee has resigned.

7.11 Administrative Leave

The CEO has the authority to grant paid or unpaid administrative leave to an employee. Examples of this type of leave may include bereavement leave, inclement weather, portions of leave attached to holiday pay, disciplinary actions and investigations and other leave described herein, at the sole discretion of the CEO.

Full day paid or unpaid administrative leave will be granted equal to the number of hours commensurate with the employee's employment classification.

With the existence of extraordinary circumstances, such as instances of community emergencies, agency crisis or times of fiscal constraint or urgency which threaten the health, stability, or soundness of the agency, the CEO may, after analyzing data obtained from the Finance Director and Division Directors, grant unpaid administrative leave. The use of PTO is prohibited during the designated unpaid administrative leave period.

Staff required to take unpaid administrative leave due to fiscal constraint or urgency may be eligible to receive a portion of the unpaid administrative leave, at a later date, provided the fiscal constraint or urgency is deemed nonexistent and the employee is still actively employed and shall be strictly at the discretion of the CEO.

Pay-related questions or concerns should be directed to the attention of the employee's immediate supervisor.

7.12 Holidays

Community Services of Northeast Texas will grant holiday time off in accordance with the schedule and limitations contained herein to all eligible regular employees. Holiday pay will be calculated based on the employee's regularly scheduled hours worked per day at the straight-time pay rate as of the date of the holiday. Due to funding source regulations and program needs, Agency designated Holidays may vary throughout our programs.

- New Years' Day
- Martin Luther King Day
- Spring Holiday – Friday before Easter
- Spring Holiday – Monday after Easter
- Memorial Day
- Juneteenth – June 19
- Independence Day Week
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Week
- Christmas Week (2 weeks)

Head Start staff will follow the same Holiday Schedule with the following modifications:

- Thanksgiving will coincide with the center ISD schedule.
- Thanksgiving Day Holiday and up to 4 days administrative leave.
- Christmas will coincide with the center ISD schedule.
- Christmas Day Holiday with remaining days considered administrative leave.

Winter Break applies only to those centers with ISD's offering that as a holiday.
(Winter break administrative leave may be granted to Campus Staff Only.)

The Friday before Easter, the Monday after Easter, Spring Break, Columbus Day, and New Years' Day will all follow your center school district schedule.

To be eligible for holiday pay, an employee must be at work or on an approved leave the last scheduled day immediately preceding and the first scheduled day immediately following the holiday.

A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday.

If a recognized holiday falls during an eligible employee's paid absence, holiday pay will be provided instead of the paid time off benefit that would otherwise have applied.

Staff is prohibited from working on a holiday, without written authorization from the CEO.

7.13 PTO

The Company provides paid time off (PTO) that can be used for any purpose, including, but not limited to, vacation, personal matters, recovery from injury or illness, or caring for loved ones.

Accrual

Regular full time and Regular part time employees are eligible to accrue PTO immediately upon hire.

PTO accrues according to the following schedule for eligible employees based on their hours worked:

Years of Service	Hours Accrued Per Hour Worked
0-3	.0375
4-10	.0625
11-19	.0875
20+	.10

Sample calculation: Employee has 2 years of service and is scheduled 40 hours per week (80 hours per pay period): 80 hours x .0375 hours accrued per hour worked = 3 hours PTO accrued per pay period.

For purposes of this policy, the benefit year begins on the employee's date of hire.

Head Start Employees follow the above PTO Schedule with the following modifications:

HS Position	Percentage of PTO
All Head Start Campus Staff	85% PTO plus Summer Administrative Leave
All Head Start Management Staff	100% PTO

Caps and Carryover

PTO no longer accrues once an employee's PTO bank reaches the accrual cap. Once their bank drops below that limit, they will begin to accrue again. Accumulated PTO may not exceed 208 hours.

Use

PTO can be used after completion of an employee's introductory period. PTO can only be used once it is accrued and will not be advanced. PTO can be used in a minimum of 15 minute increments and if more than 10 consecutive working days must have the prior written approval of the CEO.

Employees are required to have written supervisor approval to use PTO and requests may be obtained from your supervisor. Requests are subject to Agency approval based on staffing needs and team workload.

PTO is paid at an employee's base rate of pay and does not include overtime.

Payout at Separation

Upon termination of employment, regular employees will be paid for unused PTO that has been earned through the last actual day worked up to a maximum of 80 hours.

Employees terminating during their initial introductory period will not be paid for any leave accrued during their initial 90 days of employment.

7.14 Health Insurance

Community Services of Northeast Texas offers group health, dental, and vision insurance benefits to all eligible employees and their eligible dependents after the plan's defined waiting period. Health insurance benefits are described in detail in the Summary Plan Description (SPD), which may be obtained from Human Resources.

Your group health benefits are paid in part by the Agency. The remainder of the costs are paid by you through deductions from your paycheck.

Benefits may be canceled or changed at the discretion of the Agency, unless otherwise prohibited by law.

If you or a dependent become ineligible for benefits due to a change in work hours or through a life event, or you leave employment with the Agency, you may have the right to continue your health benefits under federal or state law. In such event, the Agency will provide you with information about your rights to continue your benefits coverage.

7.15 COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) provides the opportunity for eligible Community Services of Northeast Texas employees and their beneficiaries to continue health insurance coverage under the Agency health plan when a "qualifying event" could result in the loss of eligibility. Qualifying events include resignation, termination of employment, death of an employee, reduction in hours, a leave of absence, divorce or legal separation, entitlement to Medicare, or where a dependent child no longer meets eligibility requirements.

Contact Human Resources to learn more about your COBRA rights.

7.16 Employee Assistance Program (EAP)

Community Services of Northeast Texas cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. While many employees solve their problems either on their own or with the help of family and friends, sometimes employees need professional assistance and advice.

Through the Employee Assistance Program (EAP), CSNT provides confidential access to professional counseling services for help in confronting such personal problems as alcohol and other substance abuse, marital and family difficulties, financial or legal troubles, and emotional distress. The EAP offers to all eligible employees and an immediate family member assistance with problem assessment, short-term counseling, and referral to appropriate community and private services.

Minor concerns can become major problems if employees ignore them. No issue is too small or too large, and a professional counselor is available to help when needed.

Assistance Phone Number: 1-800-316-2796

7.17 Disability Benefits

Community Services of Northeast Texas offers the following employer-sponsored and buy-up disability insurance benefits to eligible employees, after the plan's defined waiting period, when they miss work due to non-work-related disabilities.

Regular Full-Time employees are eligible to participate in the short and long-term disability benefits plans.

Short-Term Disability

Community Services offers an employer paid short-term disability (STD) benefits plan. A buy-up option to the STD plan is also available for employees to purchase, if desired.

Eligible employees may participate in the short-term disability benefits plan subject to all terms and conditions of the agreement between Community Services and the insurance carrier. At all times, the agreement between Community Services and its insurance carrier supersedes the Community Services Personnel Policies & Procedures.

Long-Term Disability

Community Services offers a voluntary employee paid long-term disability (LTD) benefits plan.

Eligible employees may participate in the long-term disability benefits plan subject to all terms and conditions of the agreement between Community Services and the insurance carrier. At all times, the agreement between Community Services and its insurance carrier supersedes the Community Services Personnel Policies & Procedures.

Information on the cost of coverage of these plans will be provided during open enrollment to eligible employees. Any inquiries should be in writing and directed to your immediate supervisor, who will forward your request to the Human Resources Director.

7.18 Life Insurance

Community Services provides employees and their dependents access to life insurance benefits. Employees who successfully complete the required waiting period prior to October 1 in the year hired will be offered coverage beginning October 1. Employees who complete the waiting period subsequent to October 1 in the year hired will be offered coverage beginning October 1 of the following year. Regular Full-Time employees are eligible to participate in the life insurance plan.

Information on cost of coverage will be provided in advance of enrollment to eligible employees. All inquiries should be in writing and directed to your immediate supervisor, who will forward your request to the Human Resources Director.

7.19 401(k) Plan

Eligible employees may participate in the Community Services of Northeast Texas 401(k) plan after completing any applicable waiting period as defined in the plan. Refer to your Summary Plan Description (SPD) for specific information.

The Agency will notify you if you are eligible to participate in the 401(k) plan. Contact Human Resources to understand your eligibility requirements. This benefit may be canceled or changed at the discretion of the Agency, unless otherwise required by law.

7.20 Workers' Compensation Insurance

Community Services provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses must inform their supervisor immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible. Consistent with applicable state law, failure to report an injury within a reasonable period of time could jeopardize your claim for benefits.

Neither Community Services nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by Community Services.

8.0 Safety and Loss Prevention

8.1 Business Closure and Emergencies

At times, emergencies such as severe weather, fires, or power failures, can disrupt company operations. In extreme cases, these circumstances may require the closing of a work facility.

When operations are officially closed due to emergency conditions, the time off from scheduled work will be paid.

In cases where an emergency closing is not authorized, employees who fail to report for work will not be paid for the time off.

8.2 Drug and Alcohol Policy

It is CSNT's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to

perform their jobs in a satisfactory manner in addition the employee is expected to follow all of the policies outlined in the drug testing policy.

While on Community Services premises and while conducting business-related activities off Community Services premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Drug-Free Workplace

The Company strives to provide a safe environment for employees and others and to minimize the risk of accidents and injuries. Accordingly, each employee has a responsibility to co-workers and the public to deliver services in a safe and conscientious manner. Continuing research and practical experience have proven that even limited quantities of illegal drugs, abused prescription drugs or alcohol can impair reflexes and judgment. This impairment, even when not readily apparent, can have catastrophic consequences. Moreover, studies have shown that impairment by controlled substances may last long after the user believes the effects to have worn off. For these reasons, the Company has adopted a policy that all employees must report to work and remain completely free of illegal drugs, abused or nonprescribed prescription drugs and alcohol.

Drug Use/Distribution/Possession/Impairment

The Company strictly prohibits the use, sale, attempted sale, conveyance, distribution, manufacture, purchase, attempted purchase, possession, cultivation and/or transfer of illegal drugs or other unlawful intoxicants at any time, and in any amount or any manner, regardless of occasion. "Illegal drugs" means all drugs whose use or possession is regulated or prohibited by federal, state or local law. These include prescription medication that is used in a manner inconsistent with the prescription or for which the individual does not have a valid prescription. The Company treats medical marijuana the same as any other illegal drug. Unless required by state law, the Company will not accommodate the use of medical marijuana.

Employees are also prohibited from having any such illegal or unauthorized controlled substances in their system while at work, while on company property, while on a client site, or while inside any company vehicle.

Included within this prohibition are lawful controlled substances that have been illegally or improperly obtained.

Alcohol Use/Distribution/Possession/Impairment

All employees are prohibited from distributing, dispensing, possessing or using any beverage or medicine containing alcohol while at work or on duty and from coming onto company premises, reporting to work, or working with alcohol in their systems. Furthermore, lawful off-duty alcohol use, while generally not prohibited by this policy, must not interfere with an employee's job performance.

Prescription and Over-the-Counter Drugs

This policy does not prohibit the possession and proper use of lawfully prescribed or over-the-counter drugs. However, an employee taking medication should consult with a health care professional or review dosing directions for information about the medication's effect on the

employee's ability to work safely, and promptly disclose any work restrictions to a supervisor or Human Resources. Employees are not required to reveal the name of the medication or the underlying medical condition.

The Company reserves the right to transfer, reassign, place on leave of absence or take other appropriate action regarding any employee during the time the employee uses medication that may affect his or her ability to perform safely. The Company will comply with all requirements pertaining to providing reasonable accommodations to the extent required by applicable law.

Any criminal arrest must be reported to the employee's immediate supervisor and Program Director within 24 hours. At that time the Program Director, along with the CEO, will determine any disciplinary action to be taken, i.e.. suspension without pay pending indictment or acquittal.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify Community Services of any criminal conviction. The report must be made within five days of the conviction.

Community Services is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and employees are asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Random drug testing will occur throughout the program year. Refusal to submit to drug testing will result in termination of employment. Any employee who fails a drug/alcohol test will be terminated immediately.

Violations of this policy will lead to disciplinary action, up to and including immediate termination of employment. Such violations may also have legal consequences.

8.3 General Safety

Community Services of Northeast Texas, Inc. (CSNT) has a long-standing philosophy of taking pride in its practices to ensure the safety, health and well-being of all its employees. This program serves to outline the company's commitment to this philosophy and to provide guidance to all employees on the standards the company expects its employees to adhere to.

Fires and Other Emergencies

The facility where employees are assigned has an emergency procedures and evacuation plan to follow in the event of fire or other disaster. This plan is prominently posted in common areas and bulletin boards on each floor of the facility. Exits, fire extinguishers and first aid kits are located on each floor. All employees are expected to familiarize themselves with the location of such equipment.

On-the-Job Injuries and Illnesses

Any job-related injury or illness, regardless of severity, must be reported immediately to an employee's supervisor or the Community Services safety coordinator for prompt and trained evaluation and medical attention as necessary. The employee's supervisor will complete an initial safety incident report and forward it to HR.

General Safety Rules

CSNT employees perform a wide range of functions in various locations. Although some safety rules apply only to specific positions, all employees are expected to comply with the rules in this procedure:

1. Use common sense in performing duties.
2. Report any work injury or illness to a supervisor immediately and obtain first aid to prevent further injury.
3. Report unsafe conditions to a supervisor or safety committee member.
4. Keep all fire exits clear and assessable at all times.
5. Never obstruct a breaker panel (3 feet clearance is required all around).
6. Do not use any equipment, vehicles or materials when overly tired, nauseated, feverish or under the influence of any substance that may affect judgment.
7. Keep the work area neat and tidy.
8. Use mechanical devices or request assistance in lifting heavy loads.
9. Wear seat belts when operating any company or rented vehicle or driving a personal vehicle while on company business.
10. Do not work on any electrical equipment without proper authorization and training, and use all safeguards.
11. Do not use tops of cabinets or bookcases for extra storage or displays.
12. Be sure that aisles or exits are kept clear; do not let cords interfere with walkways.
13. Keep paper clips, tacks, pins and other objects off the floors.
14. Properly store all sharp objects when not in use.
15. Open and close doors cautiously, and use extra caution at blind hallway intersections.
16. Open only one file cabinet drawer at a time to avoid tipping over the cabinet. Cabinets should also be loaded from bottom to top and emptied in the reverse order.
17. Report or clean up all spills immediately.
18. Use stepstools, platforms or ladders for climbing. Never use chairs.
19. Report or replace frayed electrical cords.
20. No horse play is allowed.
21. Obey ALL warning signs.
22. Use cautions when lifting heavy loads. Lift with the legs instead of the back.
23. Caution should be exercised when walking on wet or slick surfaces.
24. Never move furniture or heavy equipment unless authorized to do so and with proper personal protection and other staff assistance.
25. Always be on the alert for and report any situations, which may cause an accident, personal injury or damage to equipment.

Emergency Evacuation Plans and Re-Entry

In any emergency, employees should follow alarms or other alerts to evacuate the building or area near the premises. Employees should always follow the basic evacuation procedures and remember that personal safety is paramount and takes precedence. Employees should do the following:

- Check the work area for anything needing to be secured, and store it quickly.
- Secure locks on all secured containers and cabinets.
- Leave the work area, and report to the designated assembly area.

The supervisor at the location will coordinate with fire, police or other emergency preparedness personnel to determine when the building may be re-entered. This information will then be passed to the employees.

Safety Data Sheets

Required by the Occupational Safety and Health Administration (OSHA), a safety data sheet (SDS) is a detailed description of each hazardous chemical located in the workplace and includes information regarding potential health risks, symptoms and treatment measures to be taken if exposure occurs.

The company will keep SDSs on all hazardous substances and materials on its premises in areas adjacent to the equipment for which the SDS pertains. Employees should help ensure that MSDSs are kept in their respective areas or report missing ones to their supervisor or safety committee representative.

Improper Health and Safety Practices

All employees are expected to abide by safe work practices and adhere to general safety rules to ensure their safety as well as the safety of co-workers.

Infractions of company health and safety practices will be dealt with in accordance with the company's policies on discipline and will be based on the following factors:

- Severity of the infraction.
- Whether the infraction endangered only the employee or also co-workers.
- Whether the infraction was a first or repeat violation.

To further enhance our commitment to our Health and Safety program, the following procedures will be followed after any accident or injury that results in medical treatment being required.

1. Once the injured party has returned to work, they must contact the HR department to schedule safety training related to the incident. This must be done within 5 business days of the return to work.
2. Once this training is completed, all members of the department or team that the employee is part of will be scheduled for training with the HR department on safety topics related to the incident.

These procedures are implemented to bring awareness of potential hazards and to prevent future occurrences.

8.4 Workplace Tobacco and Vaping Usage

In keeping with CSNT's intent to provide a safe and healthful work environment, tobacco usage including cigarettes, cigars and chewing tobacco is prohibited at all Agency locations. Vaping is prohibited. This includes facilities, properties and vehicles.

This policy applies equally to all employees, customers, and visitors.

8.5 Workplace Violence

As the safety and security of our employees, vendors, contractors, and the general public is in the best interests of Community Services of Northeast Texas, we are committed to working with our employees to provide a work environment free from violence, intimidation, and other disruptive behavior.

Zero Tolerance Policy

The Agency has a zero-tolerance policy regarding workplace violence and will not tolerate acts or threats of violence, harassment, intimidation, and other disruptive behavior, either physical or verbal, that occurs in the workplace or other areas. This applies to management, co-workers, employees, and non-employees such as contractors, customers, and visitors.

Workplace violence can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm, damage to property, or any intentional behavior that may cause a person to feel threatened.

Prohibited Conduct

Prohibited conduct includes, but is not limited to:

- Physically injuring another person.
- Threatening to injure a person or damage property by any means, including verbal, written, direct, indirect, or electronic means.
- Taking any action to place a person in reasonable fear of imminent harm or offensive contact.
- Possessing, brandishing, or using a firearm on Agency property or while performing Agency business except as permitted by state law.
- Violating a restraining order, order of protection, injunction against harassment, or other court order.

Reporting Incidents of Violence

Report to your supervisor, in accordance with this policy, any behavior that compromises our ability to maintain a safe work environment. All reports will be investigated immediately and kept confidential, except where there is a legitimate need to know. You are expected to cooperate in any investigation of workplace violence.

Violations

Violating this policy may subject you to criminal charges as well as discipline up to and including immediate termination of employment.

Retaliation

Victims and witnesses of workplace violence will not be retaliated against in any manner. In addition, you will not be subject to discipline for, based on a reasonable belief, reporting a threat or for cooperating in an investigation.

If you initiate, participate, are involved in retaliation, or obstruct an investigation into conduct prohibited by this policy, you will be subject to discipline up to and including termination.

If you believe you have been wrongfully retaliated against, immediately report the matter to Human Resources.

9.0 Trade Secrets

9.1 Confidentiality and Nondisclosure

The protection of confidential business information is vital to the interests and the success of Community Services. Release of confidential student records is prohibited by FERPA, the Family Education Rights Privacy Act. Such confidential information includes, but is not limited to, the following examples:

- client/student lists
- client/family/children data
- financial information
- pending projects and proposals
- co-workers and any Agency employees

Employees who improperly use or disclose confidential business information will be subject to disciplinary action, up to and including termination of employment, even if they do not actually benefit from the disclosed information.

10.0 Reporting Child Abuse and Neglect

Abuse and Neglect

No child shall be subjected to corporal or verbal punishment under any circumstances. Corporal punishment inflicted upon any child will not be tolerated at CSNT under any circumstances. Employees suspected of abuse will be suspended immediately pending further investigation. Employees will be immediately terminated if it is determined that it is more likely than not that they engaged in child abuse.

How to Report Suspected Child Abuse and Neglect

The Agency will implement all guidelines listed in the Licensing Standards for Head Start and Day Care Centers, and those guidelines will be applicable to all CSNT employees, Head Start and Family Center employees. Moreover, CSNT will provide training annually for all employees regarding their Mandated Reporter status and to review the State Licensing Standards. Said training will also be made available to CSNT Community Partners.

Any employee who knows or suspects that a child has been abused, neglected or mistreated shall immediately report their suspicion or knowledge to their supervisor. The supervisor shall immediately notify Human Resources who in turn shall immediately notify the CEO. The CEO should consult with the Agency's legal counsel. In the event that the employee's supervisor is not available the employee shall notify Human Resources or CEO.

Human Resources is the designated Senior Employee person to coordinate all activities related to abuse allegations. They will maintain reporting documentation regarding incidents

and follow-up action. He will consult with the CEO and if directed by the CEO to do so, Agency legal counsel in an ongoing manner during the course of the investigation of the alleged abuse. However, all such investigations will be conducted under the supervision of legal counsel to ensure confidentiality to all involved and compliance with all applicable laws. In the CEO's discretion legal counsel may participate in and/or assist in the investigation or legal counsel may conduct the investigation.

Acknowledgment of Mandated Reporter Status

Whenever there is reasonable cause to believe that a child may have been abused or neglected, the employee knowing or suspecting the abuse and the CEO shall notify the Texas Department of Family and Protective Services Said report should be filed as soon as possible but in all cases within 48 hours of learning of the suspected abuse. The CEO shall also notify DFSS (and CPS if the allegation of abuse is applicable to that program).

All Community Services of Northeast Texas child care employees are mandated reporters regarding child abuse and neglect. This means that you are required to report **or to cause a report to be made** to the Texas Department of Family and Protective Services via the Texas Abuse Hotline or through an online reporting website whenever there is reasonable cause to believe that a child known to you in your professional capacity may have been abused or neglected.

Employee Discipline

Failure to comply with this policy will result in employee discipline up to and including termination. Moreover, no child shall be subjected under any circumstances to corporal punishment or verbal abuse. Accordingly, corporal punishment inflicted upon children will not be tolerated. Any employee who abuses a child, including using any corporal punishment against a child or who uses isolation against a child inappropriately will be immediately terminated. Any employee that assists another employee in covering up suspected abuse will be subject to employee discipline up to and including termination. CSNT is obligated to protect the children entrusted to its care. Therefore, the cooperation and truthfulness of all employees interviewed during the course of a child abuse/neglect investigation is mandatory. Whenever an allegation of abuse is made involving an employee, that employee will be immediately suspended pending an investigation into the allegation. While CSNT will always use its best efforts to be fair to the accused employee, the Agency is obligated by law to protect the children it cares for and therefore the Agency will always err in the best interest of the safety of the children.

Closing Statement

Thank you for reading our handbook. We hope it has provided you with an understanding of our mission, history, and structure as well as our current policies and guidelines. We look forward to working with you to create a successful Agency and a safe, productive, and pleasant workplace.

Michelle Morehead, CEO

Community Services of Northeast Texas

Acknowledgment of Receipt and Review

By signing below, I acknowledge that I have received a copy of the Community Services of Northeast Texas Employee Handbook (handbook) and that I have read it, understand it, and agree to comply with it. I understand that the Agency has the maximum discretion permitted by law to interpret, administer, change, modify, or delete the rules, regulations, procedures, and benefits contained in the handbook at any time with or without notice. No statement or representation by a manager, supervisor, or any other employee, whether oral or written, can supplement or modify this handbook. Changes can only be made if approved in writing by the Human Resources department of the Agency. I also understand that any delay or failure by the Agency to enforce any rule, regulation, or procedure contained in the handbook does not constitute a waiver on behalf of the Agency or affect the right of the Agency to enforce such rule, regulation, or procedure in the future.

I understand that neither this handbook nor any other communication by a management representative or other, whether oral or written, is intended in any way to create a contract of employment. **I further understand that, unless I have a written employment agreement signed by an authorized Agency representative, I am employed "at-will" (to the extent permitted by law) and this handbook does not modify my "at-will" employment status, including if I am an employee working for CSNT on an ISD campus.**

If I am covered by a written employment agreement (signed by an authorized Agency representative) that conflicts with the terms of this handbook, I understand that the terms of the employment agreement will control.

If I am working on an ISD campus, I understand that my employment may end at any time, for any or no reason.

This handbook is not intended to preclude or dissuade employees from engaging in legally protected activities under the National Labor Relations Act (NLRA). This handbook is not intended to violate any local, state, or federal law. No provision or policy applies or will be enforced if it conflicts with or is superseded by any requirement or prohibition contained in federal, state, or local law, or regulation. Furthermore, nothing in this handbook prohibits an employee from reporting concerns to, filing a charge or complaint with, making lawful disclosures to, providing documents or other information to, or participating in an investigation or hearing conducted by the Equal Employment Opportunity Commission (EEOC), National Labor Relations Board (NLRB), Securities and Exchange Commission (SEC), or any other federal, state, or local agency charged with the enforcement of any laws.

This handbook supersedes any previous handbook or policy statements, whether written or oral, issued by Community Services of Northeast Texas.

If I have any questions about the content or interpretation of this handbook, I will contact Human Resources.

5/28/25

Signature

Date

Misty Van Hooser

Print Name

APPENDIX

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





CSNT Head Start Volunteer Rates

Effective 12-1-25

Occupation		Rate	Rate Calculation	Job Summary
Bookkeeper		\$18.00 per hour	Average of highest and lowest paid employees in Finance (excluding Finance Director). With 32% for fringe benefits, not included in total.	Assist with performing a variety of complex accounting clerical duties that require an understanding of established accounting procedures. Responsibilities may include reconciling accounts and posting to end balances on general ledgers.
Consultant/Trainer		OPEN		A set rate has not been designed for individuals that are providing consultant or training to staff and/or parents. Individual(s) conducting these types of services will determine the rate.
Cook		\$12.00 per hour	Average of highest and lowest paid employee in this position. With 32% for fringe benefits, not included in total.	Assist with preparing meals for group settings and planning menus. Keep food service area and preparation utensils clean and orderly.
Data Entry Clerk		\$12.00 per hour	No employee in this position at this time. With 32% for fringe benefits, not included in total.	Assist with operating data entry terminals to record and verify a variety of routine data: may maintain a database.
Office Assistant		\$12.00 per hour	No employee in this position at this time. With 32% for fringe benefits, not included in total.	Assist with performing routine clerical support for functional groups; including copying, distributing mail, performing simple calculations, maintaining records and files.
Custodian		\$12.00 per hour	Average of highest and lowest paid employees in this position. With 32% for fringe benefits, not included in total.	Assist with keeping Head Start facilities in clean and orderly condition; sweeps and mops floors, empties trash, cleans restrooms, and performs related maintenance activities.

Policy Council Governing Board		\$23.06 per hour Policy Council \$37.86 per hour Governing Board	Average highest and lowest paid employee for the Head Start Management Staff. With 32% for fringe benefits, not included in total. The Governing Board average was taken from the hourly wages of the Head Start Administrative staff salaries.	Along side the Head Start Director and the Executive Director the members of the Policy Council and Governing Board provide assistance in decisions about the development, planning, and operation of the Head Start Program.
Receptionist		\$12.00 per hour	No employee in this position at this time. Based on starting rate of a new employee. With 32% for fringe benefits, not included in total.	Assist with greeting and directing visitors either in person or on the telephone; take messages, answers general inquiries; may perform a variety of clerical tasks.
Teacher Assistant		\$13.16 per hour	Average of highest and lowest paid employee in this position. With 32% for fringe benefits, not included in total.	Assists teaching staff with the day-to-day classroom activities and setting up classrooms. Other duties may include serving as field trip chaperon.
Other Parent Activities		\$12.00 per hour	CSNT Head Start minimum wage of \$12.00. With 32% for fringe benefits not included in the total	Assisting with or attending any Head Start sponsored activities.
Bus Driver		\$12.00 per hour	Average of highest and lowest paid in this position. With 32% for fringe benefits, not included in total.	Must have a valid CDL driver license with type S endorsement and Texas School Bus Transportation Certification to drive a Head Start bus.
Social Worker/Family Empowerment Advocate		\$16.25 per hour	Average of highest and lowest paid in this position. With 32% for fringe benefits, not included in total.	Assists Family Services with general duties. (Volunteers in this position are not allowed to perform any confidential tasks.)
Mileage Rate		*.70		*Current rate for mileage (Subject to change)

These hourly rates are based on actual payroll figures for CSNT employees as of 10-7-25



2025 CA Update

Summary of Key Priority Area 1



Demographics

Key Priority Area One

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

SUMMARY



POPULATION HAS DECREASED FOR 2nd YEAR



145,920 PEOPLE LIVE IN THE SERVICE AREA



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



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



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



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

3.31%
5+ Population with
Limited English Proficiency

50.83%
Service Area
Female Population

5.40%
of Population
Foreign Born

26.5
Median Age of
Hispanic Population

30.06%
Service Area
Households w/Children

69.73%
Households w/
Access to High Speed
Internet

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



2026 CA Update

Summary of Key Priority Area 2



HOMELESSNESS

Key Priority Area Two

2-1 Homelessness

SUMMARY

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

2.2%
Increase in Homeless
Individuals

1.14%
Region 8 ESC Students
Experienced Homelessness

5.6%
Head Start Children
Experienced Homelessness

1.6%
Homeless Children
in Service Area 2024

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

76,060
Students in Texas
were considered
Homeless

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



2025 CA Update

Summary of Key Priority Area 3



Foster Care Information

Key Priority Area Three

3-1 Children In Service Area

SUMMARY

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

36
Children in Foster Care
Bowie & Cass Counties

570
Bowie County Military
Families

5,411
Children in Cass County
Eligible Under Title 1

360
Morris County English
Language Learners

1,743
Children in Service Area
Gifted & Talented

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

Fast Fact

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



2025 CA Update

Summary of Key Priority

Area 4



Children With Disabilities

Key Priority Area Four

4-1 Children with Disabilities

SUMMARY



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



15.9% SCHOOL ENROLLMENT
WITH A DISABILITY 2023-2024



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



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



4.6% OF CHILDREN UNDER 18
IN TEXAS HAD A DISABILITY



15.2% OF STUDENTS IN
REGION VIII ESC HAD A DISABILITY

3,856 Students In
Service Area Diagnosed
with a Disability

3,000 Students
Diagnosed With a
Learning Disability

1,741 Students
Diagnosed With a
Speech Impairment

1,097 Students
Diagnosed With
Autism

389 Students
Diagnosed With
Emotional Disturbance

937 Students
Diagnosed With
Intellectual Disability

Fast Fact

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



2025 CA Update

Summary of Key Priority Area 5



Socio-Economic Factors

Key Priority Area Five

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

SUMMARY

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

12.2%
SNAP Recipients in
the Service Area

56.8%
Students Eligible
For Free Lunches

72.8%
of Children Under 18
Receiving Medicaid

19.0%
of Adults in the Service
Area were Obese

9.1%
Low-Birth Weights
In Service Area

10.5%
Population Under 18
With No Health Insurance

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



2025 CA Update

Summary of Key Priority Area 6



Other Child Care Providers

Key Priority Area Six

6-1 Private Child Care Providers

6-2 Publicly Funded Pre-K

SUMMARY



37 LICENSED CHILD CARE CENTERS
IN THE SERVICE AREA



903 CHILDREN ENROLLED IN
SUBSIDIZED CHILD CARE



2,275 CHILDREN NOT ENROLLED
IN CHILD CARE



2,118 CHILDREN ENROLLED
IN SCHOOL PROGRAM



1,973 CHILDREN NOT ENROLLED
IN A SCHOOL PROGRAM



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



7
ISD Partnerships

1
Early Head
Start Program

448
Students Enrolled in
ISD Partnerships

2%
Single-parent Male
Households

4,414
pre-kindergarten aged
children in Service Area

47.9%
Students Considered
At-Risk by ISDs

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



2025 CA Update

Summary of Key Priority Area 7



Housing Needs

Key Priority Area Seven

1-1 Housing Resources

SUMMARY

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

17,599
Households Renting
in Service Area

\$1,251
Average Median
Rent In Texas

306
Housing Units with
no plumbing facilities

14,872
Housing Units Are
Substandard

4,389
Housing Units Lacking
Complete Kitchens

9,308
Vacant Rental Housing
Units in Service Area

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



2025 CA Update

Summary of Key Priority Area 8



General Information

Key Priority Area Eight

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

SUMMARY

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

23
School Districts
in the Service Area

CSNT Head Start
Partners With
Region 8 ESC

Texas Public Schools
Implement the
STAAR Assessment

26 More Students Enrolled
in Service Area 2023/2024

CSNT Follows CDC
Guidelines When
Encountering Viruses

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

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



2025 CA Update

Summary of Key Priority Area 9



Program Survey Information

Key Priority Area Nine

9-1 Impacts To Service Area

9-2 Impacts To Children & Families

SUMMARY

IMPACTS TO SERVICE AREA

34.43% LACK OF JOBS/UNEMPLOYMENT

10.66% COST OF LIVING/RISING PRICES

9.84% LACK OF AFFORDABLE HOUSING

7.38% NEW BUSINESSES/NEW JOBS/NEW HOUSING

4.10% LACK OF PUBLIC TRANSPORTATION

4.10% FAMILIES MOVING TO FIND JOBS

HIGHLIGHTS

IMPACTS ON CHILDREN AND FAMILIES

52.14%

Poor Parenting Skills/
Young Parents

9.40%

Substance Abuse/
Addictive Behaviors

6.84%

Child Behaviors /
Children Acting Out

5.98%

Children Raised by Other
Family Members

5.13%

Lack of Jobs/Job
Training/Lack of Skills

Fast Fact

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