

LE JARDIN COMMUNITY CENTER, INC.

POLICIES AND PROCEDURES MANUAL  
FOR OPERATIONS

Effective January 2014



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# Family Services

<b>Subject:</b> Parent Activity Fund	<b>Head Start Performance Standard:</b> 1304.50 (d)(2)(iii)
<b>Service Areas:</b> Program Design and Management	<b>Section:</b> Program Governance

## **POLICY:**

To ensure funds are available to support activities. This procedure applies to Family Services staff and Finance Staff.

## **PROCEDURE:**

1. Family Worker Coordinator and Chief Financial Officer are responsible for the oversight of the Parent Activity Fund. Parent Activity Funds are set aside from the program grant to be used by and for the parent activities that parents develop themselves. Activities implemented for the purpose of using the Parent Activity Fund are approved by each Parent Committee. The Funds will defray cost for parent initiated funded activities, and therefore should eliminate the need for any center-initiated fundraising activities following the mandate of CFR, 1304.40 (a) (4-5).
2. The Parent Activity Guidelines are annually reviewed and approved by the Policy Council.
3. Parents select, discuss and approve activities during Parent Committee meetings. The parent activity must be educational and not solely for the purpose of entertainment. Entertainment is defined as the cost that solely for such diversions as social event (dance), recreation, amusement, rentals, gratuities, etc.
4. According to policies \$7.00 per child enrolled in Head Start/ Early Head Start centers are disbursed for parent education related activities. An educational activity is defined as the cost for such learning activities as training, speaker, field trip, parent recognition that is in conjunction with training/workshop.
5. The parent Activity Fund is submitted by the Family Workers to Administration. The request must include the following:
  - Center Name Address
  - Names of Parent Committee Officers
  - Description of the parent activity
  - Cost of Activity

- Amount of Funds allocated
  - Date, Time and Site of Activity
  - Number of Participants
  - Signatures of Family Worker Coordinator and Family Workers.
6. Family Worker Coordinator or Family Worker submits the written request (application) to Administration, prior to the activity taking place. The Parent Activity Fund Application is submitted along with the approved minutes and roster of participants.
  7. Administration will approve or disapprove the written request based on the nature of the activity. With approval, written request will be forwarded for purchase requisition or support services as deemed necessary. Support services will include transportation, finance, etc.
  8. Upon completion of the actual parent activity, all required receipts and paperwork are forwarded to the Administration where the documentation is maintained.
  9. For Additional information refer to the Parent Activity Fund Guidelines.

<b>Subject:</b> Family Assessment/Goal Setting	<b>Head Start Performance Standard:</b> 1304.40 (a) (1-5); 1304.40(b)
<b>Service Areas:</b> Family and Community Partnerships	<b>Section:</b>

**POLICY:**

Families enrolled in the program are offered the opportunity to engage in a process of collaborative partnership building, which includes family assessment, home visits and family partnership agreement. The family assessment is used to determine family goals, strengths, and challenges support/services.

**PROCEDURE:**

1. The Family Worker will develop one-to-one relationships with families by applying sensitivity, engaging in conversations to build trust, and help parents to identify family goals, strengths necessary services and other supports. Staff will be responsible for implementing case management directed to support their child’s early education and family self-sufficiency.

2. Before initiating the individualized family partnership agreement, all families will engage in an opportunity to identify and complete the Family Assessment Questionnaire and Checklist.
3. The Family Worker will review the Family Assessment Questionnaire and Checklist with each family to assess the family's strengths, Challenges services, and support. The family's strengths and needs in each service area will be entered in ChildPlus. Internal and External referrals will be given to families to address needs. Families who have identified an area that is "vulnerable" or "at risk" requires a referral. All referrals will be documented in ChildPlus and in the child's folder.
4. Follow-up on referrals will be documented in ChildPlus and directly on the internal and/or external referrals.
5. The Family Worker will scan the signed Family Assessment Questionnaire and Checklist to the family's record in ChildPlus.
6. During the months of February, March, and April, the Family Workers will meet with the families to complete the Mid or Final Family Assessment Checklist. Documentation of the family's Mid or Final Assessment will be documented as a follow-up in each area in ChildPlus.
7. The Family Worker will scan the signed Mid or Final Family Assessment Checklist to the family's record in ChildPlus.
8. Within 45 days of enrollment, each HS/EHS family will be offered the opportunity to initiate a collaborative individualized family partnership agreement process. The process is guided by parents taking into consideration the readiness and willingness of each family. 45 days is also the standard for families enrolled after the first day of school to initiate the family partnership agreement process.
9. Family Workers will contact and or meet with parents throughout the year to develop, implement and follow-up on individualized family partnership agreements (IFPA). Families will be encouraged to establish and complete at least one goal at a time. The goal should focus on area of immediate need or area of priority for the family.
10. When families are ready, goal setting will be established jointly, with new families and updated with returning families. Each IFPA will be defined in measurable terms to describe family goal, demonstrate responsibilities, timelines, strategies for achievement and progress. The Family Worker shall follow-up with parents or as deemed necessary depending on the nature of each family's IFPA, the circumstances of the goal and its

timetable for completion. The timetable determined may be adjusted to increase or reduce follow up.

11. Once the Family Partnership Agreement has been established it must be entered into the ChidPlus database. A printed copy of the IFPA will be provided for the parent signature, a copy goes in the child/family folder.
  
12. As a part of the family partnership agreement process (for those families with a pre-existing family plan with another agency) the Family Worker will to the extent possible, work with the family and other agencies to support the accomplishments of goals outlined in the pre-existing family plans to avoid duplication and conflict of effort.
  - a) The Family Worker will utilize the enrollment process to discuss with the family any involvement with other agencies and preexisting plans.
  - b) The family and the Family Worker will determine the feasibility or need for Head Start and other agency to working together with the family.
  - c) In the event families have a preexisting family plan, the parents will be asked to complete the consent form for confidentiality and mutual exchange of information. Information must not be shared with other agencies without written consent of the parent.
  - d) Family Worker will document all contacts with the other agencies concerning preexisting family plans in ChildPlus Family Services. Information will be shared with other Head Start staff as appropriate.
  
13. Group and individual meetings and interactions with parents will occur regularly through training, personal contacts, parent committee, group activities/events and home visits. Interactions will be respectful of family's diversity and cultural background.

<b>Subject:</b> Follow-up Services	<b>Head Start Performance Standard:</b> 1304.40 (b)(2)
<b>Service Areas:</b> Family and Community Partnerships	<b>Section:</b> Family Partnerships

**POLICY:**

To ensure staff provides follow-up with each family to determine whether the kind, quality and timeliness of the services received through referrals meet the families' expectations and needs.

**PROCEDURE:**

1. Family Workers must follow-up with all documented referrals for services.
2. Family Partnership Agreements – Family Workers will conduct the initial follow-up to the family partnership agreement within a reasonable time to determine families’ level of satisfaction.
3. Family Workers will maintain all ongoing follow-up efforts for services in Child Plus Family Services
4. Referrals- Family Workers will follow-up with families of internal/external referral being made to determine the family’s level of satisfaction as it relates to:
  - a) What Service did the family receive?
  - b) Was service timely and did it meet the family’s needs?
  - c) What additional assistance is needed?
  - d) Other Comments
5. All documented referrals will be completed by the Family Worker in the referral section of ChildPlus database.

<b>Subject:</b> Parent Involvement – Home Visits	<b>Head Start Performance Standard:</b> 1304.40 (i) (1-4)
<b>Service Areas:</b> Family and Community Partnerships	<b>Section:</b> Family Partnerships

**POLICY:**

To ensure parents have involvement opportunities in home visits. This policy pertains to Teaching Staff and Family Services.

**PROCEDURE:**



1. Family Worker shall ensure each family participates in the family partnership process which includes home visits, family assessment and family partnership agreements and parent involvement.
2. Each enrolled child's caregiver shall make no less than two (2) home visits per program year, unless the parents forbid such a visit. In such cases staff will continue to work on building a trusting relationship, which, over time, may promote meeting families in the home environment. Every effort is made to conduct visits in the home. Home visits will be conducted during the months of November and April. Teachers/Teacher Asst. must notify the Family Worker of scheduled home visits.
3. Family Workers shall conduct at least one (1) home visit in conjunction with the teaching staff to build trust and engage in a collaborative partnership with parents and teaching staff. Other service areas will make joint home visits as deemed appropriate and necessary.
4. While the program cannot require that parents permit home visits as a condition of their child's participation in the program, staff shall make every effort to explain the advantage of home visits to parents. The home visits shall give parents the opportunity to discuss concerns in the familiarity of the home environment in which they are comfortable. The teachers and Family Worker have the opportunity to observe the family dynamic and the child and parent in his/her home environment.
5. In cases where parents may ask for home visits to take place at the center or another safe location that affords privacy. The Family Worker and parent shall agree to schedule all home visits at times that are mutually agreeable, convenient, safe and reasonable for both parents and staff.
6. Family Worker shall document instances where parents refuse to participate in home visits in ChildPlus, explain the advantage of home visits to reluctant parents and continue to make every effort to conduct home visits that are in the home.
7. Family Worker initiated home visits may include dialogue pertaining to the child's development, family, Head Start and the partnership agreement progress. Subsequent home visits may be made for follow-up.
8. Parents have the opportunity during the home visit to ask questions, share concerns, suggest program ideas, and other topics that may be of need and interest to the family. Referrals to local agencies will be done accordingly.
9. If family is not at home at the time of scheduled home visits, Family Workers and/or Teaching staff will wait 15 minutes for the family to return home. If they have not

returned to the home staff will leave a business card, a phone call attempt will follow up to the home visit.

10. Family workers will document their home visits in ChildPlus completing every required field.
11. Family Worker Coordinator will provide monitoring of ChildPlus data base for home visits.

<b>Subject:</b> Selection Process	<b>Head Start Performance Standard:</b> 1305.6
<b>Service Areas:</b> Eligibility, recruitment, Selection Enrollment and Attendance	<b>Section:</b> Selection

**POLICY:**

Le Jardin Community Center has established this policy and procedure to ensure a formal process is in place for selecting and timely replacement of children for the program.

**PROCEDURE:**

All children and families who complete an application, resident of Miami Dade County, Provide proof of age, income for the last twelve (12) months or calendar year and proof of parent identification are eligible for selection. Waitlist children who are not selected remain on the waitlist until they are no longer age eligible or their parents request the withdrawal of their application. When a vacancy occurs, the Family Worker will review the transfer requests forms and Child Plus waiting list.

CAHSD will develop the Selection Criteria and provide to Le Jardin. The Selection Criteria is based on a point system that ranks children by need according to their application information

A copy of the Selection Criteria and Poverty Guidelines must be prominently displayed and accessible to the parents and community.

1. Le Jardin has a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services. All applications received, regardless of whether they have brought physicals, immunizations, dental; and lab forms must be considered and entered in the ChildPlus system for placement. Family Workers will contact the parents if additional information is needed to complete the initial application process.
2. In Selecting the children and families to be served, Le Jardin considers the income of eligible families, the age of the child, parental status, disability, and other environmental factors.
3. At least 10% of the total number of enrollment slots in Le Jardin, during an enrollment year, is made available to children with disabilities who meet the definition for children with disabilities in Sec.1305.2 (a). An exception to this requirement will be granted only if the responsible HHS official determines, based on such supportive evidence as he or she may require, that Le Jardin made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individual Education Plans (IEP).
4. Le Jardin will 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 to assure that eligible children enter the program as vacancies occur.
5. Newly enrolled children, parents will be sent a selection letter based on total number of ChildPlus points with their center assignments. Parents selected for the program will be scheduled for an interview with the Family Worker. Staff will review the required documents and complete all sections of the applications. Parents will be advised to bring medical, dental and other pertinent documentation in order to complete the enrollment process.
6. The Family Worker will review the required documentation and the completion of the application. The Family Worker Coordinator, Family Worker and the parent signatures are required prior to a child entering the program.
7. All Over-income families being considered for placement must have completed Over-income Justification Request Form filed in the children's folder. The ERSEA Coordinator will review and the Head Start Director will approve all Over-income families entering the program. A copy of the signed form, and documentation will be returned to the center.

<b>Subject:</b> Record Keeping Systems	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b> Program Design and Management	<b>Section:</b> Management System and Procedures

**POLICY:**

To establish and maintain Program information and record-keeping systems that are efficient and effective for the program and Family Service areas to provide accurate and timely information regarding children, families and staff in conjunction with the program confidentiality policies/procedures.

**PROCEDURE:**

1. Le Jardin uses Child Plus, a fully automated case management record keeping system which collects, organizes, maintains, and reports detailed demographic, health education and social service information individually and by groups or center/program wide.
2. Child Plus provides effective record keeping, reporting, and tracking that individualize children and families progress and outcomes. Child Plus monitoring provides reports regarding the status of the delivery of quality services and document program status meeting program requirements.
3. Family workers maintain accurate monthly documentation of the family goal setting process and support services in Child Plus.
4. Family Workers maintain monthly documentation of all services, contacts and follow-up to accessing community services and resources in Child Plus Family Services.
5. Family Workers documents home visit efforts, conversations with parents, and activities with families in Child Plus. The teaching staff and Family Worker will document the dynamic of the home visit on the Home Visit Report form and ensure appropriate signatures are obtained.
6. Family Workers document parent involvement and participation in parent meeting, trainings, and other group events in Child Plus, Results Oriented Management and Accountability (ROMA) and the Parent Involvement Monthly Summary.

7. Family Workers document all community involvement planning and participation through agenda, minutes and sign-in sheet of involvement and Child Plus as applicable.

<b>Subject:</b> Enrollment and Re-enrollment	<b>Head Start Performance Standard:</b> 1305.7
<b>Service Areas:</b> Eligibility, Recruitment, Selection, Enrollment and Attendance	<b>Section:</b> Enrollment

**POLICY:**

Le Jardin has established this policy and procedures to ensure compliance with funded enrollment and under enrollment of the Head Start/Early Head Start Programs.

**PROCEDURE:**

The enrollment date of a child is the date that the child is officially enrolled in the program. The entry date will be entered in the Child Plus system as the child’s first day of attendance in the classroom.

Le Jardin Head Start/Early Head Start will automatically re-enroll any child that completes the preceding year and is age eligible to return the succeeding year. Income is verified during the initial application process. A copy is kept in a locked file.

Head Start programs have thirty (30) calendar days to fill a vacancy when the program determines one exists. Staff will review their transfer and waiting list to determine the next eligible child and family.

All efforts will be completed and documented in a timely manner to replace a child which has been dropped from the program.

1. Each Child enrolled in a CAHSD Head Start/ Early Head Start is allowed to remain in Head Start until Kindergarten or first grade is available for the child in the child’s community; except that the 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. Le Jardin Head Start/ Early Head Start must maintain its funded enrollment level. When it is determined that a vacancy exists, no more than thirty (30) calendar days may elapse

before the vacancy is filled. All efforts will be conducted and documented to fill a vacant slot as soon as the family notifies the Family Worker. Le Jardin may elect not to fill a vacancy when sixty (60) calendar days or less remain in the program's enrollment year or contract. In the event of a vacancy the parent of the next child on the waiting list is contacted. That parent will have twenty-four (24) hours to come in with the paperwork required for enrollment. In the event that the parent cannot provide the required documents in order to place the child in an enrolled status with Le Jardin, the family worker will move on the next child of the waiting list.

3. If a child has been found income eligible and is participating in the program, he or she remains income eligible through that enrollment year and the immediately succeeding enrollment year.
4. Programs for families with infants and toddlers, or Early Head Start remain income eligible while they are participating in the program. When a child moves from a program serving infants and toddlers to a Head Start program serving children age three (3) and older, the family income must be re-verified.
  - During the transition meeting the family income eligibility for Head Start will be re-verified. A new application along with the Income Verification Form (pg. 4 of application) must be filled out.
  - Early Head Start Family worker will hold a transition meeting for children transferring to Head Start including the Head Start Family Worker to inform them of the application process and need to reapply
  - All over-income applications must be submitted to the ERSEA Coordinator with supporting documentation and approved prior to placing over income Early Head Start families in Head Start.
5. The enrollment package must be completed with the assistance of the family worker, including but not limited to a physical exam, and dental exam. If the parent does not have the dental exam completed by the first day of school, the parent will be required to sign a consent form authorizing Le Jardin to utilize a service provider to administer the exam free of charge. We will no longer accept appointment cards for dental appointments in lieu of the actual exam. The child is required to have a current physical, and dental exam (or consent form) prior to starting school.

<b>Subject:</b> Age of Children & Family Income Eligibility	<b>Head Start Performance Standard:</b> 1305.4
<b>Service Areas:</b> Eligibility, Recruitment, Selection, Enrollment and Attendance	<b>Section:</b> Eligibility

**POLICY:**

Le Jardin will ensure the accuracy of determining a child’s eligibility based on age and family income.

**PROCEDURE:**

1. To be eligible for Head Start services, a child must be at least three (3) years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where CAHSD provides specific authority to provide specific authority to serve younger children. Children with an Individualized Education Plan (IEP) from Miami-Dade County Public Schools and transitioning from Early Head Start all are allowed to enter the program on or after their third (3<sup>rd</sup>) birthday.
2. At least 90 percent of the children who are enrolled in the Miami Dade County Head Start program are from low-income families. 10% of the children who are enrolled may be children from families that exceed the low -income guidelines but who meet the criteria that Le Jardin has established for selecting such children and who benefit from Head Start services.
3. The family income is to be verified by Le Jardin Family Worker before determining that a child is eligible to participate in the program.
4. Verification includes examination of any of the following documentation: Individual Income Tax Form 1040, W-2 forms, pay stubs, written statement from employers, Income Declaration and/or documentation showing current status as recipients of public assistance. Income will be established based on the family’s total income for the past twelve (12) months or calendar year, whichever most accurately reflects the family status.
5. A signed statement by a Le Jardin Family Worker, identifying which of these documents was examined and stating that the child is eligible to participate in the program, is maintained to indicate that income verification has been made.

A copy of the child’s proof of age requirement will be filed in the child’s folder. Le Jardin Community Center uses the date of September 1 as determined by the public school, to ensure children will be at least three (3) years old but not yet five (5) years old, kindergarten entry age at time of enrollment

Parent(s)/Legal Guardian must also provide proof of income for the last calendar year or the last twelve (12) months. Families falling below the poverty guidelines are given priority for vacancies. A copy of the income will be attached to the application.

Family Workers will sign a statement declaring that appropriate documents were examined and that the child has been found to be income eligible for the program. Applications are then forwarded to the Family Worker Coordinator for final verification. All verification information is kept in a locked cabinet.

All over-income enrollments must be specifically reviewed by the ERSEA Coordinator and approved by the Head Start Director. A copy of the Over- Income Verification form will be filled in the children’s folder. All over-income families and children entering the program must have signed approval from the Head Start Director prior to entering the program.

Family Service Employees will run periodic reports to ensure that no more than 10% of over-income families are enrolled in the program.

<b>Subject:</b> Attendance	<b>Head Start Performance Standard:</b> 1305.8
<b>Service Areas:</b> Eligibility, Recruitment, Selection, Enrollment and Attendance	<b>Section:</b> Attendance

**POLICY:**

Le Jardin Community Center, Inc. has established this policy and procedure to maintain appropriate daily attendance for families and children throughout the program year.

**PROCEDURE:**



1. The Family Worker Coordinator will review Child Plus from individual reports for compliance with performance standards, agency policy and procedures and for completeness. When the monthly average daily attendance rate in the center falls below 85%. The Family Worker will analyze the pattern and reasons for absences, and complete a corrective action plan to mitigate the situation.
2. Centers with an AEA below 85% must submit the Enrollment and Attendance Monthly Report to the ERSEA Coordinator by the fifth (5<sup>th</sup>) of each month.
3. Home visits and/or conferences will be conducted by the Family Worker for children with four (4) or more consecutive absences. A child absence that are a result of illness or if the Family Worker has documentation of a temporary family circumstance there are no special action required. All contacts with the child's family as well as special family support services activities and referrals provided by the Social Worker will be documented in Child Plus and a copy will be filed in the child's folder. Contacts with the family may emphasize the benefit of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns.
4. The Family Worker will replace children in circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or a different program option, the child's slot must be considered an enrollment vacancy.
5. The Family Worker will make use of incoming transfer request, waiting list and inquiry logs to replace the child in a timely manner.

<b>Subject:</b> Recruitment of Children	<b>Head Start Performance Standard:</b> 1305.5
<b>Service Areas:</b> Eligibility, Recruitment, Selection, Enrolment and Attendance	<b>Section:</b> Recruitment

**POLICY:**

Le Jardin will ensure appropriate recruitment Strategies are implemented in order to maintain full enrollment.

**PROCEDURE:**

A recruitment meeting will be held annually to formulate recruitment strategies and develop a recruitment plan. Many different strategies will be used to inform the local community of our recruitment efforts.

Applications are taken continuously throughout the year to obtain as many applications as possible to help assist in gaining a number of applications that are greater than our enrollment opportunities.

Le Jardin staff will assist families in completing the application process in any way necessary.

1. In order to reach those most in need of Head Start services, Le Jardin must develop and implement a recruitment plan that is designed to actively inform all families with Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.
2. During the recruitment process that occurs prior to the beginning of the enrollment year, a Head Start program must solicit applications from as many Head Start eligible families within the recruitment area as possible. If necessary, the program must assist families in filling out the application form in order to assure that all information needed for selection is completed.
3. Le Jardin will obtain a number of applications during the recruitment process that occurs prior to the beginning of the enrollment year that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.
4. In the event, the waiting list reaches 20% over enrollment by the need of the open recruitment period; all interested families will be paced in the new inquiry status. Should the waiting list drop below the required numbers, parents should be contacted from the new inquiry log to come in and complete the application process. Parents will be contacted in regards to their continued interest in remaining on the waiting list on a semiannual basis.

<p><b>Subject:</b> Accessing Community Services and Resources</p>	<p><b>Head Start Performance Standard:</b> 1304.40 (b) (2) (1-2).</p>
<p><b>Service Areas:</b> Family and Community Partnerships</p>	<p><b>Section:</b> Family Partnerships</p>

**POLICY:**

To ensure families are linked to or can access community services and resources directly or through referrals, services and resources that are responsive to each family's identified family needs, interest, strengths, and goals.

**PROCEDURE:**

1. The Family Worker will maintain the primary role of case manager with regards to advocating for families.
2. The Family Worker will be familiar with an array of available community resources and services, and of the quality of such services that are responsive to family's interest, needs, and goals.
3. The Family Worker will collaborate with parents to identify and continually access, directly or through referrals comprehensive information, services and resources that are responsive to families' immediate needs, interest and goals in the following area:
  - a) Emergency or Crisis assistance for food, clothing, housing, and transportation. Direct services will be available through the CAHSD Self Help Division and referrals will be made to other agencies such as Florida Department of Children and Families, Daily Bread Food Bank, Goodwill, Miami Dade Emergency Housing Assistance Program, Salvation Army, etc.
  - b) Education and intervention for Mental Health issues relating to substances abuse, child abuse and neglect, and domestic violence will be made available through community resources. Family Workers will maintain a resource directory which reflects current services in Miami Dade County.
  - c) Information and Referral opportunities will be made available for continuing education, employment training and other employment services through community networks with South Florida Workforce, Adult and Vocational Educational Programs, Temporary Assistance for Needy Families Program (TANF), etc. Family Service staff will form formal and information networks, and establish and maintain partnerships with local resources and service providers.
4. The Family Worker will provide follow-up with family referrals to determine whether the kind, quality, and timeliness of the services received through referrals meet the families' expectations, circumstances and overall satisfaction concerning services received. Follow-up will continue thereafter as deemed necessary to support families.

Follow-up with the referral agency will take place for internal/external referrals on an as needed basis.

5. The Family Worker shall accompany the parent if necessary to community service providers and interpret the strength and needs of the family to the referring agency, and provide understanding of policies and procedures to the parent of referring agency as it relates to the service delivery of the mutually served family.
6. An up-to-date Resource Directory with flyers, brochures, and resource information will be maintained at each center. At a minimum, the information available should include resources related to:
  - a) Emergency or Crisis assistance, including food, clothing, and housing
  - b) Mental Health, including child abuse/neglect, substance abuse and domestic violence
  - c) Adult Education
  - d) Employment service/job training
  - e) Parenting
  - f) Family Literacy
  - g) Transportation Services
  - h) Prevention Programs
  - i) Maternal Health
  - j) Nutrition Program
  - k) Prenatal/Postpartum Care
7. The Family Worker will ensure the Resource Directory maintains appropriate, current and up-to-date flyers, brochures, and resources information at all times to meet the requirements.
8. The Family Worker will be responsible for ensuring that each family will receive the Parent Handbook and Resource Guide and be invited to the parent orientation. The parent orientation process will include discussing the overview of services, roles/responsibilities, and center policies and procedures, etc.
9. Services may be provided individually and/or in group settings.

<b>Subject:</b> Income Eligibility Over-Income	<b>Head Start Performance Standard:</b> 1305.4
<b>Service Areas:</b> Eligibility, Recruitment, Selection, Enrollment and Attendance	<b>Section:</b> ERSEA

**POLICY:**

Le Jardin Community Center has established this policy and procedure to ensure compliance with income eligibility of the Head Start /Early Head Start centers.

**PROCEDURE:**

All efforts must be made to enroll children who meet the current Federal Poverty Income Guidelines. Applications of children whose family's income exceeds the Federal Poverty Income Guidelines will be accepted and reviewed and given full consideration for acceptance in the Head Start Program. However, children whose family's income exceeds the poverty guidelines will not be enrolled at that center until all children who meet the Federal Poverty Income Guidelines have been enrolled. Over-Income children will be placed on the waiting list following any income-eligible children, and considered only if no income-eligible children are already on the waiting list.

All over income applications must receive the approval of the Grantee Head Start /Early Head Start Director, including children who have a diagnosed disability and children who are transitioning from Early Head Start. The Over-Income Selection Criteria Checklist will be utilized for all over-income applications within 101% to 250% of poverty guidelines. Over-income families that fall within 101% - 130% of the poverty guideline will be prioritized ahead of families that fall within 131% - 250% of the poverty guidelines. Unless a site is under enrolled, applications above 250% percent of the poverty guidelines will not be considered.

**Parent – Over Income Request Letter:**

The Family Worker will discuss the over-income eligibility status with the family during the application process. The family must provide a written request for consideration stating their family financial and/or health related circumstances. Supporting documentation (medical, rental, mortgage, utilities, employment, loan payments, etc.) must be provided along with the Over-Income Justification Form. The Family Worker must inform the families during the over-income process about the HS guidelines for over income admission and that their child will remain on the waiting list until all applicants within the poverty guidelines have been enrolled.

No over-income child will enter the program until the center receives written approval from the Head Start/Early Head Start Director.

**Staff- Over-Income Justification Form:**

After receiving the required paperwork from the family, the family worker will submit a written memo to the HS/EHS Director stating the families extenuating circumstances and prepare the Over-Income Justification Request form on families whose income exceeds the Federal Poverty Guidelines. The Over-Income Justification Form must be signed by the Family Worker Coordinator and the Family Worker. Staff must deliver to the ERSEA Coordinator the completed family folder that includes a signed Over-Income Request letter from parent/guardian, the Over-Income Justification Form, supporting documentation on family's income and extenuating circumstances and staff determination memo In order for enrollment request to be considered.

**Final Approval/Disapproval:**

The ERSEA Coordinator will review the documents for accuracy and forward the documents to the HS/EHS Director for approval or disapproval. A copy of the signed Over-income Justification Form must be attached to the Family Demographics/Eligibility Information Form as part of the application. In addition a copy of the signed Over-Income Justification Request Form will be stored at the main Head Start Office for auditing purposes. Once the Head Start Director has made a determination, the completed over income family folder will be returned to the center.

The Family Worker will update the Child Plus system to reflect the status of the application throughout this process. Copies of the Current Poverty Guidelines and Selection Criteria must be prominently posted in the centers.

Under no circumstances shall an over-income child start without the signed Over-Income Justification Form approval from the Head Start Director. Every effort should be made to recruit income eligible families before an over-income application is submitted for consideration.

<b>Subject:</b> Parent Involvement - General	<b>Head Start Performance Standard:</b> 1304.40 (d) (1-3)
<b>Service Areas:</b> Family and Community Partnerships	<b>Section:</b>

**POLICY:**

To ensure that the HS/EHS program provide parent involvement and education activities that are responsive to the ongoing and expressed needs of parent both as individuals and as members of a group, and to collaborate with community agencies and provides for planning and implementing activities that are consistent with family needs and interest. Parental Involvement is a key success of the HS/EHS family's experience. This policy pertains to Family Services and all staff personnel.

**PROCEDURE:**

1. The Family Worker Coordinator is responsible for ensuring that a parent involvement program is implemented. It is the responsibility of all HS/EHS staff to assist and participate in encouraging parent involvement.
2. The HS/EHS program is open to all enrolled families. All staff in their perspective positions (Teachers, Family Service Workers, Curriculum Specialist, Service Areas, Administration, etc.) will welcome parents during the program's operational hours. The program staff will maintain an environment in which families are welcomed at all times. With the assistance of families and community agencies, parent involvement and education activities are designed to include the parent orientations, training, parent meeting, field trips, parent group activities and individual counseling.
3. To plan and implement activities consistent with parents' needs and interest, the Family assessment assist the Family Services Workers by providing a snapshot of the strengths, needs and interests of enrolled families. A variety of approaches and methods are implemented to ensure parents interest and educational needs are addresses. The program implements the following parent involvement activities:
  - a) Parent Committee meetings
  - b) Parent/training/Activities
  - c) Parent Activity is planned and implemented annually by parents with the assistance of the Community Partnership Facilitator
  - d) Field Day
  - e) Leadership Trainings

4. The SNI assessment are also used to give guidance and support to the Parent Committee in developing center's annual meeting, training and activities theme calendars. The Parent Committee approves the themes calendar in September and October of each program year.
5. The Family Worker reports parent involvement education, activities and other events in Child Plus PIR and ROMA monthly.
6. Family Service Workers provides special attention to ensuring fathers, and father figures who play a special role in the life of a child enrolled in the program are involved in meetings, trainings and other group activities that are designed for both mothers and fathers and for men only.
7. Centers are open to parents during all program operating hours and parents will be informed of the different parent involvement and volunteer opportunities that are available. Volunteer opportunities are encouraged based on the volunteer's strengths, interest, skill and availability to participate.
8. Parent participation is encouraged during home visits, center activities/events and parent committee. Announcements, flyers, and invitations are extended to all family members to promote participation.
9. Parents are invited to all trainings provided by and for staff, community resource providers and partners.
10. The Family Services Workers encourage parents to pursue career opportunities with program, as well as with public or private early childhood development providers. Parents who meet program requirements receive preference for employment vacancies. Family Service workers make referrals for parents to the community job readiness and employability skills and invite speakers to parent meeting.
11. Parents are surveyed twice a year (mid-Year and Year-end). Parent's opinions about the quality of our services are important. The Family Worker Coordinator collects information from parents through the Parent Satisfaction Surveys for level of satisfaction and community reputation. Parents also complete the Parent Volunteer Form for their availability to volunteering in program. A parent input is to be made available at all centers for parent suggestion.
12. All Family Services Staff will assist each parent committee early in the program year in creating the annual Parent Involvement, Training and Activity Themes Calendar for guidance in parent committees planning and implement parent involvement and educational services for parents. Educational topics are based on the performance standards and parent interest.



# Health and Safety

<b>Subject:</b> Child Abuse and Neglect Plan and Procedures – Identification and Reporting of Child Abuse and Neglect	<b>Head Start Performance Standard:</b> 1301.31, N-30-356-1-30 of the Head Start Policy Manual – General Provisions (1.a), (b.4), (B.d,e,f) and Florida Statutes, Chapter 39
<b>Service Areas:</b> Personnel and General Administration.	<b>Section:</b>

**POLICY:**

In accordance with the Head Start Performance Standards, the Miami-Dade County CAA Head Start/Early Head Start Program must ensure that Grantee and Delegate Agencies develop and implement a plan for responding to suspected or known child neglect, physical or sexual abuse, as required by the Florida Statutes. The plan must include procedures which require Head Start/Early Head Start personnel, who are mandatory reporters, to report child abuse and/or neglect in accordance with the provisions of reporting requirements in the State of Florida.

**PROCEDURE:**

Any staff member who suspects that a child is being neglected and/or abused (by staff, caregiver or unknown person) must take the following steps:

1. Report the suspected incident IMMEDIATELY to the Florida Department of Children and Family (FDCF) 24-hour Child Abuse hotline at 1-800-96-ABUSE (1-800-962-2873).
2. It is the responsibility of the staff that suspects and/or observes a physical injury and/or mark on the child to call and report the incident. Staff will not delegate this responsibility to another staff for ANY reason.
3. Staff will locate their immediate supervisor (Curriculum Specialist for teaching staff) to advise them of the situation.
4. The Curriculum Specialist will immediately notify the Education Specialist and the respective Family Worker.
  - a. If the suspected perpetrator of the abuse/neglect is an employee of the agency, the Family Worker will immediately notify administration otherwise the Family Worker will notify administration of the incident and outcome immediately following the visit of the DCF investigator
5. In addition to calling the Hotline, the employee must complete the FDCF Fax Transmittal Report Form and fax it to 1-800-914-0004 and then forward the completed and signed report to the administration within 24 hours of reporting to DCF.

- The Curriculum Specialist, Education Specialist, Family Worker or any other employee may not influence the staff person suspecting the abuse from making a report to the DCF hotline.
- Any form of child abuse (verbal, physical, sexual, emotional etc.) that is consistent with the law will not be accepted in the Head Start/Early Head Start Program.
- The use of any form of abuse by program staff is grounds for disciplinary action, up to and including termination.

<b>Subject:</b> Health and Safety Procedures	<b>Head Start Performance Standard:</b> § 1304.22 (a) (1) (2) (4)
<b>Service Areas:</b> Health and Safety	<b>Section:</b> Child Health & Safety

**POLICY:**

Le Jardin Community Center, Inc. will establish and implement policies and procedures to respond to accident, incident, dental, and medical emergencies.

**PROCEDURE:**

1. Emergency procedures for Accident, Incident, Dental, and Medical will be posted in each classroom.
2. Telephone numbers of emergency response systems and directions on how to get to the center will be posted near the telephone in each center. Contact information will be up-to-date, and readily available for use. Parent authorization for emergency care will be available in the child's record.
3. Plans for emergency evacuation will be posted close to the nearest exit in the center and in the classroom.
4. Parents will be notified in the event of an emergency involving their child.

**Accident/Sudden Illness:**

Children: The current emergency procedures will be followed upon the occurrence of an accident/sudden illness of a child in the Head Start/Early Head Start center. Staff will advise parents of all accidents, no matter how minor, by having them sign the Accident/Incident

Report Form. When a child has a sudden illness, the teaching staff must contact the parent/guardian to pick up the child and to take the child to the Physician's office to follow up on illness. Specific information is listed in Policy and Procedure (Ongoing Care).

**Accident/Incident Procedure:**

1. First aid must be administered at all types of accident/incident.
2. Maintain an open airway for the child to breathe, begin CPR if deemed necessary.
3. Stop any bleeding, utilizing Universal Precautions (gloves and sterile gauze)
4. Notify parent about the accident/incident. If unable to reach parent and it's a major emergency or accident, call 911 immediately.
5. Complete Accident/Incident Report Form.
6. Give the Accident/Incident Report Form to the parent to sign, to verify they have been notified of the accident/incident.
7. Call 911 if it's a major accident or if it's an emergency.
8. Notify Family Service Worker and Health Staff.
9. Submit a copy of form to the Health staff to input in Child Plus.
10. Health staff will file the original copy of the Accident/Incident Report Form in the child's folder.
11. If a major accident is caused because of non-compliant safety area, then a copy of Accident/Incident Form will be presented in the Health & Safety Committee. The non-compliant safety area will be taken care of by the Health Component and/or Maintenance Staff.

Note: All accidents/incidents will be recorded on the center Accident/Incident Log by the Family Worker or the reporting staff.

### **Accident/Incident Report Form Procedures:**

1. Complete all items on the form or the form will be returned the staff member for immediate completion.
2. When completed, form will be submitted to the Health Staff, a copy to the Parent/Guardian, a copy to be maintained in the teaching staff's records, and the original forwarded to the Family Worker to be filed and retained in the child's folder.
3. Management staff on site is required to call/send e-mail notification to Administration and fax pertinent documents to administration regarding the accident/incident; in the event management staff is not available. The center Health & Safety representative will be responsible for reviewing all information and forwarding to administration.
4. Input of information regarding the accident/incident will be the responsibility of the Health staff.

### **Serious accidents/injuries Procedures:**

1. Parent must be provided with Accident Insurance Claim Form (Hartford Life and Accident Insurance) management staff on site is required to complete page 1 of the form and obtain parent signature. When completed, the original form must be provided to the parent; a copy must be retained in the center Accident/Incident Binder; a copy forwarded to the Health staff and forwarded to LJCC Administration office with Accident/Incident Report. If management staff is not available on site, the center Health & Safety Representative is responsible for completing and forwarding information. Parents who do not wish to accept the LJCC insurance policy should note refusal on the form.
2. Health staff will document accident/incident in Child Plus.

### **Field Trip Accident:**

#### **Center staff Responsibilities:**

1. A first aid kit will accompany staff when children are participating on field trips.
2. Each teacher will have copies of Emergency Contacts for all children.
3. Each teacher must also have blank copies of the Accident/Incident and Hartford Life Insurance Claim forms.

4. If an accident/incident occurs in the field trip, teachers must notify Family Worker and immediate supervisor of the accident/incident.
5. Follow "Accident/Incident Report" procedures as well as the "Accident/Incident Report Form" procedures stated above.

**Center Responsibilities:**

1. Upon notice of injury by staff on the field trip, the center staff will contact to inform the parent.

**Staff Accident/Incident procedure:**

When a Le Jardin Community Center, Inc. employee is injured on the job, the procedures listed below will be followed:

1. The employee notifies the immediate supervisor.
2. The employee or supervisor will fill out a Worker's Compensation Form.
3. The supervisor notifies Human Resources Director, and Administration staff of the accident/incident.
4. If necessary, the injured employee will go or must be taken to the nearest authorized care center depending on nature of injury. The injured employee will take the original Worker's Compensation Form to the authorized care center.
5. A copy of the Workers Compensation Form will be left with the Supervisor and forwarded to the Administration office.
6. If the Supervisor is not available, management staff on site or center Health & Safety Representative will be responsible for carrying out the above.

**Parent/Volunteer Accident/Incident procedures:**

When a parent/volunteer is injured in Le Jardin Community Center Inc., the procedures listed below will be followed:

1. The parent/volunteer will notify the immediate staff member and Family Worker.
2. The parent/volunteer will fill out a Slip and Fall Form.
3. The immediate Family Worker or management staff on site will notify the Administration office of the accident/incident.
4. The parent/volunteer will take the original Slip and Fall Form to the authorized care center.
5. Family Worker or center management staff will forward a copy of the Slip and Fall Form to the Administration office and place a copy in the center Accident/Incident Binder. A copy of the Slip and Fall Form will be forwarded to the Health staff.

**Other Pertinent Information:**

1. The employee has three (3) days from the date of the accident/incident to file a Worker’s Compensation Claim.
2. The parent/volunteer has three (3) days from the date of the accident/incident to file a Slip and fall form.
3. If the injured employee, parent, or volunteer does not need medical attention and is not taken to an authorized care center, the injury will be noted. The employee, parent, or volunteer must write a refusal note and it must be attached with the accident/incident report.

<b>Subject:</b> Health and Safety Committee	<b>Head Start Performance Standard:</b> § 1304.22 (a) (1) (2) (4)
<b>Service Areas:</b> Health and Safety	<b>Section:</b> Child Health & Safety

**Health & Safety Committee**

- The Health & Safety Committee will be led by Co-Chairs consisting of a member of Health Staff and Maintenance staff

- Each center and component area will be represented by a staff member from that center/component. Representatives are chosen through volunteerism or assignment by their supervisor.
- Committee will meet on a monthly basis to review accidents/incidents; contagious illness and other center concerns regarding health and safe environments.
- Minutes will be written by a Co-Chair or Committee member as assigned and forwarded to Le Jardin administration, a copy is to be included in the monthly Health Report.
- Center/component representatives are expected to act in a managerial manner in the absence of Le Jardin management staff to carry out the policies and procedures as listed in this policy.

<b>Subject:</b> Medical Emergency Plan	<b>Head Start Performance Standard:</b> § 1304.22 (a) (1) (2) (4)
<b>Service Areas:</b> Health and Safety	<b>Section:</b> Child Health & Safety

**Medical Emergency Plan:**

If a child is seriously ill, staff will follow these procedures.

1. Parent must be notified at all times for any Medical/Dental Emergency. If the parent doesn't answer the phone call or case is severe, 911 must be called for definitive assessment and transport to appropriate facility.
2. Make the child as comfortable as possible, utilizing First Aid procedures given in pre-service/in-service training.
3. Consult the First aid book or classroom Health Manual for guidance on handling various health emergencies.
4. Have a staff member contact a Health staff to assist in the situation.
5. Have another staff member notify parents to advise them of the situation and assist them in making arrangement for getting to the location where the services are being rendered to the child.
6. When the paramedics arrive at the location and the child needs to be taken to the emergency room; a Le Jardin staff member will accompany the child with the child's folder. Staff must stay with the child until treatment is being received, condition is stable and until the parent/guardian arrives at the location.

7. Staff member is to inform the parent of the policy to obtain copies of the medical services and treatment for center records.
8. Health Staff will obtain copies of treatment records from parents and forward to Le Jardin administration. Copies of treatment records will be kept in center Accident/Incident binder.

### **Dental Emergency Plan:**

In case of an emergency, the following plan of action should be followed:

1. Assess the type of injury to determine the type of first-aid needed.
2. Initiate first-aid treatment.
3. All dental accidents/incidents must be reported in the Accident/Incident Report Form.
4. Parents must be notified of any dental accident/incident at all times.
5. If the situation is a severe case, 911 must be called to have the situation handled and/or transport the child to the hospital emergency room.
6. Each dental accident/incident must be reported to the health staff for further follow-up.

### **Toothache:**

Rinse the mouth vigorously with warm water to clean out any debris. If swelling is present place wrapped cold towel/ice pack on the outside of the cheek. **DO NOT USE HEAT.** Call the parent to take the child to the dentist.

### **Object wedged:**

Do not try to remove the object, call the parent to have child taken to the dentist or physician immediately.

### **Knocked out tooth:**

Place tooth in clear tap water or wrap in a clean wet cloth. **DO NOT CLEAN THE TOOTH.** Call the parent to take the child to the dentist immediately.



**Broken tooth:**

Place wrapped cold towel/ice pack on the cheek next to the injured tooth to minimize swelling. Broken portion of tooth (if available) will be placed in clear tap water or wrap in a clean wet cloth. **DO NOT CLEAN THE TOOTH.** Call parent to transport child to the dentist immediately.

**Bitten tongue or lip:**

Using protective gloves, apply direct pressure to the bleeding area with sterile gauze. If lips are swollen apply wrapped cold towel/ice pack. If bleeding doesn't stop or bite is severe, call the parent to inform them about the situation, 911 must also be called to have the child transported to the hospital emergency room.

**Fractured/Dislocated jaw:**

If fracture is suspected, immobilize the jaw by temporarily bandaging the jaw (around the top of the head, with a triangular bandage, handkerchief, or towel) to prevent it from moving. Call the parent to inform them about the situation; 911 can be called to have the child transported to the hospital emergency room if the parent is unable to take the child to the emergency room.

<b>Subject:</b> School Emergency Preparedness Procedures	<b>Head Start Performance Standard:</b> § 1304.22 (a) (3)
<b>Service Areas:</b> Health and Safety	<b>Section:</b> Health & Safety Services

**POLICY:**

Le Jardin Community Center, Inc. will establish and implement policies and procedures for emergency evacuation routes and other safety procedures for emergencies (e.g., fire, civil disturbances, weather-related, etc.) that are practiced regularly.

**PROCEDURE:**

1. Civil disturbance, fire, severe weather/disaster, hurricane, unusual events, and temporary lockdown plans will be posted in each center.
2. Plans for emergency evacuation will be posted close to the nearest exit in the center and in the classroom.
3. Parents will be notified in the event of an emergency.

**Civil Disturbances Procedures:**

Each year prior to August 15<sup>th</sup>

The Component Managers, Health & Safety Committee Chair and maintenance will be responsible for the following:

1. Maintenance will check communication systems and emergency lighting; if communication systems/emergency lighting is not functioning, then an electronic requisition needs to be completed.
2. Administration staff will update the employee contact list.
3. Component Managers will identify who will be assigned various tasks.
4. Component Managers and Health & Safety Committee Chair will conduct meetings and explain the Plan and assign responsibilities for civil disturbances.

**Civil Disturbance Coordinators**

Center I – Health and Safety Representative

Center II – Health and Safety Representative/Health Staff

Center III – Health and Safety Representative

Center V – Health and Safety Representative

**Warning for Irreversible Activities**

1. When a civil disturbance is noted the center becomes a Lockdown Phase. (The Lockdown Phase is located under Lockdown Procedures)
2. All buildings must be secured and locked until the civil disturbance is cleared.
3. No parents/guardians can be admitted to the center. Staff should not attempt communication with parents until the civil disturbance has been cleared.

### **Post-Civil Disturbance**

1. All staff members will be informed once the civil disturbance has been deemed “cleared” by the Civil Disturbance Coordinators.
2. Center staff will communicate with each parent/guardian to inform them of the situation that had occurred.

### **Fire Procedures**

LJCC follows the local fire department procedures in case there is a fire. Each classroom has in effect an evacuation plan and emergency exit routes posted in each classroom. Smoke detectors are placed in each classroom and installed on the. Smoke detectors are tested monthly and the batteries are replaced yearly. LJCC conducts monthly fire alarm tests to have all children aware of the procedure in case of a real fire.

Fire drills are documented by the center Family Worker on the Florida Department of Children and Families Fire Drill form. The form must include the date of the drill, the number of children and adults present and the time in which the students and adults exited the building. A Le Jardin representative will be designated to review the fire drills on a monthly basis and recorded in Child Plus.

### **Severe/Disaster Weather Procedures**

Severe/disaster weather is considered to be earthquakes, tornadoes, blizzards, hail, and tropical storms.

### **Each year prior to September 1<sup>st</sup>**

The Component Managers, Health & Safety Committee Chair and maintenance will be responsible for the following:

1. Maintenance will check communication systems and emergency lighting; if communication systems/emergency lighting is not workable, then a purchase order form needs to be completed.
2. Administration staff will update the employee contact list.
3. Component Managers will identify who will be assigned various tasks.
4. Component Managers and Health & Safety Committee Chair will conduct meetings and explain the Plan and assign responsibilities for Severe/Disaster Weather.

### **Severe Weather/Disaster Coordinators**

Center I – Health and Safety Representative

Center II – Health and Safety Representative/Health Staff

Center III – Health and Safety Representative

Center V – Health and Safety Representative

### **Warning for Irreversible Activities**

1. When severe/disaster weather is announced in the center. Personnel should remain calm and walk to a safe designated area.
2. All windows and doors in the building must be secured.
3. Avoid all glass areas, doors, and entrances.
4. If an accident/incident occurs during the severe/disaster weather, follow the "Accident/Incident Report" procedures as well as the "Accident/Incident Report Form" procedures stated above.

### **Post Severe/Disaster Weather**

1. All staff members will be informed once the severe/disaster weather has been deemed "All Cleared" by the Severe/Disaster Weather Coordinators.
2. Center staff will communicate with each parent/guardian to ensure all children are sent home safely.

## **Hurricane Procedures**

Pre-season planning:

Maintenance and Le Jardin Administration will identify equipment needed to secure facilities, i.e. acquisition of customized plywood for windows, generators, and other items. Storage space will house any large items that are located in Le Jardin Community Center, Inc. Le Jardin Administration with assistance from Component Managers and the Health & Safety Committee Chair will identify staff which are assigned to Response Teams and discuss with teams their respective roles in the event.

Each year prior to hurricane season (June 1<sup>st</sup>)

The center staff and Maintenance will be responsible for the following:

1. Maintenance will schedule the inspections during the third quarter of the fiscal year (March – May). Any findings will be reported to Administration for corrective action prior to hurricane season (June 1<sup>st</sup>).
2. Maintenance will check communication systems and emergency lighting; if communication systems or emergency lighting is not functioning, then an electronic requisition needs to be completed.
3. Maintenance will complete an electronic requisition for hurricane supplies.
4. Maintenance will use the Hurricane Preparedness checklist to assess readiness prior to the hurricane season.
5. Administration will update the employee contact list.
6. Center staff will identify who will be assigned various tasks for pre-watch activities.
7. Le Jardin Administration with assistance from Component Managers and the Health & Safety Committee Chair will conduct meetings and explain the Plan and assign responsibilities for pre and post hurricane activities.
8. Le Jardin Community Center, Inc. follows Miami-Dade County Public Schools Advisory and school closings.

Employees are to be provided the names and locations of all agency command posts and be directed to make contact within 12 to 24 hours post hurricane.

During the 60 to 10 hours (Pre-Watch Period) Administration will designate the center that will be the command post and activate the center for pre and post hurricane activities.

### **Hurricane Coordinators**

Center I – Health and Safety Representative

Center II – Health and Safety Representative/Health Staff

Center III – Health and Safety Representative

Center V – Health and Safety Representative

### **60 to 48 Hours till Land Fall**

#### **Category A: Hurricane Pre-Watch Activities**

1. When notified by the Administration office of the Pre-Watch, the center coordinators, and maintenance will convene at designated Command Post to strategize and implement necessary actions, provide lists of pre-hurricane needs, and communicate instructions to all staffs.
2. Maintenance will fuel vehicles.
3. All response teams will be contacted and given specific instructions by the Administration office (as needed).
4. Center coordinators and/or other designated staff will be assigned to work with Federal, State, and Local officials on pre/post hurricane activities, including damage assessment.
5. Center coordinators will check all equipment and essentials.
6. Center coordinators or their designee will communicate instructions to staff and provide assistance as needed to secure facilities prior to landfall.

## **48 to 24 Hours till Land Fall**

### **Category B: Hurricane Watch Activities**

1. Maintenance will report to assigned center to transport clients if evacuation is initiated.
2. Center staff will assist with evacuations and assist the drivers.
3. Center staff will ensure that electrical equipment, records, and office supplies are secured.
4. Center staff will pick up any items remaining on grounds, debris, paper, sticks, and etc.
5. Center staff assigned as telephone attendants for the Command Post should be dismissed for 24 hours to handle personal matters and report to the Command Post when notified by the Administration Office.

Emergency evacuation is the responsibility of the Miami-Dade County Emergency Management Center; however this agency will evacuate clients/residents in the event that it is deemed necessary. Evacuation will be initiated by the center coordinator when notified by the Administration office.

## **24 to 12 Hours till Landfall**

### **Category C: Hurricane Warning (Irreversible) Activities**

1. Secure buildings
2. Dismiss all non-essential personnel as directed
3. Turn off all electrical equipment, air conditioners, and computers.
4. Dismiss response team (if activated) prior to vacating 12 hours until landfall.
5. Conduct final check of premises by custodians/center staff.
6. Vacate the sites.

## **12 Hours prior to Landfall to “All Clear”**

### **Category D:**

1. No activity
2. Center coordinators will maintain contact with Administration office to ascertain that all plans have been implemented and to discuss problems.
3. Issue directives
4. Determine when key staff should report to designated Command Post.

### **All Clear Advisory**

#### **Category E: Post Storm**

1. Key staff will be contacted by center coordinators and instructed to report to designated Command Post for instructions and briefing before returning to work site.
2. Center coordinators and maintenance will return to work site and assess damages.
3. Notify Administration office of any hazards and request assistance with clean-up.
4. Center coordinators will be instructed to contact all staff that has not communicated with the Command Post within 24 hours post hurricane.

### **Unusual Events**

Unusual Events are considered to be any circumstances that occur which is not frequent. Possible examples (suspicious package/mail, vicious/venomous animal and utility failure/flood), during the duration of the school term if any of these unusual events occur, all children must be protected at all costs. If an unusual event occurs each staff member must be aware to assist in the safety of the center.

### **Emergency Responders**

The following staff members are emergency responders who will initiate/inform the center of any emergency/lockdown. The emergency responder will also inform the Administration office of the emergency/lockdown.

Center I – Health and Safety Representative

Center II – Health and Safety Representative/Health Staff



Center III – Health and Safety Representative

Center V – Health and Safety Representative

### **Suspicious Package/Mail**

If anyone receives or discovers a suspicious package, letter or object at the center, immediately call the Administration office and supply any known details. Under any circumstances **DO NOT TOUCH IT, TAMPER WITH IT OR MOVE IT!**

Characteristics of suspicious letters and packages

- Origin-Postmark doesn't match the city of the return address, name of sender is unusual or unknown, or no return address is given.
- Postage – Excessive or inadequate postage
- Balance – The letter is lopsided or an unusually thick weight – the letter or package seems heavy for its size.
- Protruding wires, strange odors or stains
- An unusual amount of tape
- Buzzing, ticking or a sloshing sound
- Irregular shape, soft spots or bulges

### **Vicious or Venomous Animals**

If a vicious or venomous animal is reported in the center, immediately contact the Administration office and supply any known details. In case of a bite or other injury caused by a wandering or venomous animal, immediately call 9-1-1 for emergency medical assistance and report the incident to the Administration office. Untrained persons should not attempt to approach animals. Only trained animal technicians should handle animals. Any direct physical contact with an unknown animal, especially if it results in a bite or scratch, could have serious consequences.

### **Wandering Animal**

Any animal that is wandering loose on campus should be reported immediately to Animal Control Services. If an animal is inside a building, clear the area and wait for Animal Control Services to handle the situation.

**Vicious or Venomous Animal**

Most known venomous animals in the State of Florida are Black Widow Spiders, Brown Recluse Spiders, certain snakes, etc. Call 9-1-1 for emergency medical assistance. Be prepared to give your name, location, and type of animal involved. Try to remove the affected person and yourself from danger. Go indoors; help the victim immobilize the bite area. Provide First Aid and make the victim as comfortable as possible until medical or other assistance arrives.

**Utility Failure/Flood**

If a utility failure/flood of any type occurs, immediately call the Administration office and supply any known details. If flooding occurs the Administration office will direct the immediate shut off for all electrical equipment located in or around the area being flooded.

**Student Safety**

1. If a student is in danger of rising water by faulty plumbing, water main break, or severe weather, immediately move the students to a dry area or higher ground and take roll.
2. Remain calm and contact the Administration office.
3. If required, the Administration office will coordinate the early release of the students to parents following proper release procedures.
4. Do not re-enter area/building unless it is stated that it is safe.

**Lockdowns**

This procedure is implemented to ensure the safety of students and staff from intruders or incidents in the community. If a lockdown is required, Center Management staff must immediately contact the Administration office and supply any known details.

<b>During a lockdown if you are outside a building</b>
Quickly move students or personnel to the closest pre-determined safe building and continue to follow lockdown procedures outlined below.
<b>During a lockdown if you are inside a building</b>

<ol style="list-style-type: none"> <li>1. Lock all doors in the center.</li> <li>2. Keep students and personnel away from windows and doors.</li> <li>3. Maintain a calm environment.</li> <li>4. If gunshot or explosion is heard, get everyone on the floor.</li> <li>5. Contact the Administration office only if an additional emergency situation occurs.</li> <li>6. Remain in classrooms/safe room until notified.</li> <li>7. No person is to enter or exit the locked room/center.</li> <li>8. Wait for "ALL CLEAR" instructions from the Administration office or Emergency Responders.</li> </ol>	
<b>High Priority Lockdown Condition</b>	<b>Low Priority Lockdown Condition</b>
<ul style="list-style-type: none"> <li>▪ The Emergency Responders will notify building occupants that this is not a drill and that the campus is under High Priority Lockdown condition.</li> <li>▪ <u>Minimal</u> movement within classroom/safe room.</li> <li>▪ No staff member can linger outside/around the center.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Emergency Responder will notify building occupants that this is not a drill and that the campus is under Low Priority Lockdown condition.</li> <li>▪ Movement <u>is allowed</u> within classroom/safe room.</li> <li>▪ Staff will guard all outside exits to permit internal movement of students.</li> <li>▪ Bathroom needs for children can be attended under adult supervision.</li> </ul>
<b>The Emergency Responder will</b>	
<ul style="list-style-type: none"> <li>▪ Move the telephone into a secure location and <u>keep the telephone lines open for communication.</u></li> <li>▪ Coordinate with police to cover students who are outside and cannot be quickly moved to a safe room. Police will contain them off campus.</li> <li>▪ Prevent people from re-entering the center.</li> </ul>	
<b>All Clear, Lockdown over</b>	
The Emergency Responder will advise the center of an "All Clear" condition when the danger has been resolved and removed from the vicinity.	

<b>Subject:</b> Disability Services	<b>Head Start Performance Standard:</b> 1304.20 (a)(1)(b)(1-3)(c)(4)(d)(e)(1-5)(f)(1-2)
<b>Service Areas:</b> Child Development	<b>Section:</b> Child Health & Development

## **POLICY**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children by following the Early/Head Start Work Plan in regards to Disability Services

## **PROCEDURE:**

### **1. APPLICATION/ENROLLMENT**

- During enrollment process, parent completes an Early/Head Start enrollment application and interview process with assigned Family Worker. Possible concerns or services the child may already be receiving should be disclosed by parent at this time. If there are parent concerns or prior services, the Family worker completes referral to Health/Disability/Mental Health Component Staff for follow up.

### **2. DEVELOPMENTAL SCREENINGS**

- Within the first 45 calendar days of enrollment, children receive developmental screenings in the classroom setting, administered by Teaching Staff. Screenings received are:
  - Early Head Start
    - Denver II- Developmental Screen, includes hearing and vision assessment
    - DECA- Mental Health Screen (concerns in areas of Initiative and Attachment are frequent indicators of/substantiating evidence of concerns in development reflected in the Denver II.)
  - Head Start
    - HS Articulation Screening- Speech and Language
    - Acuscreen- Overall Child Development
    - DECA- Mental Health Screen (concerns in areas of Initiative and attachment are frequent indicators of/substantiating evidence of concerns in development reflected in the Acuscreen and HS Articulation Screen)

\* Scores of concern on all screens/assessments mentioned above are frequently found to be indicators of severity of possible developmental delay.

### 3. SCREENING CONCERNS

- If child scores are borderline, or teacher or parent notes a concern regarding child's development at any point during the program year, teaching staff complete the referral process to Health/Disability/Mental Component (Health Staff) for follow up.

### 4. CLASSROOM SCREENING LOGS

- Classroom Screening logs noting all enrolled child scores are received from Curriculum Specialist/assistants by Health Staff for review to insure referrals are received for children scoring of concerns. If referral is not received, Curriculum Specialist/assistants are notified verbally or by email and review of screens/referral follow up is requested.
- Classroom Screening logs are forwarded to the Grantee Disability Department for review.

### 5. REFERRAL PROCESS

- Teacher conducts Parent/Teacher Conference Form with parent to advise parent of concerns and/or screening results.
- Teacher completes referral to Health Staff for follow up and forwards to Curriculum Specialist.
- Referral and conference copy are reviewed by Curriculum Specialist to insure correct procedure has been followed and screens are appropriately logged into Child Plus Tracking system and Galileo program to develop all children's Individualized Learning Plan. When review is completed by Curriculum Specialist/assistants, referrals are forwarded to Health Staff with copy of classroom screening log for follow up.

### 6. FOLLOW UP

- Health/Disability/Mental Health Component Staff (Health Staff) follow up within the first 90 days of program enrollment, Health Staff review child's file for services received/service needs/ noted concerns. Documentation reviewed includes child's initial application as well as health provider/service provider documentation. This

system of checks and balances assists to insure concerns are noted by staff in a timely manner. During review, child information is input into Child Plus Data tracking system. Child Health File Review Form may also be in use and completed if Child Plus system is not available during review and dated to provide documentation of review within the 90 day period according to E/HS Performance Standards.

- Referrals are received by Health Staff from Family Worker/Teaching staff regarding child development/screen concerns. Referrals are reviewed and input into Child Plus data tracking system. Child screening input is also reviewed at this time by Health Staff. This system of internal monitoring assists to insure information integrity, meet HS Performance Standards and assists in appropriate follow up actions are carried out.
- Follow up section of Referral Form is completed, noting action/information needed or recommended. If further information or clarification is needed, follow up with teacher is conducted or additional information is requested.
- Classroom Screening logs noting all enrolled child scores are received from Curriculum Specialist/assistants. Health Staff review to insure referrals are received for children scoring of concerns. If referral is not received, Curriculum Specialist/assistants are notified verbally or by email and review of screens/referral follow up is requested.

#### 7. REQUESTS FOR ADDITIONAL TIME PRIOR TO ACTION

- Teaching staff may complete referral for children scoring of concern/borderline for concern, with request for more time to be given for adjustment to classroom or to allow additional observation by teaching staff to better define area of concern. Appropriate follow up action is:
  1. Note request, insure concern and request are entered into Child Plus system
  2. Request teacher provide additional information in form of progress notes or additional referral for action needed through completion of Referral form follow up section in 3 months or when concern resolves.
- Parent/Teacher Conference copy is submitted by Teacher with child referral. Information is reviewed by Health Staff to insure parent has been informed and understands the Teacher's concern and is advised of referral need. Parent may express wish for more time for child prior to further action. Parent request is noted by Health Staff. Follow up process is same as noted above with follow up in form of progress notes/follow up referral by teaching staff.

## 8. PRIORITIZATION FOR FOLLOW UP

- If Parent has agreed (documented on Parent/Teacher Conference Form) with concern/teacher's request for follow up, Health Staff prioritizes child concerns for follow up. Prioritization of the concerns takes into consideration: Severity of parent/staff/service provider concerns for child development as documented. Severity of score concerns on one or more E/HS screen/assessments. Child age/transitioning status. Child's experience in previous day care/educational setting.
- Additional time may also be given by Health Staff to monitor child progress, gather additional information to clarify concern prior to meeting with parent.

## 9. PARENT/TEAM MEETINGS

- Meeting request notice is sent to parent. First contact is in the form of a letter advising the parent of the referral from the teacher noting concern; parent is requested to contact Health Staff to schedule a meeting or ask any questions they may have.
- If parent contact is not received to schedule a meeting, parent is to be provided with request utilizing CAHSD Early/Head Start Meeting Notification Form. This may be completed by Health Staff or email notification may be sent to Family Worker to request meeting be arranged. Family Worker Staff will then complete notification request to parent. Meeting Notification Form is to note the following information:
  1. Day, time and location of meeting
  2. Reason(s) for Meeting Request
  3. Positions/names of individuals invited to attend the Parent/Team meeting
  4. Name/Title and contact information of individual requesting the meeting.
  5. Signature line for parent confirmation of receipt of letter notification

## 10. PARENTAL NON-RESPONSE/ATTENDANCE TO MEETING

- If a parent declines the meeting/does not show as scheduled/does not respond to contact attempts, Health Staff will notify Family Worker and Curriculum Specialist of non-contact. Family Worker/Teacher support is requested in this situation in the form of follow up contact with parent verbally at the center, during Home Visits or during individual parent meetings which may be held by staff.

## 11. PARENT/STAFF TEAM MEETINGS

- During Parent/Staff Team Meeting, parent is provided with copy of E/HS Parent Rights, document is reviewed and parent is advised of right to accept/refuse or withdraw from services.

- Child screens will again be reviewed with parent, reason for concern and child current progress is reviewed with parent. Additional information is gathered at this time.

#### Early Head Start

- Individual intervention plans prior to LEA designation are not in use at this time. Strategies for EHS classroom intervention and additional information should be documented on Progress Note or Parent/Staff Consultation Form.

#### Head Start Children

- Follow up to Intervention Plan (FIP) Form is written to document this meeting.
- With Parent consent and input from both Parent and Teacher, Individualized Goals for the classroom and home are written (on appropriate page of FIP form) based on child's strengths and areas of concern. Recommendations for additional evaluations and follow up are also noted on FIP. Parent receives referrals to local providers/community partners for services as needed or recommended by parent/staff during the meeting.
- Parent receives referral to LEA agency Early Steps for 0-2.5 years, Florida Diagnostics and Learning Resource System (FDLRS) for 2.6 years and above- is offered to parent if not already completed previously. CAHSD E/HS Consents for Mutual Exchange of Information and Consents for Evaluation are obtained from parent at this time if not previously completed. Copies circulated are: Original in Child Folder, copy to Parent, Teacher and Health/Disability/Mental Health Component Staff
- External referral copies are same with exception of original to Referred provider, copy for child file, parent, teacher and health staff.
- All Early/Head Start Plans and consents are written as appropriate and considered to be in effect for twelve (12) calendar months or until child transitions/terminates the program or meeting is held to release child from services.
- Meeting information and outcome are documented in Child Plus with appropriate status update by Health Staff, Implementation of Follow Up to Intervention Plan goals are carried out by Teaching Staff in the classroom. Monitoring of plan implementation is conducted by Curriculum Specialist/assistants in the form of Galileo Note review, Lesson Plan review and direct classroom observation. If additional concerns are noted, goals achieved or resolved, additional meeting is



requested with parent by appropriate staff to update plan as needed.

## 12. LEA SERVICES

Health Staff works in support role as coordinators/advocates for needed/recommended services. Health Staff act as liaison with LEA agency and Community Action Agency E/Head Start Disability Department as needed OR appropriate to assist in obtaining Eligibility Meeting with LEA.

Early Head Start 0-2.5 referral applications are forwarded to Early Steps (LEA) with signed parental Consent to Exchange Information, EHS screen copies and additional information as appropriate. Parents receive direct contact from Early Steps. Meeting scheduled during contact usually includes additional evaluations, eligibility for services notification and construction of Individualized Family Service Plan during the meeting. LJCC Staff attend as invited by parent/LEA.

Head Start 2.6 yr to 5 yr referral applications are forwarded to FDLRS (Child Find Agency) with signed parental Consent to Exchange Information, HS screen copies, Medical documentation, proof of age and additional information as appropriate.

Follow up to LEA Eligibility Meeting:

### **Early Head Start**

Health Staff Complete

1. Early Head Start Child Development Plan (CDP) to support Individual Family Service Plan (IFSP) /Non Eligible Documentation, during team meeting
2. Input meeting information into Child Plus,
3. Forward notification and copy of documentation to CAA Head Start Disability Department by fax or interoffice mail.
4. Ensure Teacher receives copy of IEP & HS Staffing Note for classroom implementation,
5. Ensure copy of IEP is placed in child's folder

6. Follows up as needed or in 12 calendar months.

### **Head Start**

#### LJCC Health Staff Complete

1. Head Start Staffing Note to add to IEP/Non Eligible Documentation, input meeting information into Child Plus,
2. Forward notification and copy of documentation to CAA Head Start Disability Department by fax or interoffice mail.
3. Ensure Teacher receives copy of IEP & HS Staffing Note for classroom implementation,
4. Ensure copy of IEP is placed in child's folder
5. Follows up as needed or in 12 calendar months.

### **END OF PROGRAM YEAR**

Prior to the End of the Program Year, Curriculum Specialist/assistants collect Goal page of FIP/Galileo Notes documentation child progress/mastery of goal plans during the program year. Originals are placed in child folder; copies are forwarded LJCC Health Staff for review and input in Child Plus.

### **Transitioning Children with IFSP/IEP**

#### **Early Head Start:**

Child progress is also reviewed with parent during transition meetings. Additional recommendations or referrals may be provided at this time.

At the time of transition, HS Teacher is notified by Curriculum Specialist/EHS Teacher of child progress and plan in effect.

Health Staff act as support/liaison with Early Steps/Miami Dade County Schools (MDCPS) to support eligibility determination to transitioning agency and complete Head Start Staffing Note in Parent/Team meeting setting when child is deemed eligible/receives IEP from MDCPS.

### Head Start:

Transition Plans for child are discussed during the program year (noted on FIP plans) and during Parent/Team Meetings. Transition needs/recommendations are documented on Parent/Staff Consultation Forms or FIP plans during the program year.

Prior to end of Program year, Parent Meeting will be requested to complete HS CAA Disability Transition Form to assist in insuring LEA services are in place for child Kindergarten placement.

### REFUSAL OF SERVICES

LJCC Staff respect parents as the first educator and strongest advocate for their child. If a parent expresses discomfort or request for more time in the program with child, the parent's wishes are respected by LJCC staff.

A parent may refuse to accept recommended services. Parent will be requested to attend meeting to sign CAA E/HS Refusal of Services Form documenting specific services being refused. Health Staff are to ensure copies of refusal are provided to parent, teacher, Health and original is placed in child's E/HS file. Health Staff documents meeting and refusal status in Child Plus and is responsible for forwarding a copy to CAA Early/Head Start Disability Department. .

Le Jardin recognizes a parent's right to withdraw from previously accepted services/plans. Parent is requested to attend Team meeting to review child current progress, discuss concerns and sign Refusal of Services Form.

Le Jardin also recognizes a parent's right to accept previously refused services. Parent will be requested to attend Parent/Team meeting to complete needed documentation of acceptance of services and E/HS consents. If parent has refused LEA services, Health staff will assist parent in contacting appropriate staffing person with LEA to request meeting for

services.

### CHILDREN RECEIVING EVALUATION/THERAPY SERVICES

Children with insurance coverage may receive evaluation/therapy services through their insurance coverage. For therapy services to be received at the center, LJCC/Head Start requires a Community Partnership/Collaborative Agreement to be developed with the providing therapy agency.

Teachers are requested to ensure:

1. Therapists sign children in/out of classroom on Child Therapy Log
2. Notify parent of therapy services, provide child's therapy log for parent review
3. Consult with Therapist regarding child FIP/IEP plan implementation in the classroom setting
4. Notify Health Staff of any concerns noted with therapy or therapy provider such as scheduling, inconsistency, etc.

Health Staff are responsible for:

1. Constructing/maintaining Community Partnerships/ Collaborative Agreements
2. Obtaining needed information from agency to include, signed partnership stating collaborative agreement, copy of business license, therapist license and background clearance to work with children.
3. Monitor therapy visits to ensure therapists are meeting Head Start Performance Standards and procedures regarding classroom sign in/out; provide consultation with teachers according to agreement and follow center safety rules.
4. Act as support liaison for parents in obtaining information from provider such as copy of evaluations and monthly progress notes.

### PARENT/STAFF TEAM MEETINGS

Health Staff are responsible for:

1. Forwarding information to LEA to be included with child referral application for eligibility determination.
2. Notify agency/therapist of Parent/Team or LEA meetings when appropriate.
3. Act as liaison with agency administration in the event teacher, parent or center staff express concerns regarding the therapy services received at the center under child insurance coverage.

#### END OF PROGRAM YEAR/TRANSFER/TERMINATION

Prior to End of Program Year, transfer to other E/Head Start agency or child termination/abandonment of program. Curriculum and Health Staff should work collaboratively to:

1. Collect Child Therapy Sign In/Out logs from classroom. Copy should be provided to appropriate therapy agencies as agreed
2. Copy retained in health office for annual E/HS Performance Indicator Report Originals should be placed in Child's folder.
3. Teacher should provide copies of child therapy log to parents on request or with child classroom work samples.

#### UNINSURED CHILDREN

Children who do not have/are not eligible for insurance coverage or need additional services not covered by child's primary insurance.

Health staff is responsible for:

1. Providing parent with referral/information on obtaining health insurance coverage
2. Assisting parent in follow up if insurance coverage is denied either through assisting parent to complete dispute of decision or provision of additional insurance coverage options.
3. Provide referrals to notify of the need for coverage assistance for needed services.
4. Assisting parents to obtain any requested information to forward to

appropriate department.

5. Providing center record information regarding actions executed by center Family Worker, Health Staff and Community Partners to help parent obtain needed/recommended services.
6. Follow up on request regarding authorization of services and provider assigned.
7. Assigned providers are requested to follow center safety rules and classroom procedures regarding child therapy as noted for private insurance providers.

**INCLUSION/ACCOMODATIONS**

Children with Disabilities requiring special classroom arrangement or accommodations requiring/involving activity and/or physical environments are accommodated by LJCC.

Curriculum and Health Staff work collaboratively to:

1. Ensure parent, teachers and staff are comfortable with ability of staff to manage/provide for any additional needs a child may have.
2. Addition of an Individual Health Plan, Special Menu diet plan, alternate schedule or classroom physical arrangement as needed.
3. Enlist assistance from community agency or collaborative partner to provide staff assistance in physical environment planning, parent and staff training as needed.

These needs will be determined by obtaining supporting information through child medical/service provider and reviewed during the Parent/Team meeting. Child’s written plans will include this information and reviewed as needed.

<b>Subject:</b> IEP Half Day Services	<b>Head Start Performance Standard:</b> 1308.4
<b>Service Areas:</b> Disability	<b>Section:</b>

**POLICY:**

To ensure the program provides quality and timeliness of the services for children being bused to and from half-day IEP programs.

**PROCEDURE:**

1. Health and Disability will coordinate bus times for IEP children and ensure all information is given to responsible staff. Including names of children, logs, name of schools, time of pick up and drop off, and pertinent information regarding medication if needed, etc.
2. Family Workers in centers one three and five (1,3,5) will be responsible for children with a half day IEP receiving transportation to be dropped off for bus pickup and picked up from bus drop off
3. The Health Facilitator in center two (2) will be responsible for children with a half day IEP receiving transportation to be dropped off for bus pickup and picked up from bus drop off
4. In the case that designated staff is unable to pick up or drop off half-day child, that staff member will notify another paid staff member including but not limited to family workers, health, education, maintenance, cook aids, managers, and administration.
5. Sign in and Out log will be provided by Disability staff to track child’s pick up and drop off. As well as any other pertinent information \like children traveling with any emergency medication.

<b>Subject:</b> Health Exclusion Policy	<b>Head Start Performance Standard:</b> 1304.20 (a) (iii)(c) (1)(2)(3)(d) 1034.22 (b) (1-3)(c)(1-6)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development Services Child Health & Safety

**POLICY:**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children ensuring all children’s health conditions are noted and provided with appropriate medical follow up services. It is the policy of Le Jardin to accept and accommodate children with special health needs and/or physical conditions as feasible.

**PROCEDURE:**

- 1 To enroll and be admitted classroom, child MUST have on file

Head Start classroom

1. Completed FDOH Physical form less than 12 months old must include Blood Pressure, Blood test, height and weight measurements, hearing/vision screening and oral health screening or a waiver for one of our partners to provide the oral health screening at the next available appointment.
2. Current Immunization Certificate noting expiration date as determined by physician or FDOH Exemption of Immunization Certificate for those parent who refuse vaccinations for their child.
3. Current TB Test OR Screening

Early Head Start classroom

1. Completed FDOH Physical form performed within the schedule of Well Child Care- must include Head Circumference, Height and Weight measurements, hearing/vision screening, previous medical history and oral health screening.

Well Child Schedule of Care

<b>AGE OF CHILD</b>	<b>EXPIRATION OF SERVICE</b>
3 months of age	3 CALENDAR MONTHS
6 months of age	3 CALENDAR MONTHS
9 months of age	3 CALENDAR MONTHS
12 months of age	3 CALENDAR MONTHS
15 months of age	3 CALENDAR MONTHS



18 months of age	3 CALENDAR MONTHS
24 months of age	12 CALENDAR MONTHS
36 months of age	12 CALENDAR MONTHS

2. Current Immunization Certificate noting expiration date as determined by physician or FDOH Exemption of Immunization Certificate for those parent who refuse vaccinations for their child.

3. Current TB Test OR Screening

2. To maintain enrollment in the Head Start classroom, child must have:

1. Child must have the following labs ONE TIME ONLY if results are normal: Hematocrit/Hemoglobin-repeated in 3 months if score is under 11.0, Lead <5,

2. A Dental Exam is required once a year and may be done by the doctor on the physical if child is 3 years or younger. Exam must be done by a Dentist if the child is 4 or 5 years old. Child must receive treatment within 3 months if decay is present.

3. Children must be excluded from attendance if illness is due to contagious disease/condition transmittable by air droplets/skin to skin/ fecal/oral routes should be isolated and/or excluded and require physician statement to return to the center

The following conditions require exclusions from Attendance and the Required Actions

<b>CONDITION</b>	<b>ACTION</b>	<b>RETURN TO PROGRAM</b>
Temperature of 100 or over	Call parent to notify/ complete observation	Fever free for 24 hours
Temperature 100 WITH signs of severe illness/distress/rash	Complete Health Alert	Fever free for 24 hours and according to doctor's orders
Diarrhea and /or Vomiting one time	Complete observation/ Call parent to notify and request pick up if child has any other symptoms	Child should be closely observed before signing into classroom on the

	present	following day
Diarrhea and /or Vomiting two or more times in 24 hours	Complete Health Alert	Symptom free for 24 hours and according to doctor's orders
Rash-general	Call parent to notify/ complete observation	Child should be closely observed before signing into classroom on the following day
Rash with Fever	Complete Health Alert	Until symptoms resolve /treatment is judged effective with doctor's orders
Conjunctivitis (Pink Eye)	Complete Health Alert	Until symptoms resolve /treatment is judged effective with doctor's orders
Ringworm (body or hair)	Complete Health Alert	Return 5 days after treatment and can keep covered
Strep Throat	Complete Health Alert	Treatment for 24 hours and no fever with doctor's orders
Chicken Pox	Complete Health Alert	Until 10 days after pox are fully crusted-over with doctor's orders
Impetigo	Complete Health Alert	Must be under treatment and be able to keep covered and with doctor's orders
LICE/Scabies	Complete Health Alert	Doctor note and treatment is judged effective

Common Cold/Virus	Complete Health Alert	Child must remain at home until symptoms resolve
Dental decay/abscess/pain	Complete Health Alert	Initial palliative treatment from dentist or doctor must be received to allow the child to return to program. Parent must complete needed dental treatment within 3 months

6. Teaching Staff are required to provide visual health check daily before children are signed into the classroom. It is the teaching staff's responsibility to notify parent of any noticeable health concerns and the program policy for exclusions.
7. If a condition listed above or injury needing medical attention is observed at any time during the day, the teaching staff should contact parent to pick up the child and provide parent with the completed Health Alert for completion by child's medical provider during the treatment visit. Parent should return completed Health Alert to Le Jardin Family Worker or Health Staff for review and re-admittance to the program.
8. In the event of childhood injury outside the center (i.e. broken arm, stitches, etc.) Teacher/Family Worker should notify parent of need for medical documents and doctor's note stating any limitations on child's activity or needs. Teacher/Family Worker should complete internal referral with the medical information to Curriculum Specialist and Health Staff for status review and needed classroom accommodations and follow up.
9. Staff has the right to determine if a child seems infectious or to visibly determine the extent of an injury and be excluded if necessary for the health and safety of the child and classroom despite physician statement to return to class.
10. Parents who do not seek medical services for their child will be requested to sign a Refusal of Special Services Form or provide a written/signed note stating they understand that medical services are recommended but wish to treat their child in the home environment. Child's return to program will still depend upon resolution of the symptoms/conditions and timelines stated above.

<b>Subject:</b> Medication Administration	<b>Head Start Performance Standard:</b> 1304.20 (a)(1)(c)(1-4)(e)(2) 1034.22 ©(1-6)
<b>Service Areas:</b> HEALTH	<b>Section:</b> Child Health & Development Child Health & Safety

**POLICY:**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children insuring all children diagnosed as needing medication treatment are supported in the center environment.

**PROCEDURE:**

1. In accordance with Early/Head Start regulations, the center staff will administer medicines to the children at the center with doctor's orders.
2. Medical or dental providers must prescribe all medication given at the center.
3. Parent is responsible for providing medication to the center, along with the specification sheet provided by the pharmacy listing possible side effects or dietary considerations. Teaching Teams or Health Staff will review medication instructions with parents to ensure understanding on the plan of care and dosages.
4. The parent will sign the Authorization for Medication Form before medication is administered.
5. Teaching Staff will complete a referral to Health and Family Worker Staff to notify of medication prescription and treatment at the center.
6. When medication has been completed, the card will be forwarded to Health Staff.
7. Health Staff will input child medication into the Child Plus tracking system, provide follow up with teaching teams and Parent as needed; and place completed Authorization Medication Form and pharmacy specification sheet in the child's folder in the health section.
8. Any staff or volunteer who brings personal medication onto the Early/Head Start facilities must keep the medication under lock and key while on the premises.
9. Medications requiring refrigeration for Head Start children should be placed in a secure plastic container noting the classroom room number and kept in the center

refrigerator according to directions. Early Head Start medications may be kept in the classroom refrigerator in a secure plastic container.

10. Teachers and parents should ensure medications are taken home from the center during holiday breaks and at end of program year.

Epi pens must be kept in an accessible location for emergency administration.

- Parent will provide prescription information from the health provider
- An Individual Health Plan will be completed at a Multi-Disciplinary Team Meeting
- Parent will provide Epi Pen to the center
- Parent will sign medication administration form.
- Teaching staff will be trained via community providers on administration of Epi pen.
- Education Specialist will document training activities

#### Asthma Medication Administration

- Parent will provide prescription information from the health provider
- An Individual Health Plan will be completed at a Multi-Disciplinary Team Meeting
- Parent will sign medication administration form.
- Teaching staff will be trained via community providers on administration of nebulizer treatment administration.
- Education Specialist will document training activities

<b>Subject:</b> Monitoring and Monthly Reporting	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b> Health Area Services	<b>Section:</b>

#### **POLICY:**

Le Jardin Community Center, Inc. Health Services Staff will analyze service area data in the areas of Mental Health, Health and Disabilities using the Child Plus Data system, HS Monitoring Protocol, Self-Assessment tools and child information.

## PROCEDURE:

1. Health staff will conduct monitoring on an ongoing basis through use of the Child Plus. Health Staff will use the Dashboard monitoring function on weekly basis to identify children needing follow up for required medical services.
2. Monitoring of Individual Child records will be conducted on a monthly basis by Component Area Coordinators. Monitoring activities will be document in Child Plus areas indicated. Corrective actions and follow up's needed will be emailed to Health staff for action. Number of files monitored (percentage) and service areas to be monitored will be up to the discretion of the Component Coordinator. The Director of Operations will also monitor monthly based on the Head Start Protocol.
3. Parents will be involved in maintaining their child's Well Child Schedule of Care. Parents will be informed of upcoming service needs through Health Status Letters on an as-needed basis and will receive an annual Health Status Report noting the services received and updates needed at the end of each program year. Child Plus Dashboard Reports will be provided to parents at the monthly Parent Center Meetings for their center.
4. Child Plus Dashboard Report showing status of center health services will be provided by Health Staff to the Le Jardin Administration to be included in the monthly Board and Policy Committee reports.
5. All children with concerns in child development or mental health will receive a status review on a monthly basis. Children with Chronic health need or dental needs (as diagnosed by provider) will receive status review on a monthly basis. Review of status and needs will be reflected in the case notes entered into Child Plus. Monthly follow up of concerns and conditions will be conducted during the program year until condition is resolved; child leaves the program; or parent refuses services.

\*\* Case notes will be maintained in Child Plus and printed on request for monitoring purposes. Case notes will be printed and placed in Child files only when:

- a) Child is Transferring to another agency
  - b) Child Transitions out of the Head Start program
  - c) Child is terminated and there is no expectation of child returning to the program.
6. Child Plus Reports and other reports as requested by Grantee, will be used to complete monthly reporting requirements. Completed reports will be forwarded to Component supervisor for review. When review is complete, Component Supervisor will forward the individual service area reports to the Grantee designee as assigned via email and

with copies circulated to Le Jardin Administration. The Mental Health Consultant will complete monthly report as indicated by the Grantee. Mental Health Consultant will forward to Health staff for review and signature. Health Staff will forward to Grantee and Le Jardin administration.

7. Additional reports may be requested by the Grantee or Le Jardin Administration for additional monitoring purposes; special event or program needs and employee performance review. Health staff and Mental Health Consultant will provide the additional requested reports with approval by Le Jardin Administration.
8. Calendar Disability report is due to Le Jardin Administration on Feb 1<sup>st</sup> of each year. The report will list all children and the current service status of all children served by the Disability services component. Child Plus reports may be used as approved by internal auditors.
9. Performance Indicator Report (PIR) is due in August of each program year as indicated by the Grantee. Health Staff will begin review of PIR reports available in Child Plus as the module becomes available during the program year. Health staff will work with other component area staff to insure services are provided and recorded appropriately.
10. Program Self-Assessment will be conducted on an annual basis as indicated in the Le Jardin Program Year Work Plan. All component staff will participate as assigned in the Self-Assessment Process. Staff will assist in soliciting the participation of parents and community partners in the process as indicated.
11. To support the effort of sustainability and “green” policies, reports should be kept by component staff in a digital format whenever possible. Health staff completing reports will be responsible for maintaining a digital copy of all reports presented to supervisors, administration and Grantee. Component Area Coordinators are required to forward and maintain required reports digitally and maintain one print copy at the center for Grantee review during monitoring visits.
12. Reports completed for the Program Year will be kept on site for one program year, then forwarded to Le Jardin administration for storage.

<b>Subject:</b> Disability Enrollment	<b>Head Start Performance Standard:</b> 1304.20 (b)(c)(f) 1308
<b>Service Areas:</b> Disability/ERSEA	<b>Section:</b> Child Health & Development

**Policy:**

Le Jardin will use the CAHSD Recruitment and Enrollment procedures for recruiting children with disabilities as designated by the appropriate Local Education Agency (LEA).

**Procedures:**

- 1) The Family and Community Partnership Coordinator (FCPC) and Health Specialist will identify and work with local agencies that serve children with disabilities.
- 2) Recruitment efforts will focus on agencies by providing recruitment flyers and program information. While the goal is to have 10% disabled children with an IEP or IFSP at the time of enrollment, no disabled child will be denied services.
- 3) CAHSD receives the referrals for Early Head Start services from Early Steps and Miami Dade County Schools. CAHSD will disseminate these referrals to the program of the parent's choice or in close proximity to the child's home.
- 4) Recruitment efforts for Le Jardin should include staff attendance when notified/invited, to Birth to Three Program Parent Transition meeting at the ARC, UCP, Easter Seals, Debbie School and Linda Ray Intervention Centers. Le Jardin staff will also attend MDCPS Eligibility Determination meetings for three year olds transitioning from Early Steps services, as well as other MDCPS Staffing meetings as notified/invited.
- 5) All outreach information and flyers will contain a statement regarding Early/Head Start eagerness and ability to serve children with disabilities. The Le Jardin and CAHSD contracted specialized health service providers can also be a referral source of children in need of disability/developmental services. Recruitment efforts in this area will be ongoing and continue throughout the year.
- 6) Providers and parents of children with disabilities will be invited to attend Le Jardin special events such as the health fairs, open house, etc.
- 7) All efforts will be made to encourage parents of disabled children to remain in Head Start for the second year.



<b>Subject:</b> Determining Child’s Health Status	<b>Head Start Performance Standard:</b> § 1304.20 (a) (1) (i) (ii)
<b>Service Areas:</b> Child Development, Health	<b>Section:</b> Family Services, Child Health & Development Services

**POLICY:**

The Health Status of Head Start/Early Head Start children will be determined in collaboration with the parents no later than 90 days from the child’s entry into the program.

**PROCEDURE:**

1. Parent will be notified of the health requirements (EPSDT/Well Child Schedule of Care) during application & enrollment.
2. During the application process, Family Service Worker staff will determine if child has an ongoing source of Insurance, Medical/Dental at Home.
3. If the child does NOT have Insurance/Medical/Dental at Home, Family Worker will provide referral to the nearest ACCESS Office for assistance. A referral will be provided to the parent to the nearest Community Partner for Health Services if needed.
4. During the Strengths and Needs assessment, Family Service Worker will document the reason why the parent/child is not enrolled with an Insurance/ Health/Dental provider. Family Worker & Health staff will conduct follow up on referrals for health homes after 90 days of enrollment.
5. During application, Family Worker will determine if child has any known special development, mental health or health needs or services. Family Worker will complete referral noting needs and forward to Health Staff and/or Nutrition for assistance.
6. Health Requirements for Pre-school age (3-5) children in the Head Start program as recommended by Florida Department of Health/Medicaid-Child Health Check-up formally known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), ALL MEDICAL/DENTAL DOCUMENTS MUST HAVE PROVIDER SIGNATURE, STAMP AND DATE COMPLETION TO BE ACCEPTED
  - **Original Physical Examination** – Annually at/after child’s birthday. Must include Vision/Hearing screening, Height/Weight, and Blood Pressure results.
  - **Original Immunization Record** – recommendation and guidelines from Florida Department of Health and Center for Disease Control.

- **Professional Dental Exam** –should be performed annually include preventative treatment (cleaning, fluoride/x-ray as appropriate)
- **Laboratory Test** – The primary health providers are to use their medical judgment in determining the applicability of the laboratory test or analysis to be performed; however, Head Start is recommends the following:
  - **Anemia Screening** – Hemoglobin/Hematocrit is requested once on enrollment. If Hemoglobin is below 11 Mg/dL/Hematocrit below 33, referral must be completed by Family Worker and forwarded to Health and Nutrition staff for follow up. Re-testing should be performed after three months, or at physician discretion.
  - **Sickle Cell Screening** –Once on enrollment, based on physician’s judgment. If the child has sickle cell anemia/trait a referral must be made to Health and Nutrition staff to follow up.
  - **Tuberculosis Screening/Tuberculosis Skin Test**
    - Risk Assessment on the annual Physical Exam; required every year.
    - Under the Physician’s discretion a PPD (Tuberculosis Skin Test) will be performed and is valid for two years. Follow up and clearance from the Physician is required if the result is positive.
    - If the child only has one of the following (Tuberculosis Risk Assessment or Tuberculosis Skin Test) the child is allowed to enter the program.
  - **Lead Screening** – will be required once upon enrollment. If the child has Lead levels above 5 mcg/dL a referral must be made to Health and Nutrition Staff.

The following are the health requirements for Infants and Toddlers ages (0-3) as recommended Florida Department of Health by Early Periodic Screening,

Diagnosis, and Treatment (EPSDT), ALL MEDICAL/DENTAL DOCUMENTS MUST HAVE PROVIDER SIGNATURE, STAMP AND DATE COMPLETION TO BE ACCEPTED

- **Original Physical Exams/Well Child Check-up schedule** – (2, 4, 6, 9, 12, 15, 18, 24, & 36 months). Must include, Vision/Hearing screening, Height/Weight and Head Circumference at each Well Child Check-up visit; up to and including 36 months of age.
- **Original Immunization Record** – recommendation and guidelines from Florida Department of Health and Center for Disease and Control.
- **Anemia Screening** – Hemoglobin/Hematocrit will be required once upon enrollment/. If Hemoglobin is below 11 Mg/dL/Hematocrit below 33 the child must be referred to Health and Nutrition staff for follow up. Re-testing should be performed after three months, or at physicians discretion
- **Tuberculosis Screening/Tuberculosis Skin Test**

- Risk Assessment on the annual Physical Exam; required every year.
  - Under the Physician’s discretion a PPD (Tuberculosis Skin Test) will be performed and is valid for two years. Follow up and clearance from the Physician is required if the result is positive.
  - If the child only has one of the following (Tuberculosis Risk Assessment or Tuberculosis Skin Test) the child is allowed to enter the program.
- **Lead Screening** –required once upon enrollment. If the child has Lead levels of 5 mcg/dL or higher a referral must be made to Health and Nutrition Staff.
  - **Sickle Cell Screening** –required once upon enrollment, but is based on physician’s judgment. If the child has sickle cell anemia/trait a referral must be made to Health and Nutrition staff to follow up.
  - **Oral Health Screenings/Professional Dental Exams** –
    - Oral Health screenings must be done at each Well Child Check-up visit to check for obvious abnormalities, such as cavities, infection or malocclusion.
    - Professional Dental Exams is required at 36 months, less than 36 months is recommended and performed at parent’s discretion. Family Worker will provide a referral to the parent to assist the parent in finding a dental home.

**Normal Values and Referrals:** Any time laboratory or screening results are not within normal values, a referral should be done as follows.

LABORATORY /SCREENING	Hemoglobin Mg/dL	Hematocrit %	Lead Mcg/dL	Sickle Cell/Trait	Height/Weight
<b>Normal Range</b>	Greater than or equal to 11.0 Mg/dL	Greater than or equal to 33%	Less than 5 Mcg/dL	Negative (-)	Within 5-85 Percentile
<b>Abnormal Range</b>	Less than 11.0 Mg/dL	Less than 33%	Greater than 5 Mcg/dL	Positive (+)	Less than 5 Percentile (Underweight) Greater than 85 Percentile (Overweight)
<b>Refer To →</b>	Nutrition/Health Follow-up testing in 3 months	Nutrition/Health Follow-up testing in 3 months	Health	Health	Nutrition/Health

<b>BLOOD PRESSURE REFERENCE CHART</b>				
<b>AGE (YEARS)</b>	<b>Boys</b>		<b>Girls</b>	
	<b>Normal</b>	<b>High (Referral Needed)</b>	<b>Normal</b>	<b>High (Referral Needed)</b>
<b>1</b>	Less than 103/54	Greater than or equal to 106/58	Less than 103/56	Greater than or equal to 107/60
<b>2 to 3</b>	Less than 109/63	Greater than or equal to 113/67	Less than 106/65	Greater than or equal to 110/69
<b>4 to 5</b>	Less than 112/70	Greater than or equal to 116/74	Less than 109/70	Greater than or equal to 113/74

7. To determine if a child is up-to-date on a schedule of age appropriate preventive and primary health care, Health staff will review Child Plus the health information submitted by the parent and determine status of each child. Within 90 days of enrollment, Health Staff will provide information to parents of their child’s medical/dental status by Health Status Letter and/or Phone Call. During program year each child will receive monitoring and follow up as needed on a monthly basis. Parents will receive Health Status Letter and/or Phone Call no less than 45 days to inform parent of expiring medical services.

**NEW ENROLLEE:**

- The Health staff will review all new enrollees’ records during the enrollment period. If a child is found to not have a Physical Exam, Immunizations, Dental, Labs, and Tuberculosis screening/skin test or that it is outdated or will expire before August, a Health Status Letter or Phone call will be provided by designated staff to have all documents turned in before the school year starts.
- Le Jardin Community Center, Inc. will establish procedures to track the provision of health care services. Health Staff will review health records to monitor the accuracy of the data in Child Plus Database System via Health Requirement Section. The designated staff will enter and update health information in Child Plus data information system.
- Emergency Contact Information form from Department of Children and Families will be kept in the child’s folder as mandated. Classroom staff must have this information available and updated in the classroom as well at all times.

- All Consents and Permissions forms must be initialed and signed by the parent during the application process. Parents must be notified and additional specific consents are required prior to providing additional health services at the center.

**RETURNING CHILDREN:**

- Health staff will complete a Health Status Report form on all children during the months of April and May. The report notifies parents of the health services rendered during the school year and services that are needed for the new school year. Report will be provided to parents in a sealed envelope. Copies of the Health Status Report will also be placed in each child’s folder.
- The Family Services staff will receive a copy of Child Plus Health Expiring Event/Immunization Status reports from Child Plus #3060 & # 3310.. The reports will state what each child will need for the coming school year and give a due date when documentation must be submitted. The health staff will assist family services staff in notifying parents of needed Health Services. All Medical Documents will be submitted to the Family Service Worker.

<b>Subject:</b> Screenings for developmental, sensory, speech/language, and behavioral concerns	<b>Head Start Performance Standard:</b> § 1304.20 (b) (1) (2) (3)
<b>Service Areas:</b> Child Development, Health	<b>Section:</b> Education Services, Health Services

**POLICY:**

Le Jardin Community Center, Inc. will perform or obtain behavioral, vision, hearing, speech/language, and developmental screenings within the first 45 days of enrollment.

**PROCEDURE:**

- A. Le Jardin Community Center, Inc. will conduct or obtain the following screenings:

Vision	By child’s medical provider or Head Start/Early Head Start Teacher
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Hearing	By child's medical provider or Head Start/Early Head Start Teacher
Speech – Head Start only (Articulation Form)	By Head Start Teacher
Developmental – Head Start only (Acuscreen Form)	By Head Start Teacher
Behavioral – Early Head Start/Head Start (DECA)	By Head Start/Early Head Start Teacher
Denver II – Early Head Start only	By Early Head Start Teacher

1. Sensory screens (Vision and Hearing), are usually conducted by the child's medical provider as part of the Physical Exam. Head Start/Early Head Start or community partner will conduct Vision and Hearing screenings for children when the child's medical provider has not done so. Re-screening is needed for children with questionable results.
2. The speech screening (Articulation form) is adapted to include Spanish and Creole languages. This screening is administered to the Head Start Children ages 3-5 years.
3. Developmental screening (Acuscreen Form) is an age appropriate instruments that are conducted to assess motor, language, social, cognitive perspective, and emotional skills. The instruments used were chosen to be linguistically and culturally appropriate.
4. Infants and Toddlers ages (0-3 years) are screened using the Denver II Screening instrument, which is an appropriate; developmental, sensory, and language screening instrument. The Denver II is completed through observations of the child.
5. Head Start/Early Head Start screens the child with the Devereux Early Childhood Assessment (DECA) with a behavior screen. The DECA is administered in the child's home language.

B. Screening Follow-ups

1. Results of the screenings for all Head Start/Early Head Start classrooms (Vision, Hearing, Speech-Articulation, Acuscreen, DECA, and Denver II). All the results must be recorded on the Galileo Individual Developmental Summary Classroom Report, which is forwarded to the Education/Disability staff for analysis and follow-up.

2. If significant delays of concerns are noted for Head Start/Early Head Start children; an Internal Referral Form is completed by the Head Start/Early Head Start teacher and forwarded to appropriate components.
3. An Internal Referral Form is completed by Head Start/Early Head Start Teacher if significant delays are noted on the screening
  - A Head Start child has three (3) or more errors on the PHONOLOGY SECTION of the SPEECH-ARTICULATION screen in the home language, or if a teacher has a concern.
  - A Head Start/Early Head Start child fails either the VISION or the HEARING screen
  - The Head Start child scores 11% or below on the ACUSCREEN
  - A Head Start/Early Head Start child scores a concern in DECA-BEHAVIOR (Refer to Mental Health Component)
  - An Early Head Start child scores a concern in DENVER II
4. Re-screening is conducted for children not meeting the previous cut-off criteria. Re-screening is also conducted when the original results are questionable or teacher observation does not support the screening data.
5. A second developmental screening is administered to children scoring 11% or lower on the ACUSCREEN if the child had passed the SPEECH-ARTICULATION screen.

<b>Subject:</b> Extended Follow-up and Treatment/Dental Treatment and Follow-up	<b>Head Start Performance Standard:</b> § 1304.20 (c) (1-2), (3)(i, ii), (4)
<b>Service Areas:</b> Health	<b>Section:</b> Determining Child’s Health Status

**POLICY:**

To facilitate the implementation of follow-up and treatment for children who require services.

**PROCEDURE:**

1. Le Jardin Community Center, Inc. will provide assistance to the parents in obtaining prescribed medications, aids, or equipment for medical and dental conditions. Parents will be notified via letter or phone call. If the parent requires assistance for any of the

above, the health staff will intervene with the Physician with parental consent and by providing appropriate resources. Family Service Workers will follow-up as needed.

2. If any Health/Disability/Mental Health concern is noted in the application or interview process, the Family Worker must write an Internal Referral Form to appropriate components to implement Individual Health Plans/Multidisciplinary Team Meetings.
  - A. Dental Follow-up and Treatment will include:
    1. Head Start/Early Head Start classrooms will brush the children's teeth two (2) times a day with fluoride toothpaste. Water will be provided with the snack meal to remove food particles from the mouth and encourage consumption. Infants' mouths will be cleansed with sterile gauze pads after each feeding and toddler will use a toothbrush with fluoride toothpaste.
    2. If any visual dental decay is noted by the teaching staff; the teaching staff will provide an Internal Referral Form and it will be forwarded to Health staff to follow-up.
    3. The contracted dental provider for dental screening will see the children who do not have an assigned dental provider after documentation or any dental concerns that is noted by teaching staff. Once it has been determined that the child needs a dental follow-up, the following will take place:
      - a. Obtain Dental Follow-Up consent from the parent.
      - b. Assist in scheduling child to the dental provider for dental follow-up. The number of visits depends on child's needs. Parent has to accompany the child when the child is going to see the dental provider.
      - c. Children with extensive dental problems that require anesthesia or service out of the scope of care for the contracted dental provider will be referred to another dental provider that is equipped to meet the child's needs. The selection of a dental provider for additional services will include parent's input and he/she must accompany the child to the provider. If the child has no insurance and no resources are found in the community, a Request for Medical/Dental Services Form must be completed and sent with supporting documentation to Le Jardin Community Center's grantee provider Community Action Human Services Department (CAHSD) to request funds to help the family.
  - B. Le Jardin Community Center, Inc. will assist with the provision of related services in accordance with the Individualized Education Program (IEP) (3-5 yrs.) and the Individual Family Service Plan (IFSP) (0-3 yrs.). Head Start/Early Head Start will provide educational opportunities for children with disabilities including children with health impairments. IEP and IFSP define the educational and service needs of a child with a disability and the child's family. The health staff will address the special health care needs or a need for



modification in the school environment due to a health condition. If required, a child with specific health impairment will receive needed medication and treatment as prescribed by the child's Health Care Provider. In order for medication to be administered; Medication Administration consent needs to be filled out by the Parent and Physician to administer medication in the classroom; and IHP for chronic health needs

- C. The Head Start/Early Head Start Health Staff will:
1. Assess the child's medical condition.
  2. Communicate with the parent and the Health Care Provider to obtain Physician's orders for medication and treatment (if applicable).
  3. Provide information/resources to assist and support staff and parents.
  4. Participate as a member of the planning team in developing the child's IEP or the IFSP.
  5. Train all staff and family in the procedures to be followed in administration of ordered treatment.
  6. Assess classroom staff competency in providing the prescribed treatment and re-train staff as needed.
  7. Monitor classroom staff's administration of ordered treatment.
  8. Monitor the child's record for data related to the treatments provided.
  9. Provide resources to the Head Start/Early Head Start classroom staff and parent regarding the child's condition, treatment, and medications.
  10. Assist the parent in accessing needed medical evaluation and treatment.
- D. Parents of children with health impairments will be asked to work closely with Head Start/Early Head Start classroom staff and the health staff by providing information about the child's needs.

The parent will:

- Immediately notify the teaching/health staff of any changes in the child's condition, medications (both used at school and at home), and treatments.
- Communicate frequently with the health staff and teaching staff regarding the child's health status and needs.
- Communicate concerns with child's Physician and update any change of information to health/teaching staff.
- Attend trainings that will be conducted by health staff on treatments/procedures to meet child's needs.
- Provide all supplies, medications, and equipment specific to the child's condition.

<b>Subject:</b> Request for Medical/Dental Services through Head Start funds by approval of Grantee (CAHSD)	<b>Head Start Performance Standard:</b> § 1304.20 (a) (b) (c)
<b>Service Areas:</b> Child Development, Health	<b>Section:</b> Health Services

**POLICY:**

Head Start/Early Head Start funds may be used for one or more of the following reasons by approval of Grantee Community Action Human Services Department:

1. Family has no insurance coverage
2. Parent/Guardian cannot afford to pay private insurance co-payment.
3. There is a serious medical/dental condition that requires immediate attention.
4. Parent/Guardian cannot afford to pay for the needed services
5. There is no community resource to provide the needed service

<b>Subject:</b> Identifying and Constructing Individualized Child Development & Behavioral Health Plans	<b>Head Start Performance Standard:</b> 1304.20 (f) (i-iv) 1304.24 (a) (1-3)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development Services Child Mental Health

**POLICY:**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children ensuring all children with suspected or diagnosed developmental or behavioral concerns are provided with appropriate support in the E/HS center environment. It is the policy of LJCC to accept and accommodate children with additional developmental or behavioral health needs as feasible. .

## **PROCEDURE:**

1. During the application and enrollment process, Family Workers review child applications and interview parents requesting information regarding any known or suspected development or behavioral needs.
2. Children with suspected development or behavioral needs will receive referral from Family Worker to Health Staff noting specific concerns or diagnosis and need. Additional service provider information should be provided with Internal Referral, i.e. previous developmental evaluations, referral or prescription from service provider; Individual Education Plan /Individual Family Service Plan.
3. All enrolled children receive age appropriate sensory, developmental and behavioral screenings within 45 days of entry.
4. Teachers will complete screening logs. Teachers will conduct Parent/Teacher conference regarding screening concern results and complete Parent/Teacher Conference. Parent/Teacher Conference Forms and Internal Referrals for children scoring of concern during the screening process will be forwarded to Curriculum Specialist for review, accuracy and input completion. .
5. When Curriculum Specialists have reviewed and approved the documentation, Curriculum Specialist will forward Screening logs and Referrals to Health Staff for follow up.
6. Health Staff will review referrals and child information to prioritize concerns and follow up actions.
7. Health Staff will provide a letter to parents confirming receipt of the screening results and concerns. The letter will encourage parents to contact Health or Family Worker staff to arrange a Multi Team Disciplinary Meeting to discuss their child's needs.
8. Health Staff will prioritize children by the following considerations:
  - Existing evaluations showing developmental delays by appropriate provider
  - Severity of score concerns
  - Teacher report of child function in the E/HS Classroom
  - Age of child/Transition eligibility
  - Returning student status
  - Extenuating Circumstances (i.e. no previous experience in day care setting, recent family situation, illness/excessive absence during the initial adjustment period)

9. Children with priority will be scheduled for Multi-Disciplinary Team Meetings. Health Staff will provide a Meeting Notification Request to Parents and appropriate staff, specifying a date, time and location for the requested meeting.
10. Individual child plans will be constructed with available service provider information, Teaching Team observations, areas of screening concerns and Parent Input.

Early Head Start will receive:

- Parent/Staff Consultation noting conference concerns and planned actions by staff and parents.
- Parent will be asked to complete a Mutual Consent to Exchange Information and a referral to Early Steps if child is younger than 2 years and 6 months of age. If the child is older than 2 years & 6 months the referral will be to Florida Diagnostic and Learning Resource Systems (FDLRS).
- When complete, Health Staff will forward the consent and referral to Early Steps or FDLRS.
- Health Staff will provide additional referrals and information regarding Community Service Providers as appropriate
- Health Staff will assist parents in completing Community Service Provider consents and permissions as appropriate.
- Mental Health Consultant will provide additional strategies for home and classroom as appropriate.
- If child has or receives an Individual Family Support Plan, the child will receive Disability Status. The process above will be followed and at the MDT meeting, child will receive a Child Development Plan for classroom support and intervention.

Head Start Children will receive:

- Parent/Staff Consultation noting conference discussions and planned actions by staff and parents.
- Follow up to Intervention Plan (FIP) will be constructed for children with developmental concerns to note child strengths, areas of concerns, goals and objective for classroom intervention.
- Mental Health Consultant will provide additional strategies for home and center interventions as appropriate. Mental Health Consultant may provide a behavioral support plan for the classroom as appropriate.
- Parent will be asked to complete a Mutual Consent to Exchange Information and Florida Diagnostic and Learning Resource Systems (FDLRS) referral packet and return to Health Staff.

- Teacher will be provided with educators portion of FDLRS packet for completion and return to Health Staff
  - When completed FDLRS portions are received from Teacher and Parent, Health Staff will obtain copies of supporting documentation (screen results, evaluations, birth certificate, hearing/vision screenings) and forward the referral packet to FDLRS via USPS mail or physical delivery.
  - Health Staff will provide additional referrals and information regarding Community Service Providers as appropriate
  - Health Staff will assist parents in completing Community Service Provider consents and permissions as appropriate.
  - If child has an Individual Education Plan (IEP) at enrollment, the child will receive Disability Status. The process above will be followed and at the MDT meeting, child will receive a Head Start Staffing Plan for classroom support and intervention.
  - If Child receives an Individual Education Plan (IEP) after enrollment, the child will receive Disability Status. If notified, Head Start Staff will accompany parent to Miami Dade County Public School Pre K ESE Meeting to provide information and support. Head Start Staffing Note will be written at the MDCPS Pre K ESE Meeting.
11. The original individualized plans will be placed in the child's file. A copy will be kept in the child's classroom, and a copy will be provided to the parent for their records.
  12. Teaching Teams will implement the individualized plans in the classroom and document activities in Galileo Anecdotal notes.
  13. Teaching Teams will provide parents with feedback on child's progress during Home Visits and Parent/Teacher Conferences.
  14. All Individualized Plans will have a 12-month expiration and must be renewed with updated team meeting annually.
  15. Teaching Teams, Health Staff and Parents will work in collaboration to monitor child's overall development and implement the individualized plan.
  16. In certain circumstances, Health Staff may request Teaching Teams to maintain progress notes on a child's developmental or behavioral progress on an as-needed basis. Teaching Teams will forward the notes to Health Staff on a monthly basis as appropriate and requested.
  17. Teaching Teams should notify Health Staff of any new concerns regarding the child's behavioral or developmental progress by completing and forwarding an Internal

Referral or Progress Notes when a concern arises; a change has been noted; child's goals and objectives have been achieved.

18. Health Staff will be responsible for entering all individualized development and behavioral plans and case notes into Child Plus.
19. Health Staff are responsible for reviewing child status on a monthly basis and note status in Child Plus Disability and/or Mental Health.

<b>Subject:</b> Chronic Health Concerns and Attendance	<b>Head Start Performance Standard:</b> 1304.20 (a)(1)(I-iii)(2)(c)(1-4) (e-f)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development Services

**POLICY:**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children insuring all children with chronic health conditions are noted and provided with appropriate medical follow up services. It is the policy of LJCC to accept and accommodate children with special health needs and/or physical conditions.

**PROCEDURE:**

1. During the application process, Family Workers gather information from parents regarding child's general health, wellbeing and any known medical conditions or injuries. Any known concerns or conditions noted such as Asthma, Sickle Cell Anemia, physical limitations, etc. should immediately be forwarded to Health Staff by completing an Internal Referral Form and forwarding via email.
2. Health Staff will review all children's folders within 90 days of enrollment to determine child's medical status and individual needs. Parents will be informed by Health Staff of additional needed services or updates via Health Status letters, follow up phone contact and Meeting Request Notifications.
3. Teaching Staff are to observe children on a daily basis and make note of child's general health and physical appearance where concerns are noted. The Teaching staff is responsible for completing a Health Alert and Internal Referral Form and forwarding to Health Staff for any children who exhibit symptoms which may be a chronic health

concern; i.e. mucus, allergy symptoms, labored breathing or excessive tiredness. Teacher should contact parent to pick up the child and provide parent with the completed Health Alert for completion by child's medical provider during the treatment visit. Parent should return completed Health Alert to Le Jardin Family Worker of Health Staff for review and re-admittance to the program.

4. Health Staff will receive Internal Referrals from component staff and provide follow up Health Staff will also conduct file and case note information review regarding overall health.
5. Health Staff will consult with Teaching and Family Worker Staff regarding observations
6. Health Staff will provide Parent contact to clarify health concerns as appropriate
7. Health Staff will send Meeting Notification to parents and appropriate staff for Multi-Disciplinary Team Meeting to discuss concerns, needs and construct Individual Health Plans (IHP) as appropriate.
8. Parent will be provided with Medical Provider Portion of the IHP for completion by child's medical provider.
9. Health Staff will provide additional Community Partner Referrals to parents as needed for additional recommended services to support child's health and wellness.
10. After Individual Health Plan is completed, the teaching team will be responsible for carrying out the day to day duties of any special needs; i.e. medication administration, room modifications, administration of nebulizer treatments.
11. Health Staff will be responsible for providing annual Allergy and Asthma recognition and response training to all staff on an annual basis.
12. Health Staff in conjunction with Education Supervisors will be responsible for providing additional health trainings to teachers and parents on an as-needed bases to assist teaching team in accommodating children with special health concerns and minimizing program absences due to chronic illnesses.
13. Individual Health Plans are considered current for 12 calendar months and must be updated annually.
14. Teaching Staff and parent are responsible for communication additional concerns or providing additional medical information to Health Staff for amendments to existing Individual Health Plans as appropriate.

15. Health Staff will provide monthly follow up regarding child health and program attendance through:
  - A. Weekly Review of Child Plus Dashboard Monitoring Health Services.
  - B. Review of child medical service status, Internal Referrals and documentation.
  - C. Monthly review of Child Plus Consecutive Absence Reports
  - D. Consultation with Parents, Teaching Teams and other component staff as appropriate
  - E. Child case notes and additional information will be reviewed as received and follow up, additional service recommendations, and Community Provider Referrals will be provided as appropriate.
  
16. Children with excessive absences due to chronic illness will require additional follow up in the form of additional Multi-Disciplinary Team Meeting to include Parents, Education, Family Service and Health Staff. Additional service requests, home and classroom strategies or referrals should be made at that time.
  
17. In the event chronic illness and absences are affecting child’s overall developmental progress, Health Staff will conduct meeting with parent and teaching staff to discuss referral to Florida Diagnostic Learning and Resource Systems for special Pre K Services. Health Staff will assist parent in completing the FDLRS packet and will deliver packet to FDLRS South when Teacher and Parent portion are completed and required medical information has been provided by child’s physician.
  
18. Children with Chronic Health needs who have no insurance will be referred to Community Partner for assistance with insurance enrollment. In not eligible for insurance or if parent cannot afford cost of treatment (including required co-pays) Health Staff will assist parent in locating additional community resources.
  
19. In the event community resources and funds cannot be located to provide for children’s health needs, Health Staff will work with Family Worker, parent and Grantee designee to complete Request for Head Start Funds to cover cost of necessary treatment.

<b>Subject:</b> Request for Head Start Funding for needed Health Services	<b>Head Start Performance Standard:</b> 1304.20 (a)(i)(iii)(c)(5)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development Services

**POLICY:**



Le Jardin Community Center Inc. supports the individual growth and development of enrolled children by insuring children with chronic health conditions and special developmental service needs have access to appropriate services and providers.

## **PROCEDURE**

1. At enrollment all Children are up to date on Well Child Schedule of Care according to Florida Department of Children and Families childcare enrollment requirements.
2. Children receive developmental, sensory and behavioral screenings within 45 days of enrollment
3. Health Staff review all child folders within 90 days of enrollment to determine health status, medical/dental home and insurance enrollment.
4. Children without insurance, medical and/or dental home will receive referral to Community Partners for assistance in selecting provider for the need.
5. Children who do not qualify for Medicaid, Kidcare or other insurance benefits will be referred to low or no cost Community Service Providers for services.
6. In the event a child has need of medical/dental services and the parent is not able to pay for the needed services, Family Workers should complete an Internal Referral to Health Staff noting the situation and need.
7. Health Staff, in collaboration with Family Worker and Teaching Staff, will assist parents in referral to Social Security Administration (SSI Application) for additional benefits and services for developmental and chronic health concerns as appropriate.
8. In the event community resources and funds cannot be located to provide for children's health/dental/developmental needs, Health Staff will work with Family Worker and Grantee designee to complete Request for Head Start Funds to cover cost of necessary treatment/services.
  - a. Parent will provide letter stating circumstances and financial barriers to obtaining needed services.
  - b. Parent will provide service provider information regarding evaluations, needed services and approximate cost of the services.
  - c. Teaching staff may be requested to provide documentation on child function in the classroom environment to support request for additional developmental services.

- d. Family Worker will collaborate with parent to obtain needed financial and insurance coverage benefits information.
- e. Health Staff will work with parent and family worker to complete Request for Early/Head Start Funds.
- f. Health Staff will complete Internal Referral and forward all requested documentation to the Grantee Health Service Coordinator for review.

<b>Subject:</b> Assisted Devices	<b>Head Start Performance Standard:</b> § 1304.20 (a) (1) (iii)
<b>Service Areas:</b> Health	<b>Section:</b> Family Services, Health Services

**POLICY:**

Le Jardin Community Center, Inc. will implement policies and procedures to ensure that all HS/EHS children with assisted devices (glasses, contact lenses, crutches, walker, cane, wheelchair, braces, or hearing aids) will receive instructions regarding damage of or replacement for any of the following assisted devices.

**PROCEDURE:**

Le Jardin Community Center, Inc. will determine if a child has an assisted device at the initial enrollment or first 45-days determination.

1. At initial enrollment, Family Service Worker must ensure that on page 3 of the application it must be noted if a child is using any assisted devices.
2. Family Service Worker will forward an Internal Referral to the Health staff to follow-up.
3. If child is not noted during initial enrollment and child enters in the classroom on the first day with any assisted device. The teaching staff must complete an Internal Referral to the Health staff.
4. Health staff will forward the Internal Referral to the Family Service Worker to ensure that Child Plus Data Entry system is corrected.

**Damage of Assisted Devices**

Parent/Guardian will be notified at Parent Orientation and first day of class about LJCC policies and procedure of damaged assisted devices.

1. The teaching staff must ensure that any child that is signed in at the beginning of the day with the assisted device must be supervised at all times.
2. The teaching staff must ensure that any child that is signed out at the end of the day by parent/guardian or emergency contact personnel; any damage that is obtained by the assisted device will be the parent or emergency contact personnel's expense.
3. An assisted device that is damaged during the program day must be report it in an Accident/Incident Report form.
4. Teaching staff will inform the parent/guardian about the situation.
5. The accident/incident report form will be forwarded to the Health staff. An email will be sent to Administration to inform them of the situation.
6. Health staff will follow up with the parent/guardian and ask the parent/guardian to receive a written estimate to repair the assisted device. If the assisted device is unable to be repairable, a written estimate is needed for the cost of the device.
7. Health staff will forward the accident/incident report and the written estimate to the Administration office.
8. Administration will forward an email to health staff stating that accident/incident report and written estimate was received.
9. Le Jardin Administration will follow up with Family worker, Health Staff and Parent regarding additional information as needed.
10. It is the policy of Le Jardin Community Center to provide financial compensation to the provider for replacement or repair of the assisted device. Le Jardin does not provide monetary fund's to the parent for repairs.

<b>Subject:</b> Child Transfers and Transition Policy	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b> Health, Mental Health & Disability	<b>Section:</b> Child Health & Development Services

**POLICY:**

It is the policy of Le Jardin Community Center to provide support for Transferring or Transitioning Children to support the child's development in the program, home and community environment.

**PROCEDURE:**

1. Family Workers will notify Health Staff by email or Internal Referral of expected transfer to another agency, child care; or child's eligibility to Transition into the Head Start or Kindergarten.
2. For Children transferring within the Le Jardin Centers, Family Worker will forward child's folder to the new center and complete referral to notify other component staff of the transfer. If a child has a special health condition or is receiving additional development or behavioral services, Health Staff will provide consultation to the new Family Worker and Teaching Team to insure any service needs or concerns are known to center staff.
3. For Transfers to another Early/Head Start agency, Family Worker will complete referral to notify other component staff of the transfer and request folder review for completion and accuracy. Health Staff will:
  - Review child's folder contents, insure accuracy and completeness of Child Plus data
  - Print and file Child Plus Medical History, Case Notes, Growth Charts and developmental/behavioral information if applicable.
  - Ensure all child's required and recommended services are up to date; provide Health Status Letter to parents noting any services which need to be updated within the next 45 days and include referrals to Community Providers as needed.
4. Children who will be age eligible will receive Transition support from all component staff through Transition Tips, information on program requirements for medical services and child development and expected milestones.

**For Early Head Start to Head Start Transitions**

- Early Head Start Family Worker will be responsible for arranging all EHS Transition Meetings with Parents and component staff.
- Family Worker will complete referral to notify other component staff of Child's eligibility to Transition and notify of Transition Meeting arrangements.
- Health Staff and Family Worker Coordinator will attend Transition Meetings as requested.
- Health Staff will review child folder to discuss any service needs or concerns with parent at the Transition Meeting.

- Health Staff will provide parent with written documentation of Health services required and recommended for Head Start entry.
- Health Staff will provide referrals to parents as needed to obtain required or recommended services.

For Head Start to Kindergarten Transitions

- Health Staff will provide Health Services information to parents regarding kindergarten transition; entry requirements; child development milestones, and information to support behavioral health to parents at monthly parent meetings, center events and workshops.
- Family Worker will provide a list of Transitioning Head Start children to Health Staff
- Health Staff will review all Transitioning Child records to determine child’s needs for Kindergarten entry. A Health Status Report will be prepared and provided to parents with the child’s original annual Physical and Immunization Certificates. These documents will be placed in a sealed envelope and provided to parents at the Transition Activity. Parents will sign the log sheet verifying receipt of the documents for Kindergarten enrollment.
- Health Staff will file copy of Health Status Report, Annual Physical and Immunization Certificates in child’s folder. Health Staff will print and file all Transitioning Children Case Notes for Health, Disability or Mental Health services.
- Graduating children with DISABILITY status will receive an additional Transition Meeting to prepare parent for enrollment in Kindergarten classroom. Parent will be notified of service update needs and offered support assistance in transition through FDLRS or Parent to Parent of Miami parenting programs.

\*\*\* CASENOTES ARE AVAILABLE IN CHILD PLUS AND ARE ONLY PRINTED ON REQUEST FOR MONITORING PURPOSES, TRANSFER TO OTHER AGENCY OR TRANSITION FILE CLOSE OUT.

<b>Subject:</b> Health Services Tracking and Record Keeping	<b>Head Start Performance Standard:</b> 1304.20 a (1) (c)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development systems

**POLICY:**

To support child health and development, Le Jardin Community Center, Inc. utilizes Child Plus and Child Folder contents to track the provision of health care services.

## **PROCEDURE:**

1. At application, Family Worker providing intake and interview with parents will enter application and enrollment information provided by parent into the Child Plus data program.
2. As part of determining entry eligibility into the program and health services status at enrollment for annual PIR Report, Family Worker will enter basic health information into the Child Plus data program. Information to input includes:
  - a. Health Insurance, Medical Home and Dental Home
  - b. Annual Physical
  - c. Immunizations
  - d. Tuberculosis Test (PPD) or Tuberculosis Screening
  - e. Health concerns i.e. Allergies, Chronic Health concerns, special Dietary needs
  - f. Child mental health or development information and/or concerns
3. Family Worker will provide community partner and agency service referrals to parents as appropriate to obtain needed health, mental health and development services. Family Worker will provide E/HS Internal Referral via email to Health and/or Nutrition services staff for follow up. Referral activities will be noted by Family Worker in the Family Services section of Child Plus.
4. Health/Nutrition staff will receive referral and input referral information in Health Services section of Child Plus.
5. Health/Nutrition will complete Internal Referral Follow up section of form and return to Family Worker via email for print and filing in the child's folder.
6. Health Staff will review the Health sections contents and child application to determine child health status and needs.
7. Health Staff will review basic health information input in Child Plus and complete entry of child health data information as needed, i.e. Laboratory results, special diet needs, chronic health concerns.
8. Service needs noted will be documented by Health Staff on Health Status Letter and provided to parent noting needed services, with referrals as appropriate. Parents will receive follow up phone contact from Family Worker or Health staff as a courtesy reminder to comply with program recommendations.
9. Health services monitoring will be conducted as follows

- Supervising Coordinator will review Child Plus Dashboard Report and PIR Summary Reports on a monthly basis and provide the report copies to LJCC administration to be included in the Board and Policy Committee monthly reports. Random monitoring of child folder and data input will be conducted on a regular basis to insure integrity of data input.
- Health Facilitators will review child health information
  - Weekly- Child Plus Dashboard Report to ensure all children receive mandatory and recommended health services
  - Monthly Child Plus Health Services reports and individual child services to prepare Health Status Letters and monthly Health Service reports, including Child Plus Consecutive Absence Reports
  - Monthly review PIR Reports as available
  - Random monitoring of child folder and data input will be conducted on a regular basis to ensure integrity of data input.
  - Annually during Self-Monitoring Period
  - Annually to complete federal Performance Indicator Report
  - Additional monitoring as needed or requested

10. Child Plus individual information and case notes are NOT printed on a monthly basis, but will be maintained in the data system. Information and reports will be printed:

- At Transfer to an outside agency center
- At Termination/Transition
- On request by a visiting monitor or for service coordination purposes.

11. Internal referrals should be submitted electronically to components. Completed referrals should be returned electronically to Family Workers and appropriate staff for review, print and placement in Child Folder.

<b>Subject:</b> Individual Health Plans	<b>Head Start Performance Standard:</b> 1304.20 (a)(1)(iii)(c)(1)(f)(1)(2)(i,ii,iii,iv)
<b>Service Areas:</b> Health Services	<b>Section:</b> Child Health & Development Services

**POLICY:**

Le Jardin Community Center Inc. supports the individual growth and development of enrolled children insuring all children diagnosed with chronic health conditions are provided with appropriate support in the E/HS center environment and accessing medical follow up services.

It is the policy of LJCC to accept and accommodate children with special health needs and/or physical conditions as feasible.

**PROCEDURE:**

1. During the application and enrollment process, Family Workers review child applications and interview parents requesting information regarding any known health needs.
2. Children with known health needs (Asthma, allergies, etc.) will receive referral from Family Worker to Health, Nutrition and Education Staff as appropriate noting specific diagnosis and need. Additional service provider information should be provided with Internal Referral, i.e. diet prescription.
3. Family Worker staff will provide appropriate permission and release forms to parents as needed. (Medication Administration permission, Asthma/HAD forms for physician completion.)
4. All Child folder information is reviewed within 90 days of enrollment by Health Staff.
5. Health Staff will review referrals and child information to determine if child has a Chronic Health Need.
6. A Multi Team Disciplinary Meeting will be arranged by Health Staff for children determined to have a Chronic Health Need.
7. Health Staff will provide a Meeting Notification Request to Parents and appropriate staff, specifying a date, time and location for the requested meeting.
8. The Individual Health Plan will be constructed with available medical provider information, Teaching Team observations and Parent Input.
9. To complete the Individual Health Plan, parent will be requested to obtain documentation from the medical service provider as to the diagnosis, plan of care and emergency medical protocols for the child.
10. The original Individual Health Plan will be placed in the child's file. A copy will be kept in the child's classroom, and a copy will be provided to the parent for their records.
11. Individual Health Plans will have 12-month expiration and must be renewed with updated medical provider information and Team meeting annually.
12. Teaching Teams, Health Staff and Parents will work in collaboration to monitor child's health and ensure the medical provider Plan of Care/Treatment is being followed.



13. In certain circumstances, Health Staff may request Teaching Teams to maintain progress notes on a child's daily health status on an as-needed basis. Teaching Teams will forward the notes to Health Staff on a weekly or monthly basis as appropriate and requested.
14. Teaching Teams should notify Health Staff of any new concerns regarding the status changes of the child's health by completing and forwarding an Internal Referral or Progress Notes when a concern arises or a change has been noted.
15. Health Staff will be responsible for entering all Individual Health Plans and case notes into Child Plus.

# Education Head Start/Early Head Start

<b>Subject:</b> Attendance	<b>Regulation References:</b> HS Performance Standards 1305.8
<b>Service Area:</b> Head Start, Early Head Start, Education, Enrollment and Attendance	<b>Section:</b> Education

## Policy:

Le Jardin Community Center will ensure that children and families enrolled in the program are accounted for throughout the school day. Accurate attendance will be implemented and maintained in the classroom.

## Procedures:

1. Adults will sign their child in and out each day and include the time. The sign in and out form will be available at the entrance area of the classroom and maintained by the teaching team.
2. The classroom teaching staff will maintain accurate attendance throughout the school day, which will include updates as children enter or leave the classroom.
3. Le Jardin teaching staff will conduct a daily count of the children at least four (4) times a day and record the count at the bottom of the sign in and out form. This is especially necessary during transition times from one place to the other (to and from the playground).
4. Accurate attendance records are required when there is a staff change, such as a teacher who leaves the classroom for the day. The attendance records are passed to the substitute or education staff.

<b>Subject:</b> Child Development and Education Approach for Preschooler's Social and Emotional Development	<b>Regulation References:</b> HS Performance Standards 1304.21(c)(1)(iv), (v) and (vi)
<b>Service Area:</b> Education and Early Childhood	<b>Section:</b> Education Services

**Policy:**

The program will provide an environment that helps children develop emotional security and facilitates social relationships

**Procedures:**

The E-DECA and Pyramid Model Strategies are used weekly.

Classroom teaching staff use teachable moments and implement activities that:

- Model acceptance
- Show respect
- Facilitate opportunities to develop social skills
- Nurture friendships
- Encourage children with adult support to resolve conflicts with peers (conflict resolution)
- Manage stress in appropriate ways
- Express emotions, play corporately
- Ask questions to extend children’s thoughts and ideas
- Work corporately with peers
- Provide each child with an identifies space labeled with pictures and names for personal belongings
- Foster social and emotional development to meet Head Start objectives

<b>Subject:</b> Education-Mentoring and Monitoring	<b>Regulation References:</b> HS Performance Standards 1304.21(a)(ii) and 1304.23(c)(5)
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The program will provide consultation and coaching to teaching staff to facilitate curriculum, environment and child development and to provide ongoing monitoring in Education Services to increase teacher’s skills and child outcomes.

**Procedures:**

Mentoring

The Curriculum Specialist will provide direct classroom consultation and/or coaching to teaching staff throughout the program year. Each Curriculum Specialist must perform at least three (3) classroom observations/consultations weekly using the Classroom Observation Feedback Report (early Head Start) or Teaching Team Action Plan form (Head Start).

Classrooms will be mentored or coached based on special projects or varying needs which will impact frequency while maintaining the minimum requirements.

The Curriculum Specialist will complete the Classroom Observation Feedback Report for Early Head Start or a Teaching Team Action Plan form for Head Start for every observation/consultation/coaching experience. The Curriculum Specialist will meet with the teaching staff members within twenty-four (24) hours to discuss observations and identify follow-up activities. Teaching staff members will receive a copy of the report. A copy will also be provided to the Education Specialist. The Teaching Team Action Plan will be used for the Professional Development along with CLASS Observations. The Curriculum Specialist will meet with the Education Specialist to discuss observations and identify follow up activities.

### Monitoring

Monitoring will be completed by the Curriculum Specialist on every assigned classroom as per the following schedule for ongoing monitoring of Education Services:

**Classroom Feedback Reports:** Three (3) classrooms per week

**Lesson Plan Checklist:** Bi-weekly

**Galileo Checklist:** Monthly

**Screening Logs:** By the 45<sup>th</sup> calendar day of the program year or new child enrollment date.

**E-DECA:** By the 45<sup>th</sup> calendar day of the program year or new child enrollment date.

**Home Visit Feedback Form:** two (2) times a year.

**Parent Teacher Conference:** four (4) times a year.

**Environmental rating Scales with Action Plan:** one (1) times a year.

**Classroom Assessment Scoring System (CLASS):** one (1) time each school year.

As teaching staff complete the Parent teacher Conferences, the Curriculum Specialists will review the conference forms and address concerns with the individual staff. Monitoring will be conducted for completeness of documents and quality of information provided. Additional monitoring may be required according to the center or classroom's needs.

The following Education related forms will be completed at each center by teaching staff and Curriculum Specialist:

**Health and Safety Checklist:** Every month beginning in August (Maintenance Request Forms as needed)

**Classroom Inventory:** Twice a year (sent to the Chief Financial Officer)

The Education Specialist and Curriculum Specialist will meet at least monthly to discuss mentoring and monitoring results. The Education Specialist will document the meetings on the Education Monthly Information Report to the Community Action Head Start Division. The Education Specialist will provide follow-up and disciplinary action as needed to individual teaching staff members.

The Education specialist will provide additional monitoring and/or technical assistance as needed or upon request.

<b>Subject:</b> Training In-service Requirement	<b>Regulation References:</b> HS Performance Standards 1304.52 (k)(2)
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The Program will provide a minimum of 30 hours of in-service training opportunities annually to teaching staff to facilitate curriculum, environment, and child development and to meet the guidelines of Section 648A (A) (5) of the Head Start Act.

**Procedures:**

1. During each pre-service session, staff will be provided with necessary information to document the training received on each Department of Children and Families (DCF) Form. Within one (1) week following pre-service, the Curriculum Specialist will review each member’s file as per center process and requirements to ensure that the DCF training log includes the pre-service training hours.
2. A yearly calendar of recommended topics for training will be developed by the Education Specialist in conjunction with the Curriculum Specialist in July of each year.
3. Each teaching staff must receive a minimum of two (2) hours of professional development per month or its equivalent over time provided by the agency’s Education Specialist, Curriculum Specialist, Health Coordinator, Nutrition Manager and any designated outside sources.
4. Every Curriculum Specialist or Education Specialist will offer at least one (1) training opportunity per month to teaching staff.
5. The Curriculum Specialist and/or Education Specialist will use the Training Design form to plan each professional development opportunity along with a sign in form. Session Evaluation Forms will be completed and forwarded to the Curriculum Specialist.
6. A Training Binder and Training Log must be maintained and kept in a location accessible to monitors.

7. The Curriculum Specialist will document information on each teaching staff member’s DCF Form for In-Service participation to include topic, date, trainer, hours and signature of the Education Specialist.
8. The Education Specialist will submit the Training Design, attendance sheets, hand-outs and evaluations to the Head Start Education Unit with the monthly Education Monthly Information Report.

<b>Subject:</b> Education-Assessment	<b>Regulation References:</b> HS Performance Standards 1304.21(c)(2)
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The Program will ensure that the curriculum is linked to an ongoing assessment and supports each child’s individual pattern of development and learning.

**Procedures:**

**Galileo**

1. Purchasing
  - a.) The Grantee will purchase the assessment tool, Galileo from Assessment Technology, Inc. (ATI) for all delegate agencies on an annual basis.
  - b.) The Community Action Head Start Division Education Service Manager will begin the ATI contract renewal process in January of each year by securing a quote from ATI. The Grantee Education Service Manager will work closely with the Buyer and Procurement Specialist during the process to ensure Galileo is in place by the start of program year.
2. Annual Set-up and Distribution
  - a.) The delegate Curriculum Specialist, or designee, will request the Child Plus Family Demographics Report for each classroom from the Family Worker.
  - b.) After classrooms are assigned, the Teacher, or designee for each class, will verify if “new” children were previously enrolled at another Head Start center, or were previously in the system with the family worker.
3. Date Input and Transfer, transition, and termination of children.
  - a.) Data input for transferring children to another Head Start site or classroom;
    1. Documentation of transfer Input

- a. On the day that a child is transferred, the teaching Staff will input a note into “Notes” in Galileo to state that the child is transferring to another Center, Grantee or Delegate and names of the Center or other classroom.
    - b. On the first day that data can be input for a transferred child, the receiving Teaching Staff will input a note into “Notes” in Galileo to state that the child transferred into the classroom, including transfer date.
  2. On-line: When a child transfers from classroom to classroom within the same Cluster, the Cluster or Center Curriculum Specialist will transfer the child’s date from one classroom to the other.
  3. When a child transfers from Cluster to Cluster or Agency to Agency, the leaving Center Curriculum Specialist will notify the receiving Center Curriculum Specialist. At this time, receiving Teaching Staff will input as if a “new” child.
4. Data input for transitioning child from Early Head Start to Head Start:  
Documentation of Transition Input
- a) On the day that a child is transitioned, the Teaching Staff will input a note into “Notes” to state that the child is transitioning to another Head Start classroom and include the name of that classroom.
  - b) On the first day that data can be inputted for a transitioned child, the receiving Teaching Staff will input a note into “Notes” to state that the child transitioned into the classroom and date of transition.
  - c) When child transitions from classroom to classroom within the same Cluster, the Cluster Curriculum Specialist will transfer the child’s data from one classroom to the other.
  - d) When a children transitioning from Cluster or Agency to Agency, the Center Curriculum Specialist will put the child in the new center. At the time, receiving Teaching Staff will input the child as if a “New” child.
5. Date Input and Withdrawal or termination of Children:
- a) Documentation of Withdrawal or termination input – on the day of withdrawal or termination, the Teaching Staff will input a note in “Notes” stating that the child withdrew or was terminated and the date.
  - b) The child’s data will remain in Galileo for the duration of the program year.
6. Assessment Guidance and Documentation
- a.) ACUSCREEN will be completed on every child within the first 45 calendar days of enrollment (included weekends and holidays) and results input into Galileo by the teacher. The Curriculum Specialist will enter the ACUSCREEN scores into Child Plus. Each Curriculum Specialist will monitor the completion and input within his/her assigned classrooms. A print out of each ACUSCREEN must be shared with the parent during a parent teacher conference.
  - b.) Observations and input is shared by Teaching teams.

- c.) Observations begin on the child's first day of enrollment, including the first day of school program year.
- d.) Observations are input into Galileo daily.
- e.) Teaching staff use observations to establish each child's Baseline. The Teaching staff must read each indicator for each child assigned. If the indicator is check as "Learned", a data Source must be selected. The baseline must be established for each and every child by the 45<sup>th</sup> calendar day of the child's enrollment.
- f.) Daily scheduled observations
- g.) In the case the Galileo system is not working or there are problems with the computer, anecdotal notes must be used. Once the problem is resolved, the anecdotal notes will be input into the Galileo system.

**Head Start:**

- a.) The Teaching Staff list four (4) children in the Lesson Plan when planning for the next day. These are the four children who will receive pre-planned Focused Learning/individualization, observation, and one-on-one attention. Other anecdotal observations, individualization, and one-on-one may be completed and input on any child at any time. After Galileo input EACH DAY, Teaching Staff list the children's names that anecdotal input was completed on that day's Lesson Plan.
- b.) If a child is absent on the planned day, he/she is included, in addition to the scheduled four children, on the following day. The child will continue to be added until he/she attends and is observed.

**Early Head Start:**

- a.) On Monday through Thursday of each week, the Teaching Staff will identify two (2) children when planning. These are the two (2) children who will receive pre-planned individualization, observation and one-on-one attention. Other anecdotal observations, individualization, and one-on-one may be completed and input on any child at any time.
- b.) If a child is absent on the planned day, he/she is observed on Friday of that week. The child will continue to be added until he/she attends and is observed.
- c.) Observations are input and indicators are selected as per ATI's Fundamentals of Galileo.
- d.) "Learned" can be selected after a child had successfully accomplished an indicator two (2) times.
  - i. The first observation of success is typed as an observation note and the Planning Level is indicated as the Teaching Staff's discretion.



- ii. The Second observation, if successful, is typed as an observation note and checked as 'Learned'.

**1. Home Visit Galileo Documentation:**

- a. Teaching Staff will print Individual Learning Plan for each Home Visit as defined in the Home Visit Procedures.
  - i. First Home Visit – Teaching Staff will print all domains, all indicators, and all readiness planning levels from Galileo for the scale for each child.
  - ii. Second Home Visit – For Early Head Start, the third Home Visit will be conducted the same as the second Home Visit. For each child who will transition to Kindergarten, the Teaching Staff will print from Galileo the 'Learned' indicators for all eleven domains. For Head Start, each child who is expected to return to Head Start the next program year, the Teaching Staff will print "Learned" and "Ready Now" planning levels for all eleven (11) domains. Teaching Staff will discuss Kindergarten Transitioning activities to work on over the summer.

**2. Individual Education Plan (IEP) and Individual Family Service plan (IFSP)**

Documentation in Galileo.

- a. After each staffing for each child, the Teaching Staff will input goals identified in the IEP or IFSP into the Galileo "Notes".
- b. When the Teaching Staff is planning individualization for a child with an IEP or IFSP, the Teaching Staff will plan an activity for the goal that has priority. After the activity, the Teaching Staff will input the observations and results under the identified goals in addition to the regular input as previously outlined.
- c. IEP or IFSP goals for every transferred or transitioned child must be input by the Teaching Staff at the beginning of the school program year or as soon as the child is transitioned or transferred.

**3. Monitoring**

- a. Center Curriculum Specialist will monitor every classroom assigned every month using the Galileo Monitoring Checklist. For those Staff with on-going concerns maintaining Galileo, monitoring will be conducted twice a month. After reviewing the completed form with the Teaching Staff, the Curriculum Specialist will file it in the Galileo Binder.
- b. If there are any computer hard drive issues or Internet concerns, the teacher will submit an email to the Tech Support and Curriculum Specialist; the email will be printed and placed in the Galileo binder. An email must be also sent to the Education Specialist.
- c. The Education Specialist will randomly monitor Galileo online.

**4. End of the Program Year Data Collection.**

- a. By the last day of Period 3 each program year, Teaching Staff must ensure that all data is input, complete, and accurate. The IEP or IFSP notes must be printed and turned in with a copy of the IEP or IFSP.
- b. Curriculum Specialist will complete a final monitoring and provide feedback to the Staff prior to the close of school.

### Using Acuscreen and Galileo Online:

#### **Administering the Acuscreen to Children:**

Within the time period specified by the Education Specialist, Teaching Staff will administer the Acuscreen screening inventory to your children ages 3 to 5. Teaching Staff will need the Acuscreen screening form provided by the Curriculum. Teaching Staff will spend fifteen (15) minutes per child to conduct each screening. Once the screening is completed, the Teaching Staff will add up the child's score and fill comments and notes.

#### **Enter Screening Information into Galileo:**

First enter basic screening information into Galileo.

1. Log in and click on the **Assessment** link tab at the top of the page.
2. Click on the **Acuscreen Information** line under **View Information**.
3. Use the drop-down menu to select **Class** of the child you wish to enter.
4. Use the drop-down menu to select **Child** you wish to enter information about.
5. Enter the name of the **Screener** in the text box.
6. Use the drop-down date boxes to set the **Screening Date**.
7. Use **Articulation** drop-down box menu to select whether the child's speech was **easy** or **hard to understand**. (Choice must match the HS Articulation Screening findings).
8. Enter **Prescreening Information** and **Summary** remarks in the memo box labeled **Acuscreen Notes**.
9. Click on the **Save Changes** button at the bottom of the screen.

#### **Enter the Acuscreen Results into Galileo:**

The completed Acuscreen results will be entered into Galileo.

1. When you first log in, click **Assessment** link in the tab at the top of the page.
2. Click on the By Child link under **Enter Assessment**.
3. Click Observations by Child under **Assessment**.
4. Use the down arrow on the **Class** drop-down menu to select which class the child you wish to observe belongs. The screen will refresh.
5. Use the down arrow on the **Child** drop-down menu to select the child you wish to observe. The screen will refresh.
6. Use the down arrow on the Scale drop-down menu to select Acuscreen scale. The screen will refresh.
7. Use the down arrow on the **Observation Date** drop-down menu to select the date the screening was given.

8. You must make sure that each capability marked “yes” on the screening form is also marked as ‘Learned’ in Galileo. Click with the computer mouse in the boxes next to each capability to mark as ‘Learned’
9. To the right of each capability, there is a box labeled **Date Source**. Click with the computer mouse in this box. A drop-down menu will appear, listing the data sources. Select the **Screening** option.
10. Click the **Save** button.
11. Repeat steps 3-9 for each child.

### **Copy Acuscreen results to each Galileo Scale:**

The objectives in the Acuscreen inventory are the same objectives found on the Galileo Scales. When copying a child’s Acuscreen results to the Galileo Scales, the teaching staff must ensure that a child has ‘learned’ that specific objective.

Please note: If you are copying data into a scale for which a child had not yet been baselined, baseline the child **FIRST** in the new scale, save the baseline entry date, then copy the assessments afterwards. Recall that baseline will overwrite any previous assessments made.

Follow the steps below to copy your assessment data:

1. When you first log in, click on the **Setup** link in the red tab at the top of the page.
2. Click on Copy Assessments under **Scales**.
3. Use the drop-down menu to select the desired **Center**.
4. Use the drop-down menu to select the desired **Class**.
5. Use the drop-down menu to select the **Child** for whom you wish to copy assessments.
6. Next you will select your scales. Use the drop-down menu labeled **Copy data form** to select the scale that already contains data for this child.
7. Use the drop-down menu to select the cut-off date for which you wish to copy the data.
8. Use the drop-down menu labeled **Copy Data** to select the scale to which you intend to copy data. The mapped scales will appear in a list so that you may view which goals in one scale correspond to the other.
9. Scroll down to the bottom of the mapped scales and click on the **Copy Data** button. The screen will refresh. The capabilities will transfer, although the anecdotal notes will not.
10. To copy data to other Galileo scales, repeat steps 3-9.

If you wish to review the assessments that have been copied, go to the Assessment area and click on By Child under **Enter Observations**, then select the scale to which you copied assessments. The copied assessments will appear. To have the system begin to automatically update your planning, click on the **Update Planning Levels** button, then click on the **Save Changes** button.

### **Print an Acuscreen Report:**

The Acuscreen report summarizes each child’s Acuscreen score and development summary score. Each capability that was screened is listed, as well as whether it was demonstrated as ‘learned’. The screening report not only summarizes the results of Acusecreeen, but it also doubles as an Individual Development Plan. This report, with its planning levels, can be used by teachers to immediately start planning learning opportunities that articulate to each child’s developmental level.

1. When you first log in to Galileo, click on the **Reports** link in the red tab at the top of the page.
2. Click **Acuscreen Report** under **Miscellaneous Reports**.
3. Use the down arrow on the Class drop-down menu to select the class in which you wish to generate a report.
4. The default settings under **Readiness Filters** include all readiness levels. You may include as many readiness levels as you wish. Click in the checkboxes to select or deselect. A checkmark will appear by selected readiness levels.
5. Double-click on the children you wish to include in your report in the box labeled **Class Roster**. The selected children’s names will move to the box labeled **Child Selections**. If you change your mind, simply double-click on a child’s name in the Child Selection box and it will then move back to the **Class Roster** box. If you wish to include all the children, click on **Select All** button.
6. Click on the **Run Report** button.
7. To print the report, click on the **Print Icon** on top of the report itself.
8. To exit the *Print report* screen, click on All Reports under Reports. You will be taken back to the **Welcome to the Galileo Reporter** screen.

<b>Subject:</b> Home to EHS Transition Procedure	<b>Regulation References:</b> HS Performance Standards 1304.41c(1) and 1304.41(c)(2)
<b>Service Area:</b> Early Heads Start, Education, Family Partnership	<b>Section:</b> Education

**Policy:**

The program will ensure that all newly enrolled Early Head Start families are offered opportunity to transition into Early Head Start in a manner that is supportive of the child’s social emotional wellbeing and as stress free as possible for all persons involved.

**Procedures:**

1. During the initial meeting with a new parent, the EHS Family Worker speaks with the parent about the importance of transition. The Family Worker completes the Transition in Planning Form. The Planning form includes the child’s name and date of birth, parent’s name, Family Worker’s name, EHS caregiver’s name, room number and details other transition related topics discussed. At this time, the Family Worker will introduce

the Caregiver to the family. Family Worker, Caregiver, and parent will set date(s) for family to visit the center and classroom and Home Visit. Parents will receive Please Meet My Child to complete and Getting to Know Your New Teacher and School to learn about the Caregiver. If the child is attending a private care, the EHS Family Worker will ask parent to sign a consent form for sharing information. The parent will also be given Teacher to Teacher: Sending and Receiving Child Transition Information to give to the private care Caregiver.

2. Family Worker makes and gives copies of transition forms with all information to the Caregiver and the Curriculum Specialist.
3. The Curriculum Specialist arranges for the classroom coverage for the Home Visit.
4. Caregiver and EHS Family Worker conducts first Home Visit. During this Home Visit, Caregiver completes the Early Head Start Transition in Home Visit Form, discusses Please Meet My Child and Family Questionnaire; EHS Family Worker discusses any concerns found in the child’s record; asks parent about concerns and expectations for their child in the center and Caregiver interacts with the child.
5. Family brings child to the center for a classroom visit. During the classroom visit, the child participates in the daily routine within their comfort level while the parent remains in the room.

<p><b>Subject:</b> Early Head Start to Head Start Transition In Procedure</p>	<p><b>Regulation References:</b> HS Performance Standards 1304.41c(1) and 1304.41(c)(2)</p>
<p><b>Service Area:</b> Early Heads Start, Education, Family Partnership</p>	<p><b>Section:</b> Education</p>

**Policy:**

Le Jardin Community Center will ensure that children and families enrolled in the program participate in a transition from the Early Head Start program to the Head Start program into a developmentally preschool setting.

**Procedures:**

1. Nine (9) months prior to the child’s 3<sup>rd</sup> birthday or upon enrollment if the child enrolls after this date, the Earl Head Start Social Worker holds a series of conversations with the parent in order to identify the top three (3) choices for transitioning. At this time the EHS Family Worker gives the parents a list of all the Head Start centers to choose

from. EHS Family Worker will inform parents of the HS sites at which timely transition may be most available.

2. Seven (7) months prior to the child's 3<sup>rd</sup> birthday or upon enrollment if the child enrolls after this date, the EHS Family Worker ensures a case review is set up and held with the HS Family Worker and Caregivers and all other service area staff as involved with the specific case. The purpose of this meeting is to ensure that all staff is on the same page in regards to the child and family's progress and readiness to transition. At the time of this meeting, the staff determines the most plausible site for transition based on the three (3) parent choices and invites the staff from that center to the six (6) month meeting.
3. Six (6) months prior to the child's 3<sup>rd</sup> birthday or upon enrollment if the child enrolls after this date, the initial Individual Transition Planning Meeting takes place. For children enrolled in the program, this meeting should include the EHS Family Worker, HS Family Worker, Caregiver, HS Teacher or Assistant, Curriculum Specialist, parent and service area staff as appropriate.
  - a) To introduce Head Start staff to the parent
  - b) To review progress the parent and child have made while enrolled in EHS.
  - c) To introduce the parent to the HS program.
  - d) To establish an Individual Transition Plan including time line. Action steps and persons responsible for each step and follow-up meeting and visit schedule.
4. The Curriculum Specialist will work with the EHS primary Caregiver and Head Start teaching team to establish the Head Start classroom visit schedule and the classroom(s) to be visited. Classroom visits will be rotated to include a minimum of four (4) Head Start classroom visits. This schedule will be documented on the visit calendar. Visits will begin the week after the Individual Transition Planning meeting has taken place. The initial visit will be for a period of fifteen (15) minutes. The child will be accompanied by the Primary Caregiver for the duration of the visit. The visit will take place during Work Time in the Head Start classroom so the child is allowed to freely explore the Head Start classroom. Prior to the visit the Primary Caregiver will hold a one-on-one conversation with the child to describe what to expect on the visit. Once a week for the three (3) months following the Individual Transition Planning meeting, the child will visit the Head Start classroom accompanied by the Primary Caregiver for approximately 15-30 minutes. These visits will take place at different times throughout the morning so the child can be introduced to each piece of the Head Start daily routine. All classroom visits will be documented on the Transition Classroom Visit Log.
5. Three (3) months prior to the child's third birthday, a follow-up Individual Transition Planning meeting will take place. This meeting should include the EHS Family Worker, Head Start Family Worker, parent and any other person the staff or parent feel are needed. The purpose of this meeting is:
  - A. To review progress made along with timelines and action steps

- B. To review action still needing to be taken
  - C. To revise (as needed) actions and persons responsible
  - D. To review the status of the transition visits.
6. Three (3) months prior to the child’s third birthday, the child will visit the Head Start classroom for the first time on their own. This visit will be for a period of 15 minutes. If the child shows signs of distress, the primary Caregiver will allow the child to return to the EHS classroom immediately and another attempt will be made within one week. Prior to the visit, the primary Caregiver will hold a one-on-one conversation with the child to describe what expect on the visit. For the three months prior to the child’s third birthday, the child will visit the Head Start classroom once a week on their own as long as they are adjusting to the environment. These visits will gradually build in length beginning at fifteen (15) minutes and building to a couple of hours. This child will eat breakfast and nap in their EHS classroom. Lunch can be served in either classroom depending on the situation at the center. Transition classroom visits will continue until the child is officially transition and enrolled into an available preschool slot.
  7. One (1) month prior to the child’s third birthday, the final meeting will take place between the EHS Family Worker, Head Start Family Worker and Parent. The purpose of this meeting will be to ensure the re-verification of income and the updated medical documents. If the family is found to be over income, the Head Start Family Worker will forward the justification packet to the ERSEA Coordinator for approval.
  8. The Head Start Family Worker will call the Early Head Start Family Worker and Parent to inform them the slot has become available. The child will officially transition into the available slot within two (2) days of notification.
  9. The last day for transition Early Head Start children into a preschool slot is February 29<sup>th</sup> of each year.

<b>Subject:</b> Transition Out of Head Start	<b>Regulation References:</b> HS Performance Standards 1304.41
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The program will establish and maintain procedures to support successful transition for enrolled children and families from previous childcare centers into Early Head Start or Head Start and from Head Start into elementary school.

**Procedures:**

1. The Curriculum Specialist and Education Specialist will ensure that the Transition Tips are provided to teaching teams, Family Workers and parents in August of each year.
2. Transition trips to area elementary schools should occur at least once a year. The intent of the visit(s) is to provide parents and children with a visual kindergarten experience. Education Staff will plan the field trip to the elementary school to take a tour of the building, visit a kindergarten classroom, participate in kindergarten instruction and other related activities.
3. During the month of May parents of children transitioning to public school will be notified by the Family Worker and center staff to have physicals and or immunization updated for entrance into public school. Parents will be responsible for providing all required information when registering for kindergarten.
4. During the last Head Start Home Visit, the teacher or teacher assistant will discuss the child’s needs and abilities. In addition, parents will be encouraged observing their child in the classroom, joining parent organizations such as the PTA and volunteering in the public school to reinforce classroom learning at home and maintain an ongoing communication with school staff through meetings or telephone calls.
5. During the Parent Committee meetings each month, families will receive a Transition Tip on preparing their child for elementary school The following information may be in the transition tips:
  - Strategies for success
  - FCAT-Florida Comprehensive Achievement Test
  - The school PTA/PTO
  - Parent Involvement in the elementary school
  - How parents can help their child at home
  - Special services available in the elementary school
  - How the child will be enrolled in the elementary school
  - Differences between elementary school classrooms and Head Start classrooms

<b>Subject:</b> Toilet Training	<b>Regulation References:</b> HS Performance Standards 1304.21(a)(i)(v)
<b>Service Area:</b> Educational and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**



The program Head Start/Early Head Start Teachers, in conjunction with parents, must assist children’s efforts to independently use toileting facilities.

**Procedures:**

Teachers will work with parents in an effort to toilet train a child by:

- Setting a regular schedule of taking the child to the bathroom
- Encourage child to recognize and express the need to use the toilet
- Encouraging the child to use a child-sized toilet
- Pulling up/down clothing
- Wiping with toilet tissue
- Changing soiled clothing
- Positively reinforcing all efforts regardless of the outcomes

<p><b>Subject:</b> Early Head Start Experience Plan</p>	<p><b>Regulation References:</b> HS Performance Standards 1304.21((b)(1), 1304.21(b)(2) and 1304.21(b)(3)</p>
<p><b>Service Area:</b> Educational and Early Childhood Development</p>	<p><b>Section:</b> Education Services</p>

**Policy:**

The Program will ensure child planning forms are developed weekly and experience plans are developed daily by each primary Caregiver.

**Procedures:**

1. Each Primary Caregiver will complete the Individual Child Planning form for the four (4) children in their Primary Caregiving group.
2. The Individual Planning Form will be completed weekly on Friday for the following week.
3. Current Observations are recorded for each child. Current Observations is the place to record recent important facts to consider when planning experiences for a child. Current Observations include things like what experiences or materials did the child enjoy recently, new or emerging skills demonstrated by the child and/or changes in the child’s life which may affect development/interests i.e.: moving, new family member, coming back from illness/vacation, etc.
4. Galileo Focus is the place where the Primary Caregiver plans for the coming week’s development focus or observations. Primary Caregivers should list a minimum of two (2) developmental domains per child per week. These developmental domains can differ from child to child depending on each child’s current developmental focus,

interests, or strengths/weaknesses. All developmental domains must be covered a minimum of twice per month for every child.

5. The Plan spaces are used to document how Primary Caregiver will use the Current Observations and Galileo Focus in the Group Planning process for the coming week.
6. Each Primary Caregiver will complete the Daily Experience Plans for the four (4) children in their Primary Caregiving group.
7. Planning will be completed daily.
8. Target Goals/Objectives comes from the Creative Curriculum Individualizing Goals and Objectives for Infants and Toddlers.
9. A minimum of two (2) Changes to the Environment will be planned each week. Changes to the Environment will include materials rotated or added, supplemental materials, brought in or changes to the physical arrangement of the room based on children’s interest or developmental readiness as noted on the Individual Child Planning Form.
10. Changes to Routines and Schedule will include adaptations made to the daily routine based on observations of children noted on the Individual Child Planning Form or special event.
11. A minimum of two (2) indoor and two (2) outdoor Opportunities to explore and discover will be planned daily. The activities will be planned based on Caregiver observation of children’s interest and developmental skills from the Galileo assessment as noted on the Individual Child Planning Form.
12. Each week a minimum of one (1) activity will be planned for: mental health, health, nutrition and safety.
13. At least one (1) family involvement note will be included each week.
14. Caregiver Notes will include ideas for the following week, supplies needed, evaluation of activities, etc.

<p><b>Subject:</b> Communication Skill Development for Infant and Toddlers</p>	<p><b>Regulation References:</b> HS Performance Standards 1304.21(b)(2)(ii)</p>
<p><b>Service Area:</b> Early Head Start, Education</p>	<p><b>Section:</b> Education Services</p>

**Policy:**

The Program will ensure that infants and toddlers are provided daily opportunities to practice emerging communication skills, interact with others and express themselves in both verbal and nonverbal ways.

**Procedures:**

1. Caregivers conduct ongoing developmental observations and assessments of each child in their primary caregiving group. This informs the caregiver to the individual developmental level of each child in the area of language and literacy development.
2. Primary Caregivers use these observations to plan experience and opportunities for each child as documented in the Experience Plan.
3. Caregivers engage in one-on-one conversations with each child at least once a day.
4. Caregivers engage all children in at least one (1) formal book experience every day. This book experience is based on the developmental level and interest of the child. These daily book experiences can range from pointing to a couple of pictures to reading/retelling of a story with a small group of children.
5. Caregivers respond to all attempts to communicate from children including nonverbal cues, cries, babbling, gestures, talking, etc.
6. Caregivers use descriptive language during routines such as diapering and feeding.
7. Caregivers provide opportunities for children to interact with each other on a daily basis.
8. Caregivers engage children in having fun with language daily such as songs, stories, poems, finger plays, and nursery rhymes.

<b>Subject:</b> Fine Motor Skill Development for Infants and Toddlers	<b>Regulation References:</b> HS Performance Standards 1304.21(b)(3)(ii)
<b>Service Area:</b> Early Head Start, Education	<b>Section:</b> Education Services

**Policy:**

The Program will ensure that toddlers are given opportunities for fine motor development that encourage the control and coordination of small muscles.

**Procedures:**

1. Caregivers conduct ongoing developmental observations and assessments of each child in their primary caregiving group. This informs the caregiver to the individual developmental level of each child in the area of fine motor development.
2. Primary Caregivers use these observations to plan experiences and opportunities for each child as documented in the Experience Plan. These observations also drive changes to the environment such as rotation of materials and introduction of new, more challenging materials.
3. Experiences and materials are provided that involve grasping, dropping, pulling, pushing, throwing, touching, and mouthing.
4. Experiences and materials are provided which encourage hand-eye coordination, such as fitting objects into a hole in a box and self-feeding.

<b>Subject:</b> Gross Motor Skill Development for Infants and Toddlers.	<b>REGULATIOM REFERENCE:</b> Head Start Performance Standard 1034.21 (b)(3)(i).
<b>Service Areas:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**POLICY:**

The Program will ensure that infants and toddlers are given opportunities for physical skills including gross motor skills.

**PROCEDURES:**

1. Caregivers conduct on-going developmental observations and assessments of each child in their primary care giving group. This informs the caregiver to the individual developmental level of each child in the area of gross motor development.

2. Primary caregivers use these observations to plan experiences and opportunities for each child as documented in the Experience Plan.
3. Caregivers provide safe, open indoor and outdoor spaces for children to practice emerging gross motor skills. Caregivers maintain close supervision to prevent accidents and injuries without interfering with children's need to practice emerging skills.
4. Experiences and materials are provided which encourage grasping, pulling, pushing, rolling, crawling, walking, throwing, jumping, and climbing.

<b>Subject:</b> Sanitation of Toys	<b>Regulation References:</b> HS Performance Standards 1304.53(b)(2)
<b>Service Area:</b> Early Head Start/Head Start, Education	<b>Section:</b> Education Services

**Policy:**

The program will ensure that toys handled by Early Head Start toddlers and Head Start preschoolers are cleaned and sanitized regularly to keep the spread of infectious disease to a minimum.

**Procedures:**

1. Early Head Start classrooms must have at least one (1) "Mouthed Toy Basket." This mouthed toy basket must clearly be labeled and conveniently located in the play area.
2. As an Early Head Start teacher/caregiver observes a child put a toy into their mouth and once the child is finished manipulating the object, it is immediately removed from the play environment and placed in the Mouthed Toy Basket. This is also true if the child should happen to drool, cough or sneeze on the object. In the case that a Head Start child places a toy in their mouth and or coughs or sneezes on that object, it must be disinfected before returning to the play area.
3. Twice a day (during rest time and at the end of the day) the caregivers wash and sanitize the items in the Mouthed Toy Basket.
4. The materials that are mouthed, sneezed or coughed on are first washed with soap and water.

5. The toys must then be sanitized in bleach and water solution. The bleach to water ratio is one tablespoon bleach to one gallon water. The toys or material are then allowed to air dry.
6. After the toys are completely dry, they are rinsed with water, dried, and returned to the play areas.

<b>Subject:</b> Relationship Development	<b>Regulation References:</b> HS Performance Standards 1304.21(b)(1)(i)
<b>Service Area:</b> Early Head Start, Education	<b>Section:</b> Education Services

**Policy:**

The Program will ensure that toddlers develop secure relationships through practices of primary caregiving and continuity of care.

**Procedures:**

1. At enrollment, each toddler is assigned to a Primary Caregiver. When considering assignment of the Primary Caregiver, cultural and linguistic continuity will be considered in addition to Caregiver and child temperament goodness of fit (concept of matching temperament with learning styles).
2. Throughout the child’s enrollment in Early Head Start the Primary Caregiver will be responsible for meeting the physical, social emotional, and cognitive needs of the child.
3. The Primary Caregiver will complete all required documentation for the children assigned to her/his primary caregiving group including the Infant/Toddler Daily Report, Child Information Forms, Experience Plans, Screenings, Assessments, Parent Conferences, Home Visits, Transition Plans, and as needed, the Individual Family Support Plan (IFSP).
4. The Program will practice continuity of care. Toddlers will remain in the care of their Primary Caregiver for the entire duration of their enrollment in Early Head Start.
5. Should a Caregiver be moved to another center or resign from the program, a period of transition (optimally two (2) weeks) should take place in which the new Caregiver is introduced to the children gradually by the Primary Caregiver.

<b>Subject:</b> Social Emotional Development for Infants and Toddlers	<b>Regulation References:</b> HS Performance Standards 1304.21(b)(2)(i)
<b>Service Area:</b> Early Head Start, Education	<b>Section:</b> Education Services

**Policy:**

The Program will provide an environment which encourages the development of self-awareness, autonomy, and self-expression.

**Procedures:**

1. Caregivers conduct ongoing developmental observations and assessments of each child in their primary caregiving group. This informs the caregiver to the individual developmental level of each child in the area of social emotional development.
2. Primary Caregivers use these observations to plan experiences and opportunities for each child as documented in the Experience Plan.
3. Caregivers greet every child and family member by their name.
4. Caregivers speak with children in their home language to the extent possible.
5. Caregivers respond with interest and delight to all attempts to communicate from children including nonverbal cues, cries, babbling, gestures, talking, etc.
6. Photographs of children and their families are prominently displayed and available to children through the days and environment.
7. Caregivers provide care which is sensitive to the needs of the child and consistent with the child’s temperament and interactional style/preference.

<b>Subject:</b> Head Start Curriculum Lesson Plans	<b>Regulation References:</b> HS Performance Standards 1304.21(3)(ii), 1304.21 (6)(iii), 1304.21(c)(iii), 1304.21 (c)(2), and 1304.20(f)(1)
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The Program will ensure that each classroom develops a daily lesson plan that provides for consistent daily routine/schedule and implement activities that support children's skills through experimentation, inquiry, observation, and play. All Teachers are responsible for writing daily lesson plans and documenting all required activities. Lesson plans are reviewed bi-weekly by the Curriculum Specialist and randomly by the Education Specialist. The Curriculum Specialist reviews the plans to ensure activities are appropriate and all requirements are completed. The curriculum Specialist will also compare the lesson plan activities to random Anecdotal Notes and Galileo.

**Procedures:**

Planning must be completed daily based on the teaching team's observations. It includes a daily lesson plan, anecdotal notes and educational resources. An informal planning may occur throughout the day based on observations of children's daily activities, needs and interest. A formal planning will occur during the day when both Teacher and Teacher Assistant come together for a minimum of 30 minutes to discuss and write previous observations based on the children's needs and interest. This process should take place once the children are resting, before arrival or after departure. Teachers demonstrate their creativity in planning for young children along with input from the Teacher Assistant. In addition to writing the lesson plans, preparation of material must be accomplished during team planning for the next day so that all material is ready to be used. Children should not have to wait to begin.

**Resources:**

Effective teaching and planning consists of utilizing required and preferred resources such as:

- High Scope Key Developmental Indicators (KDI's) and the High Scope Preschool Curriculum set located in each center teacher resource area
- Educating Young Children (Hohmann and Weikart)
- ECHOS-Early Childhood Hands On Science
- S.T.E.P. located on the Le Jardin website
- Other developmental appropriate practices

**Lesson Plan Implementation**

Once the Teaching Team has planned appropriate goals/objectives (key experiences) and activities, implementation will be more meaningful to the team and the children. It is the responsibility of the team to determine what their role will be in implementing their plan. Key points to keep in mind during the implementation of the plan:

- Organize the environment and routines for active learning
- Provide each child with materials or objects to manipulate
- Observe each of the children's responses and interactions
- Interact with the children



- Plan for each child on the basis of his/her needs and interest
- Plan activities that elicit questions and move children from concrete to abstract level of thinking.
- Voluntary Prekindergarten standards affiliated with the Head Start outcomes.

The following information should be included;

- Keys experiences or goal/objectives (health and safety, nutrition and social and cultural diversity).
- Activity
- The five ingredients of active learning
  - ✓ Materials
  - ✓ Manipulation
  - ✓ Choice
  - ✓ Language
  - ✓ Adult Support
- Evaluation, team notes and review of daily activities

With emphasis on observing children, it will be the role of the Teaching Team to pick up on cues from the children they closely observe as children are working and playing. This careful observation enables the team to discover areas of curiosity and plan relevant follow-up activities.

Following the format of the Galileo anecdotal notes, Teaching Teams should consider these questions:

- What did the child say or do?
- When and where did this happen?
- How did you respond?
- What did you do to individualize?
- What will be planned next?
- Are there any suggestions for parents?

Supporting and extending children's knowledge is the primary responsibility charged to the Teaching Team in our program. Children are continually seeking information and attempting to organize into some kind of framework. The many ways in which we might meet these responsibilities include:

- Learning how a preschooler views his world and attempting to use knowledge when interacting or planning for a child.
- Following a consistent daily routine and routine schedule.
- Taking time to answer children's questions and answering the questions in manner and language understandable to the children (clear, direct, concise and to the point).
- Building upon children's interest.

Individualization in the lesson plan:

In the Galileo/IEP Observation area of the lesson plan, list the name of children being observed for the next day and the segment of the day when the activity will take place. Individualization will be done throughout the day and documented in Galileo.

<b>Subject:</b> Dual Language Learner (DLL) Cultural and Linguistic Responsiveness	<b>Regulation References:</b> 1304.21(1)(i)(iii)
<b>Service Area:</b> Head Start, Early Head Start Child Development and Education	<b>Section:</b> Child Development and Education

**Policy:**

Le Jardin Community Center Teaching Staff will provide developmentally and linguistically appropriate rates of development and languages as well as a classroom environment that respects culture and languages.

**Procedures:**

**Staffing**

1. Every effort will be made to have a Teaching Staff assigned to each classroom that is fluent in the home language of the children served in that room.
2. When possible Teaching Staff room assignments will be taken into consideration in reference to the child's home language.
3. If a child speaks a language other than the languages spoken by the Teaching Staff, an effort will be made for an adult to be available on site who speaks the child's home language. This adult will engage the child in an interaction daily to the extent possible.

**Professional Development**

4. Teaching Staff will be trained in the importance of supporting the home language and culture.
5. Culture and its effect on the topic will be included in all professional development training/workshops.
6. Teaching Staff will utilize a variety of resources in both the home language and English.

**Environments/Materials**

7. Books for children will be available in the child's home language and reflective of their culture. If published books are unavailable, the Teaching Staff will work with the family to create them.
8. Words and environmental print will be displayed in the home language as well as in English throughout the classroom. Books, posters, pictures, and materials will reflect the child's home culture and language and be displayed and integrated throughout the classroom.
9. Classroom environments will be welcoming to every child and reflect his or her culture and identity.
10. Photographs will be displayed in the classrooms of the enrolled children and their families.
11. Teaching Staff will provide culturally relevant music.

### **Daily Routine**

12. Daily routines will be culturally consistent and carried out in the child's home language as much as possible.
13. Children will be exposed to English through songs and stories, age appropriate literature, limited labeling and other environmental print.
14. Classrooms will have many rich, meaningful opportunities for children to engage in conversations.
15. Teaching Staff will use expressive, verbal and nonverbal communication such as gestures, pointing, voice tone, and facial expressions when speaking to a child in a language other than their home language.
16. Developmental screenings will be administered in the child's home language and in partnership with the family.

### **Family Involvement**

17. Teaching Staff may solicit stories, music, and songs from the family to incorporate into the classroom activities. Families will be invited to share language based activities in their home language in the classroom.
18. Teaching Staff will involve families in classroom activities.

19. Teaching Staff will learn vocabulary from parents for common objects and routines.
20. Teaching Staff will learn correct pronunciations of family names from the family and greet each family in their home language daily.

<b>Subject:</b> Home Visit/Parent Contact	<b>Regulation References:</b> HS Performance Standards 1304.21(a)(ii) and 1304.21(a)(2)(iii)
<b>Service Area:</b> Education and Early Childhood Development	<b>Section:</b> Education Services

**Policy:**

The Program will ensure that two (2) formal family contact opportunities are made available to parents each school year to meet the child’s Teacher and Teacher Assistant. Parent Conferences will be conducted on an as needed basis with at least four (4) completed by the end of each school year.

**Procedures:**

The Teaching Staff will conduct two (2) Home Visits a year. The visits will take place during the month of October, and May for Head Start and November, February and June for Early Head Start. When a Family Worker accompanies Teaching Staff on a Home Visit, the input of all staff will be included on the Home Visit Report.

**1. Request for Home Visit**

- a. The Teacher will send a completed Home Visit Request to the family of each child two (2) weeks before the projected home visit. When the copy is returned by the parent, the Teacher will plan or reschedule the visit accordingly.
- b. If the Home Visit Request is not returned within one (1) week, the Teacher will send a written reminder to the parent and will telephone or give a verbal reminder to the parent on site. This written and verbal reminder must occur every day before the suggested date, the Teacher will inform the Family Worker. The Teacher and family Worker must work with the family to ensure that a Home Visit is completed and documented.
- c. The day before the Home Visit is to take place, the Teacher will give a verbal and/or written reminder to the parent of the impending visit.
- d. If a parent refuses to meet in the home or for special circumstances, then an alternative arrangement must be made with the approval by the Education Specialist or Curriculum Specialist.

## **2. Documentation and Focus for Home Visits**

- a. First Home Visits: Teacher or Teacher Assistant will print all domains, all indicators, and all Readiness Planning Levels from Galileo for the appropriate developmental scale for each child. For a child with an IEP or IFSP, the Notes will be printed and copied. The Teacher or Teacher Assistant will take the Galileo print outs, any portfolio documentation, and the Home Visit report on the home visit. The first Home Visit will focus on educational and the curriculum, on social issues (DECA), such as separation, transition, and on any other topics of interest to the Parent.
- b. Second Home Visit: For Head Start, for each child who will transition to Kindergarten, the Teacher and Teacher Assistant will print from Galileo the 'Learned' indicators for all eleven domains. For each child who is expected to return to Head Start the next program year, the Teacher and Teacher Assistant will print the 'Learned' and 'Ready Now' planning levels for all eleven domain. For a child with an IEP or IFSP, the 'Notes' will be printed. The Teacher and Teacher Assistant will take the Galileo print outs, any portfolio documentation, and the Home Visit Report on the home visit. The third Home Visit will focus on transition and on the growth that both the parent and the Teacher or Teacher Assistant have observed during the year. Early Head Start will discuss the greatest growths and child's most potential concern. Children with an IFSP, notes will be printed and shared with the parent(s).
- c. For children that enter Head Start during the program year, the first Home Visit will be conducted by the Teacher or Teacher Assistant in the framework of the 'first visit'.

## **3. Home Visitation Report Completion**

The Home Visitation Report must be written in the language chosen by the parent. Of the language is other than English, the Home Visit Report must be written in that language and translated in writing to English. Sections 1 and 2 may be completed by the Teacher or Teacher Assistant before the Home Visit. The Home Learning Activities Suggested by Staff are to be individualized as per the progress each child is making in the developmental areas. While on the home visit, the Teacher or Teacher Assistant will complete the form. The parent and staff members present at the visit will sign at the bottom. The Staff will give the Parent the original and a copy filed in the child's file.

## **4. Home Visitation Report Documentation and Filing**

- a. After the completion of the Home Visit, the Teacher and Teacher Assistant will give all Home Visitation Reports to the Curriculum Specialist. The Curriculum Specialist will review the Reports and complete the Home Visit Report. The Curriculum Specialist will share the Report with the Teaching Team. The original Home Visit Report will be filed in the Classroom Team Folder and one copy will be submitted to the Education Specialist for the monthly report.
- b. The Curriculum Specialist will request the Parent/Teacher Home Visit Log from the Teacher for each class. The Curriculum Specialist will write in the date of each Home Visit for each child on the Log. The Education Specialist will designate a person to file the appropriate copies of the Home Visit Request, the Home Visit Report, and the

supporting documentation in each child’s file. For those children with an IEP or IFSP, the ‘Notes’ will be filed in the children’s file with the Home Visit documents. Documents must be filed in the child's file within one (1) week after the Curriculum Specialist returns the documents.

<b>Subject:</b> Dental Hygiene	<b>Head Start Performance Standard:</b> 1304.21(a)(ii) and 1304.21(a)(2)(iii)
<b>Service Areas:</b> Child Nutrition, Child Development, Health	<b>Section:</b> Education Services, Nutrition Services and Health

**Policy:**

Le Jardin will ensure that the promotion of daily dental hygiene is conducted once per day.

**Procedures:**

1. Head Start children will brush their teeth once per day.
2. Early Head Start Caregivers will brush their children’s teeth/gums at least once per day.
3. An individual tooth brush will be assigned to each child and their name placed on the tooth brush.
4. The child will select and return their toothbrush items back to the toothbrush holder.
5. The classroom schedule will reflect tooth brushing.
6. A picture schedule will be available by each sink to help children follow tooth brushing procedures.
7. Tooth brushes will be stored upright and allowed to air dry.
8. A screen mesh will be used to cover the toothbrushes.

<b>Subject:</b> Diapering	<b>Head Start Performance Standard:</b> 1304.22(e)(5)
<b>Service Areas:</b> Child Health and Safety	<b>Section:</b> Health Services

**Policy:**

Le Jardin will maintain a clean and sanitized diapering area. The Diapering Procedures will be posted near each diapering area. Caregivers will follow the diapering procedures to maintain health and safety risk.

**Procedures:**

1. Diapering supplies will be maintained within reach from the diapering area. Extra storage of diapers, wipes and changing paper will be maintained by the Education Specialist.
2. The diapering surface will be covered with disposable changing paper and changed after each use.
3. Younger children will be placed on the changing table surface or older children will be helped to step up and climb onto the changing table.
4. Caregiver will put on disposable gloves.
5. Remove the child's clothing.
6. When removing the soiled diaper, fold the wet or soiled diaper inward and securely close the diaper with the tape or tabs.
7. Dispose of soiled diaper in a diaper disposable pal or foot operated designated trash can
8. Wipe child moving from front to back, clean the child's bottom with a disposable wipe(s). Throw the wipes in a diaper disposable pal or foot operated trash can.
9. Take off gloves and dispose of.
10. Put on a clean diaper and redress the child.

11. Wash child’s hands with soap and running water and return child to play area.
12. Remove the paper and clean and disinfect diapering area with bleach and water solution.
13. Wash hands with soap and running water.

<b>Subject:</b> Hand Washing	<b>Head Start Performance Standard:</b> 1304.22(e)(1) and (2)
<b>Service Areas:</b> Child Health and Safety	<b>Section:</b> Health Services

**Policy:**

The Program will ensure that staff and volunteers implement hand washing procedures to reduce the spread of infectious germs.

**Procedures:**

**All Le Jardin Staff, volunteers and children will follow the hand washing procedures.**

- Wash hands with running water for twenty seconds.
- Lather both hands well.
- Cleanse around fingers, top and bottom of both hands.
- Rinse hands.
- Dry hands with a paper towel.
- Use the paper towel to turn off the faucet.

**Le Jardin Staff and volunteers will wash their hands at the following times:**

- Upon arrival at the center.
- After using the bathroom.
- After assisting a child with toileting or handling of soiled items.
- After changing a diaper or pull-up.
- After wiping or blowing their nose or assisting a child wipe or blow their nose.
- After handling or caring for a sick child.



- Before preparing or serving a meal, cooking activity or snack time.
- Before and after eating and drinking.
- After handling animals.
- Before dispensing of any type of medication.
- When performing first aid (gloves required).
- After touching a trash can.

**Children will wash their hands at the following times:**

- Upon arrival at the center
- After using the bathroom.
- After wiping or blowing their nose
- After changing a diaper or pull-up
- After handling animals.
- After touching soiled items and clothing.
- Before and after cooking activities or other experiences with food.
- After outdoor play activities.
- Before and after using water/sand play.
- After touching a trash can.

Subject: Education Field Trips	
Service Area: Education and Early Childhood Development	Regulation References: HS Performance Standards 1304.21

**Policy:** Field trips provided to Head Start children will support classroom educational experiences and the current curriculum.

**Procedures:** The Education Specialist and Curriculum Specialist will implement a field trip that relates to the teaching team’s lessons and adhere to procedures to ensure the success and safety of the excursion.

**Planning for the Field Trip:**

1. The Executive Director will consider and approve a field trip.

2. An electronic requisition requesting the cost of the field trip and transportation will be necessary prior to approval.
3. Education staff will make the appropriate reservations with the approved vendor and CAHSD Transportation unit. The bus request will be sent to CAHSD.
4. Teachers will inform parents of the upcoming field trip by newsletter, note home, parent meetings and or Hello Families.
5. It is important to have a high adult child ratio when visiting a place that has a large amount of people, near water, areas that are remote. A minimum of four (4) adults (2 teaching staff and 2 volunteers/parents) will accompany a classroom of twenty (20) children on any outings including nearby trips.
6. Children will wear their school uniform along with an identification tag consisting of “Le Jardin Community Center” as well as the address and phone number(s). Tags may not be worn around the neck.
7. If there are children that require one-to-one monitoring or attention, teachers must make arrangements for an additional adult to accompany the child on the field trip.
8. Emergency consents forms and a first aid kit will accompany the teachers.
9. Toileting: All Le Jardin staff will always accompany children into the restrooms during a field trip.
10. Siblings are not permitted to ride the bus on field trips. Those children attending the field trip with the parent or guardian, are solely responsible for that child(ren). A Le Jardin child WILL NOT ride in a personal vehicle.

**Teacher Responsibilities:**

1. Teachers will prepare children for the trip by conducting a pre and post activity related to the field trip.
2. Teachers will conduct bus and pedestrian safety prior to the field trip and document in the lesson plan as a safety activity.
3. Classroom discussion will take place to answer questions, prepare children for the trip and review the rules. Teachers can include pictures, props, books and information from the field trip web site.
4. Teachers will return to school and follow up with a post activity on the next school day which can include: thank you cards/notes, graphs, charts, dictation of their experience, pictures, a vocabulary wall, etc.
5. Those parents and adults who accompany the class and teachers on the field trip must also participate in bus and pedestrian safety. Teachers must discuss bus rules and field trip safety rules.
6. Children will be counted prior to entering the bus, leaving the bus, continuously while at the field trip location. The bus checklist will be turned into the Curriculum Specialist and

MUST include staff and bus driver signatures, check marks next to each child's name prior to entering and exiting the bus.

# Nutrition

<b>Subject:</b> Child Care Food Program Meal Count and Participation Forms	<b>Head Start Performance Standard:</b> 1304.23(b)(1)(i)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

## **POLICY:**

Le Jardin will ensure accurate meal counts and documentation for the Child Care Food Programs.

## **PROCEDURE:**

1. Meal counts will be taken at the point of service by the teaching staff. The teacher will manually record the meal count in a meal count form within one (1) hour from the time breakfast, lunch, and afternoon snack is served.
2. The teaching staff transfer the manually information in to the ChildPlus within the hour.

<b>Subject:</b> Receipt and Storage of Food	<b>Head Start Performance Standard:</b> N/A
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

## **POLICY:**

The Program will ensure that food is delivered as ordered and wholesome. It will also prevent food borne illness and food contamination. The cook-aid staff will receive and store all food in a safe and sanitary manner.

## **PROCEDURE:**

### **Food Delivery**

1. All food will be delivered by a food service vendor. Upon arrival the designated staff will inspect that meals delivered are against the cycle menu and center name to ensure the food delivered is correct.
2. The designated staff will also check that the food contained is as indicated on the label and has a good appearance (not burned, greasy, or dried out).
3. The designated staff will verify that the total number of containers and number are to be the same as listed on the label.
4. Upon arrival the designated staff will check for temperature to all cold and hot foods. It is recorded on the delivery slip. If temperatures on the hot food is below 140° degrees F or cold food above 41° degrees F the staff notifies the Nutrition Manager.
5. Designated staff will document any missing food, inadequate amount/portion, or unacceptable food on the delivery slip. It will be signed and returned to the vendor. The signature will indicate that items were delivered as ordered or as documented by you.
6. No one except the Nutrition Manager is to call the caterer; if a problem occurs the Nutrition Manager will need to be informed for assistance.

**Storage Food**

1. All hot food will maintain in warmers or insulated containers provided by the vendor until ready to be served.
2. All cold food will be placed in the refrigerator.
3. All cans, bagged, and boxed foods will be stored at room temperature six (6) inches above the floor.

<b>Subject:</b> Parent and Community Involvement in Nutrition Planning	<b>Head Start Performance Standard:</b> 1304.23 (b)(4)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will ensure that planning for the Nutrition Services unit will include involvement from the parents and community.

**PROCEDURE:**

1. The parents and community will be involved in the planning of menus, nutrition plan, and the nutrition procedures.
2. The forum for planning will be through the Menu Planning meetings, Policy Council/Committee Planning meetings and community colleagues.
3. Parents will evaluate nutrition services through a survey.

<b>Subject:</b> Nutrition Services On-Going Monitoring	<b>Head Start Performance Standard:</b> 1304.51(i)(2)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

The Program will ensure compliance with the Child Nutrition section of the Head Start Performance Standards and Child Care Food Program regulations.

**PROCEDURE:**

1. The Nutrition consultant in collaboration with staff and families will use any relevant nutrition-related assessment data to identify the nutritional needs of the children.
2. The Nutrition Consultant in collaboration with the Nutrition manager will conduct periodic observations and recordings, as appropriate, of individual children's developmental progress, meal observations, changes in physical appearance (ex. Signs of injury or illness) and emotional and behavioral patterns. In addition, observation from parents and staff should be included.
3. The Nutrition Consultant will use information from screenings, observations medical evaluations, labs, and insight from the child's parents to help staff and parent determine how the program can best respond to each child individual characteristics strengths and needs.
4. Develop nutrition activities for teaching staff and parents.

5. Develop monthly nutrition newsletter for parents.
6. Attend all training related to nutrition services.
7. Prepare all required reports for administration, including Head Start monthly reports and invoices.
8. In collaboration with the Nutrition manager, the Nutrition Consultant may carry out continuous staff training pertaining to the nutrition component.
9. Parents and appropriate community agencies will be involved in planning, implementing, and evaluation the Le Jardin nutritional services.
10. A monthly newsletter and a copy of the monthly nutrition activity are available for parents on the parent bulletin board. Each newsletter offers a different nutritional recipe.
11. Parents receive nutrition education via in-services and/or parent monthly meetings as needed. Topics discussed may include, but not limited to, smart shopping tips, how to stay within your budget, and food demonstrations illustrating nutrition activities, and/or general nutrition.

<b>Subject:</b> Nutrition Assessment and Follow-Up	<b>Head Start Performance Standard:</b> 1304.23(a)(1)(2).1304.20(a)(1)(iii) & (iv)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will provide a Nutrition Consultant who is a registered dietician and licensed in the State of Florida to address the nutritional needs of every child. A nutrition assessment and follow-up services will be provided.

**PROCEDURE:**

1. The Nutrition consultant will complete a nutrition assessment on every child once per calendar year.

2. The Nutrition Consultant will work closely with Family Workers and Nutrition Manager.
3. Nutrition Assessment will be obtained using information provided by the family on the Child Nutrition Assessment form, health records (height, weight, and labs) discussions with physicians, dentists and/or other health specialists.
4. Documentation will be made in the ChildPlus system and a copy will be on file in child's records.
5. Follow-up is performed on those children that fall out of the range for height and weight measurement, hemoglobin and/or as deemed necessary by the Nutrition Consultant.
6. Follow-up will also be conducted on all nutrition related referrals.

<b>Subject:</b> Menu Planning	<b>Head Start Performance Standard:</b> 1304.23(b)(1)(i)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

The menu at Le Jardin Community Center, Inc. follows the meal component requirements under the Child Care Food Program, meets 2/3 RDA's for vitamins and minerals, reflects cultural and ethnic preferences of the population served, broadens the children's food experience and is served family style.

**PROCEDURE:**

1. The basic menu is available for parents to view each week on the parent bulletin boards.
2. Children receive daily Breakfast, Lunch, and Snack.
3. Any child who arrives late to the center, and who arrives prior to lunch service, will be served breakfast at the time of his/her arrival.
4. The Nutrition Consultant will develop a specialized menu for any child with a disability, food allergy and/or cultural preference due to religious reasons. For those children with disability and/or food allergy, a doctor's note/prescription must be obtained and



updated annually from the date of the prescription. The note/prescription must have the doctor’s signature or recognized medical authority and it must be dated. The doctor or recognized medical authority should state what the child is allergic to and what should be substituted. The Nutrition Consultant may need to contact the doctor or recognized medical authority in cases where clarification of a prescription is needed.

5. For those children needing a specialized menu for religious reason, the parent/guardian must provide a letter stating the religious reason and must be updated annually from the date of the letter. It must be signed by the parent/guardian and dated.
6. Parents of children receiving a specialized menu will receive a copy of it either via mail or given to them at our site. Parents are encouraged to call the Nutrition Manager if they have questions and/or concerns.
7. The Nutrition Consultant may need to be involved if the parent is requesting education on the specialized diet.
8. Any type of communication with doctor’s offices or parents will be documented in Child Plus and a copy in child’s record.
9. The quantities and kinds of food served will conform to recommend serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226. Food served will be high in nutrients and low in fat, sugar, and salt.
10. The Nutrition Consultant will attend annual menu planning meetings with Administrative staff and Nutrition Manager to revise the menu as needed. Menu planning happens annually.

<b>Subject:</b> Height and Weight Protocol	<b>Head Start Performance Standard:</b> 1304.20(b)(1)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

The Program will ensure that the height and weight is plotted on all children.

**PROCEDURE:**

1. The Head Start teaching staff is responsible for taking height and weight on all the children in each classroom. Once they complete the measurements and documents on the appropriate form, the form get delivered to the Family Worker at each center. Early Head Start teachers do not take height and weight measurements from the children. The Family Worker inputs the height and weight measurements from the physicals.
2. Head Start Family Worker will document the information in Child Plus of the child’s height, weight for. Early Head Start Family Worker will document head circumference (for infant and toddlers) from the physical examination signed by the Medical Doctor and/or Advanced Registered Nurse Practitioner. The measurements will be plotted as weight for height; weight for age; height for age, basal metabolic index (BMI) for age; and head circumference for age when applicable.
3. Once the information is documented in Child Plus any child within the range percentage, it is the responsibility of the Family Worker to provide referral to the Nutrition Manager. The Nutrition Manager will forward all referrals send by the Family Worker to the Nutrition Consultant.
4. Nutrition Consultant will complete the nutrition assessment and determine if further measurements are needed. If the Nutrition Consultant sees that any additional measurements need to be conducted the nutrition consultant will decide to re-measure or can request re-measurement be done again by the teacher.
5. Nutrition Manager will provide a scale that is balanced and available for use.

<b>Subject:</b> Food as a Punishment	<b>Head Start Performance Standard:</b> 1304.23(c)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

The program ensures that food will not be used as a punishment.

**PROCEDURE:**

1. The children will be allowed to eat their food in the order they prefer.

2. The children are encouraged to taste each food item that is served, but not forced.
3. At no time the staff is to offer a reward to children for tasting or eating any food that is served on their plate.
4. The children are not to be punished by the staff for not eating their food.

<b>Subject:</b> Educating Parents on Nutrition	<b>Head Start Performance Standard:</b> 1304.23(d)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will provide nutrition education to parents to assist individual families.

**PROCEDURE:**

1. A Nutrition Education Activity Calendar will be developed annually. The calendar will contain nutritional food topics to prepare.
2. The Nutrition Manager will schedule nutrition education workshops using the Nutrition Consultant and Cooperative Extension, Expanded Food and Nutrition Education Program staff during parent meetings.
3. Nutrition Consultant will provide at least one (1) nutrition education workshop per center.

<b>Subject:</b> Documentation to support Life-Threatening, Non-life-threatening food allergy, Food Intolerance, or Religious Preference	<b>Head Start Performance Standard:</b> 1304.23(a)(1) 13.04.23 (a)(2)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will ensure that policies and procedures are developed for life threatening and non-life threatening food allergies, food intolerance and the religious preference.

**PROCEDURE:**

1. Food allergies and special diets will be documented on the “*Child Nutrition History*” form.
2. Special diets and food allergies will be written in an electronically referral form to the Nutrition Consultant by the Family Worker. It will be send to Nutrition Manager who reviews and forwards to Nutrition Consultant. The Family Worker must place copy of referral in child’s folder. Once Nutrition Consultant addresses the referrals and returns it to the Nutrition Manager, the Nutrition Manager will remove original referral from folder and replace with completed referral.
3. The Nutrition Consultant will develop a specialized menu for any child with a disability, food allergy and/or cultural preference due to religious reasons. For those children with disabilities and/or food allergies.
4. A doctors’ note/prescription must be obtained and updated annually from the date of the prescription. The note/prescription must have the doctor’s signature or recognized medical authority and must be dated. The doctor or recognized medical authority should state what the child is allergic to and what should be substituted.
5. The Nutrition consultant may need to contact the doctor or recognized medical authority in cases where clarification of a prescription is needed.
6. For children needing a specialized menu for religious reasons, the parent/guardian must provide a letter stating the religious reason and must be updated annually from the date of the letter. It must signed by the parent/guardian and dated.
7. Parents of children receiving a specialized menu will receive a copy of it either via mail or given to them at the center. Parents are encouraged to call the Nutrition Manager if they have question and/or concerns.
8. Nutrition Manager will provide the classroom and kitchen staff with the appropriate forms describing the food allergy and/or other special diet. Copies of the appropriate forms (medical prescriptions) are placed in a manila folder in the child classroom and in the kitchen. The manila folder is labeled “*food allergies*”.
9. The Nutrition Consultant may need to be involved if the parent is requesting education on the specialized diet.

10. Any type of communication with doctor’s office or parents will be documented in Child Plus and a copy of the communication will be placed in the child’s record.

<b>Subject:</b> Communication with Parents Regarding Nutritional Information	<b>Head Start Performance Standard:</b> 1304.23(a)(3)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will ensure daily communication with parents regarding the feeding and voiding pattern of their child through the use of the Infant and Toddler Daily Reports.

**PROCEDURE:**

1. The Early Head Start Caregiver will complete an Infant/Toddler Daily Report to every child under age of one (1) for every day of attendance. The Daily Report will inform parent of child’s mood, feeding, voiding and sleeping patterns from the sign in until they leave the center.
2. The Early Head Start Caregiver will provide to the Early Head Start parent an Infant/Toddler Daily Report Form and another copy is made for the child’s folder which is placed on a weekly basis on top of the most recent Daily Report.

<b>Subject:</b> Children Involvement in Developmentally Appropriate Nutrition Activities	<b>Head Start Performance Standard:</b> 1304.23 ( c ) (7)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services and Education Service

**POLICY:**

Le Jardin will involve children in developmentally appropriate nutritional activities at least twice a month.

**PROCEDURE:**

1. The Nutrition Calendar will be reviewed and updated by the Nutrition Manager and Education Specialist annually.
2. Nutrition activities will be limited to two (2) per class per month.
3. The food for nutritional educational activities will be purchase by an approval CCFP vendor by the Nutrition Manager or Education Specialist.
4. The CCFP approval vendor will be provided with a Nutrition Education Calendar and nutrition activities with the required ingredients.
5. The activity will be documented in the lesson plan and highlighted indicating that it is a nutrition activity.

<b>Subject:</b> Receiving Catered Meals	<b>Head Start Performance Standard:</b> N/A
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will ensure the proper receipt, documentation, and storage of catered meal.

**PROCEDURE:**

1. The vendor will provide documentation on the delivery ticket of the time and temperature of each cold and/or hot food at the time it was removed from the cold storage and/or cooking/heating source.
2. The vendor will then place the food in appropriate insulated food carriers for delivery to the Head Start/EHS Programs sites.
3. IMMEDIATELY upon delivery, the cook-aid will document on the “Time and Temperature Log”, the temperature of each cold and hot food.
4. The food will be stored at the proper warmer containers to maintain the appropriate temperature until served.
5. Cold food delivered at or below 41° Fahrenheit and hot food delivered at or above 140° Fahrenheit will be served within four (4) hours of the delivery time.

6. Any cold food delivered at or above 42° Fahrenheit and hot food delivered at or below 139° Fahrenheit will be not be accepted.
7. Any milk and all leftover will be discarded.

<b>Subject:</b> Bringing Food Into Centers	<b>Head Start Performance Standard:</b> 1304.23(b) (1) and 1304.23 (c) (2) (4)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

Le Jardin will only authorize a CCFP approval vendor to bring food into the Early Head Start and Head Start Centers during the hours of program operation.

**PROCEDURE:**

1. Consistent with the EHS/HS Performance Standards, nutrition services are designed to meet the nutritional needs and feeding requirements of each child. Foods served must be high in nutrients and low in fat, sugar, and salt including the food for children with special dietary needs.
2. Food is not used as punishment or reward. All EHS/HS children and assigned staff eat family style and share the same menu to the extent possible.
3. Medically-based diets or other dietary requirements are accommodated by the program.
4. Cook-aides are trained and monitored to protect the integrity of service delivery, ensure a safe environment, and prevent potential hazardous situations from occurring.
5. Cook-aides are supervised by the Nutrition Manager.

<b>Subject:</b> Child Care Food Program Claims for Reimbursement	<b>Head Start Performance Standard:</b> 1304.23(b)(1)(i)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

To ensure compliance with and implementation of the United States Department of Agriculture (USDA) and the Child Care Food Program (CCFP) procedures and requirements’.

**PROCEDURE:**

1. Family Worker will provide the Nutrition Manager a CCFP roster and a ChildPlus attendance roster for Early Head Start/Head Start to review for any child enrolled in the program is automatically eligible for free meals. Rosters are reviewed monthly for internal validity, completion and accuracy. The ChildPlus attendance and CCFP enrollment/withdrawal roster must match or it will return to the Family Worker for corrections.
2. The Family Worker will make sure that the meal count will be taken daily when a meal (breakfast, lunch, and snack) is served and recorded within one (1) hour prior to meal being served to the children.
3. Family Worker provides meal count worksheets together with the CCFP enrollment/withdrawal roster on a monthly basis to the Nutrition Manager to review. Once reviewed by the Nutrition Manager a completion spreadsheet of food cost and the total free meals calculation is submitted to the Fiscal Component within five (5) days prior to the reimbursement.
4. Fiscal Component will review all centers USDA monthly report, if any corrections are to be made it is given to the Nutrition Manager to make any corrections and completion within two working days. If no errors, Fiscal Component will submit to the Head Start Fiscal Division.
5. The completion of the claims for reimbursement will be addressed by the Fiscal Component in coordination with the Early Head Start/Head Start Nutrition Manager in order to ensure that the appropriated costs for the Personnel Activity Reports are completed accurately.

**Site Visits**



1. The Nutrition Manager will complete unannounced site visits three (3) times during the program year. Breakfast, lunch and snack will be observed at the centers.
2. The Nutrition Manager will determine the dates for the visits. The monitoring tool to be used will be provided by the State of Florida Department of Health, Child Nutrition Program.
3. The Family Worker at any center with a deficiency will be required to complete a corrective action plan within ten (10) working days of identified deficiency. A follow-up visit will take place within thirty (30) days from the issuance of the deficiency.
4. In the event that the deficiency is not corrected within thirty (30) days it will be deemed a serious issue and reported to the Executive Director for disciplinary action.

<b>Subject:</b> Ordering Food and Kitchen Supplies for Program Operation	<b>Head Start Performance Standard:</b> 1304.23 (b)(1)(i)(2)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

All food items and kitchen supplies, box lunches, food for nutrition education activities must be ordered two (2) weeks in advance. Under no circumstances will orders for food go directly to the caterer from the centers. All orders will be placed by the Nutrition Manager.

**PROCEDURE:**

Box Lunches

1. The request for box lunches will be made to the Nutrition Manager in writing within two (2) weeks in advance by the Education Specialists. The request will include the total number of box lunches and number of hot meals required for self-contained packages.
2. The box lunches will be delivered during the regular scheduled time for meal delivery at the centers.
3. The meals will arrive prepackaged and bundled together in clear plastic bags on trays. Each bundle will have a maximum of 40 lunches. The milk will be placed on ice.

4. Once lunches are received the procedure for receiving food must be implemented.

Nutrition Education Activities

1. Nutrition education activities will be printed in the classroom Nutrition Education Calendar binder.
2. Nutrition education activities will be limited to two (2) per class per month.
3. The food for nutrition education activities will be purchased by the Nutrition manager or Education Specialist based on the activities listed for the month.
4. The activity will be documented to the lesson plan and highlighted indicating that it is a nutrition activity.

Kitchen Supplies

1. All kitchen supplies that are the responsibility of the caterer must be ordered by the Nutrition Manager. The nutrition manager will monitor the supply inventory. Under no circumstances will individual staff member place orders with the caterer.
2. An inventory of kitchen supplies at each site will be conducted by the Cook Aides and submitted to the Nutrition manager at the end of school program. The inventory list will include the status of all supplies including the refrigerator and steam table. The inventory will describe the condition of the equipment. A request will be submitted to the Nutrition Manager to replace an existing appliance or commercial refrigerator/microwave that cannot be repaired.
3. The Nutrition Manager will submit requests for equipment and appliances to the Administration Office.

<b>Subject:</b> Infant/Toddler Feeding and Breastfeeding Accommodations	<b>Head Start Performance Standard:</b> 1304.23(c)(4) & (5) and 1304.40 (c)(3)
<b>Service Areas:</b> Early Head Start, Education, and Nutrition	<b>Section:</b> Nutrition and Education

**POLICY:**

The Program will establish an appropriate infant/toddler feeding and breastfeeding environment for meal service.

**PROCEDURE:**

1. The infant bottle will only contain breast milk or formula; no food (cereal) will be added to the bottle.
2. The toddler menu will reflect substitutions for foods that will pose a choking hazard (whole kernel corn, peanut butter, hot dogs, grapes, lima beans, etc.)
3. Family style will include that all staff, volunteers, and children will have the same menu, that to the extent possible.
4. Refrigerators will be located in or easily accessible to infant/toddler classrooms, to store breast milk.

<b>Subject:</b> Water Sanitizing	<b>Head Start Performance Standard:</b> 1304.23(e)(1)
<b>Service Areas:</b> Child Nutrition	<b>Section:</b> Nutrition Services

**POLICY:**

The following procedure is to ensure proper concentration of the water solution used for sanitizing dishes/utensils.

**PROCEDURE:**

1. Fill one of the compartment sinks with water.
2. Add Chlorine to the water. Use approximately one capful of bleach per gallon of water.
3. Dip the chlorine test strip to ensure that the concentration of chlorine is adequate. Be sure that your hand is free before you handle strip.
4. Make sure the color resembles the fourth shade on the vial color chart. If it does not, add more water.

# Management

<b>Subject:</b> Self-Assessment	<b>Head Start Performance Standard:</b> 1304.51(i)(1)
<b>Service Areas:</b> Program Governance	<b>Section:</b> Management System and Procedures

## Policy:

At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing federal regulations. It Le Jardin Community Center, Inc. will conduct a self-assessment annually using staff, parents, governing body members and community representatives to evaluate the effectiveness and progress in meeting program goals and in implementing Federal and State Performance Standards and Regulations.

## Procedure:

1. Assigned Self-Assessment Leadership Coordinator(s) will coordinate the annual Self-Assessment.
2. The Self-Assessment Leadership Coordinator(s) will create a Self-Assessment Plan and submit, with recommendations to administration for approval.
3. The Self-Assessment Leadership Coordinator(s) will present the Self-Assessment Plan to the Policy Committee for review, comments and/or approval. The Policy Committee will review the Self-Assessment Plan and forward comments and/or approval to the Self-Assessment Leadership Coordinator(s).
4. Administration will present the Self-Assessment Plan to the Board of Directors at the meeting for review, comments and/or approval.
5. The Self-Assessment Leadership Coordinator(s) will present the Self-Assessment Plan and Focus Group Team Rosters to the Community Action Agency Self-Assessment Coordinator, for review, comments and/or approval.
6. Self-Assessment Leadership Team will be made up of the Self-Assessment Coordinator(s) and the Focus Team Leaders. Self-Assessment Leadership Team will be responsible for compiling the Self-Assessment Reports and Improvement Plans.

7. There will be five (5) Focus Teams. Focus Teams will be organized as follows:
  - Team 1: Program Governance and Management Systems
  - Team 2: Fiscal Integrity
  - Team 3: Child Development and Education
  - Team 4: Child Health and Safety
  - Team 5: Family and Community Engagement and ERSEA
8. The Focus Teams membership will include: The Focus Team Leader, Representatives from the Service Areas, Teachers, Policy Council, Board and Community members/Parents (as appropriate)
9. Focus Teams will be responsible for collecting data from multiple sources (site visits, interviews, monitoring reports, PIR, etc.) to complete the Service Area Self-Assessment Booklets.
10. Focus Teams will gather information, meet to analyze data, and write the Booklet Analysis and recommendations Improvement Plan with support from the Self-Assessment Lead Coordinator(s).
11. The Self-Assessment Leadership Team will compose a draft of the Self-Assessment Report, which will identify the program's strengths, areas of identified weakness and underlying causes and systemic issues. They will also compose a draft of the Program Improvement Plan identifying goals, desired outcomes and specific action steps for the overall improvement of the agency.
12. The Self-Assessment Lead Coordinator(s) will compile the final Self-Assessment Report and the finalized Program Improvement Plan.
13. The Self-Assessment Lead Coordinator(s) will present the final Self-Assessment Reports and Improvement Plans to the Early Head Start/ Head Start Director for review
14. The Self-Assessment Lead Coordinator(s) will present the Self-Assessment Report and Improvement Plan and compiled information to the Policy Committee for review, comments and/or approval.
15. The Self-Assessment Lead Coordinator(s) will present the Self-Assessment Report and Improvement Plan and compiled information to the Board of Directors for review, comments and/or approval and comments at their next scheduled meeting.
16. Self-Assessment Leadership Team will collaborate with Service Area staff and Administration to complete follow up to ensure implementation of the Improvement Plan.

<b>Subject:</b> In-Kind Submittal	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

A series of procedures have been established in order to ensure the accuracy and timely submittal of In-Kind information into Child Plus and to the Fiscal Department.

**Procedure:**

1. Biweekly the Curriculum Specialists will collect and check the in-kind papers from the education staff. The Curriculum Specialists will ensure that all the sections of the form are completed correctly, selections make sense, costs are allowable and totals are accurate. All corrections will be made prior to submitting to the Education. These dates will be given at the beginning of the year by the Family and Community Partnership Coordinator and will be available online.
2. Biweekly the Education Specialist, Health Facilitators, Nutrition Manager, and Family Worker Coordinator will check and correct all the in-kind for their component area. Each component will ensure that all the sections of the form are completed correctly, selections make sense, costs are allowable and totals are accurate. All corrections will be made prior to submitting to the Family and Community Partnership Coordinator. These due dates will be on the Google Calendar of each manager.
3. The Family and Community Partnership Coordinator will check and correct any mistakes before entering the information into Child Plus. Any mistakes will be documented and sent via email to that individual, their supervisor, HR and the Director of Operations. Frequent mistakes will be addressed at the employee's evaluation or sooner if it is required. If a volunteer enters the data into Child Plus it is the sole responsibility of the Family and Community Partnership Coordinator to check each item, line-by-line, to ensure that the information entered into Child Plus correctly matches the back-up. If an employee does not submit the required in-kind documents (and additional supporting letters or documents if necessary) on the assigned day, the Family and Community Partnership Coordinator will inform that employee, their supervisor, HR and the Director of Operations via email; disciplinary action may result for that employee.
4. The Family and Community Partnership Coordinator will turn in the in-kind paperwork and all back-up to the Accountant II biweekly. The in-kind paperwork will be submitted without errors. If errors are found the Accountant II will notify the Family and

Community Partnership Coordinator, the supervisor, HR and the Director of Operations via email; disciplinary action may result. These due dates are to be on the Google Calendar of those involved. Step 5 is currently in effect until further notice.

5. In the event that administration feels the need to step in (which is the case at the start of the 2013-2014 school year), the Family and Community Partnership Coordinator will omit Step 4 above and continue with the following procedure step: The Family and Community Partnership Coordinator will submit the in-kind paperwork and all back-up to the Director of Operations biweekly (the due dates are to be on the Google Calendar). The Director of Operations will ensure that all the sections of the form are completed correctly and match the information entered into Child Plus. Any mistakes will be sent via email to the Family and Community Partnership Coordinator, the supervisor, HR and the Director of Operations via email and the mistakes will be corrected immediately; disciplinary action may result. The Director of Operations will submit the correct and accurate in-kind information paperwork to the Accountant II biweekly (the due dates are to be on the Google Calendar).

<b>Subject:</b> Internal Monitoring of Standards Compliance	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b> Ongoing Monitoring	<b>Section:</b>

**Policy:**

The Director of Operations will perform a monitoring audit to ensure compliance of the Head Start Performance Standards on a monthly basis. This will ensure minimal errors or missing information on the monitoring audits by the Grantee or Federal Audits.

**Procedure:**

1. Once a month, the Director of Operations will perform an audit using the Head Start Performance Standards.
2. Any errors found will be corrected immediately by the appropriate Le Jardin employee responsible for the mistake or missing information.

<b>Subject:</b> Email Correspondence	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

All Employees are to Carbon Copy (cc) the Executive Director, Chief Financial Officer and the Director of Operations in all email correspondences. All emails are to be written in a professional manner at all times.

**Procedures:**

1. In order to ensure that Administration is aware of all activities, issues, concerns, etc. with the agency at all times across all component areas the following Administrative Staff must be cc-ed in all emails: The Executive Director, Chief Financial Officer, and Director of Operations.
2. All emails are to be written in a professional language and tone for a respectable business environment. Foul language, implied attitude/sarcasm, and other disrespectful features will not be tolerated between any employees.
3. Failure to comply with this policy may result in disciplinary action.

<b>Subject:</b> Sign-In	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

Ensure the safety of our children, staff and visitors by requiring all visitors to sign in when visiting our centers.

**Procedures:**

1. All visitors to the centers must sign-in when visiting our center locations



2. This will protect our children and staff from unauthorized personnel. This policy will also provide back up if evidence is needed to support that an individual has been to one of our facilities.

<b>Subject:</b> Gate Closures	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

In order to ensure the safety of our staff and children the gates will be closed at the centers between 9:30 am and 2:30 pm.

**Procedures:**

1. Maintenance will ensure that the gates are closed at all centers between the hours of 9:30 am and 2:30 pm.
2. The gates will be closed, but not locked so that staff members that travel between centers may park their cars in the lots.

<b>Subject:</b> Release to Bus Services	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

Staff members are not to release children for home dismissal to a bus service before 3:00 pm.

**Procedures:**

1. Employees of Le Jardin are not to release children to a bus transportation service to take them home until 3:00 pm.

2. IEP/IFSP children going back to the school system for half day will be released to the bus service.
3. Staff is to encourage parents of the importance for their children to stay for the full day in our program.

<b>Subject:</b> Point of Contact Person per Center	<b>Head Start Performance Standard:</b>
<b>Service Areas:</b>	<b>Section:</b>

**Policy:**

All incidents occurring at the centers must be reported to the point of contact person for each center.

**Procedures:**

1. The point of contact person per center is to be notified of any complaints, incidents, problems, unusual visitors, monitoring, etc.
2. The point of contact person per center as of 10/7/2013 is as follows
  - a. Center I – Evelyn Figueroa
  - b. Center II – Maria Motta and Maria Irizarry
  - c. Center III and V – Omar Campuzano