



EAST MISSOURI ACTION AGENCY, Inc.

Head Start

Polices & Procedures

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Program Governance
Board of Directors & Policy Council

The EMAA Governing Body will adhere to section 642(c)(1)(B) of the Head Start Act ensuring the governing body has:

1. One (1) member has fiscal/accounting background
2. One (1) member has early childhood education and background
3. One (1) member is a licensed attorney
4. Members reflect the community served and includes parents of children who are currently or formerly enrolled in Head Start.

Activities/reports will be given to the governing body in accordance with 642(c)(1)(E) of the Head Start Act. An Advisory Committee may be established, if necessary, for effective program governance.

A Policy Council and policy committees will be maintained each program year. Fifty-one (51%) percent of Council members are parents of children currently enrolled. Each center has one parent representative as well as one community member from each county EMAA serves. These community members are elected by parents of children currently enrolled in the program when they are seated on the council. Prior to becoming a member of policy council or governing body, all memberships will be reviewed.

The policy council will receive any and all information as outlined in performance standards to ensure they are met.

Terms served will be documented and monitored so no member exceeds five (5) one (1) year terms. Re-election will take place if serving more than one (1) year.

EMAA Head Start will reimburse Policy Council members for mileage (to and from meetings), day care expenses and lunch costs at the agency stated rate.

Training will be provided to members of the policy council and governing body to ensure they understand the information they receive and can effectively oversee and participate in our program. Extensive fiscal training is provided each January. As new parents are seated each year, they receive training on Head Start, Robert's Rules of Order and officers training.

An impasse procedure has been established to resolve internal disputes between the governing body and the policy council. This procedure ensures items are settled in a timely manner.

Eligibility, Recruitment, Selection, Enrollment, and Attendance

Recruitment of children

1. Recruiting must be done on a continuing basis and be of concern to all staff.
2. Centers falling under specific numbers of children could result in staff reductions or Center closing.
3. Applications will be a priority with everyone.
4. A concentrated recruitment campaign will begin in February for enrollment in the fall program.
5. Possible people or agencies, other staff, etc will be invited to help with recruitment meeting and identifying children and families that are eligible for Head Start.
6. Children transferring from an EMAA Head Start to another receive the highest priority. All records are transferred.
7. Staff can begin taking applications for the next program year beginning in January.

Age Requirements and Eligibility Requirements

1. All Head Start staff will take applications for children and families.
2. All applications are to be given to Area Support Assistants to be entered into Child Plus. All applications, no matter if they are complete or not, are to be entered into the Child Plus system and an Eligibility Priority Criteria/Data Entry form attached.
3. Once the application is completed it is given back to the Area Support Assistant to complete all missing information.
4. Each application is required to have the eligibility paper work attached.
 - a. Proof of birth
 - b. Twelve (12) months proof of income/signed no/low income statement
 1. A family will only be determined homeless by an Area Coordinator.
 2. Children in foster care are only required to have a placement letter attached to be eligible.
 3. Proof of SSI/TANF/SNAP benefits (currently receiving).
5. *Online applications* – An email will be forwarded to the Site Manager that an online application has been posted. The application will be printed out and transposed to a Head Start application.

Waitlist

1. A waiting list of eligible children is maintained that ranks applicants according to our program's Eligibility Priority Criteria/Data Entry form which is approved annually by the Board of Directors and the Head Start Policy Council.
2. Report #2025 shows points assigned to each child based on information from the child's application.
3. When there is a vacancy at the center, the Site Manager will contact the Area Coordinator. The Area Coordinator will provide the name for the next child to be enrolled.
4. The child with the highest number of points will be accepted for enrollment at that time.

- a. The only exception to this procedure would be if a child was enrolled at a Head Start center in our service area and the family moves to a new location within our service area.
- b. When that occurs, if a vacancy exists in the area the family moved to, the child will be transferred directly into the vacant slot. If there is no vacancy at the time the family moves, the parent/guardian will be informed that the child will be placed on the eligible waitlist and will be enrolled as soon as a vacancy occurs.
5. Family Advocates will contact the family who is to be enrolled. If they cannot be reached by phone, they will go to the family's home and leave a message. If after one week, they have not made contact; the Area Coordinator will provide the next name on the list.
6. If child's status has changed (moved out of area/no longer interested), a change of status needs to be done and the child removed from the waitlist. Make sure and get a current address, if able, for the child.
7. Once a child has been removed from the waitlist eligibility must be re-determined (new application) if they should move back to the area or be interested in the program again.

Final Enrollment

1. Forms in the file enrollment file must be completed in full. **All forms must be signed and dated** and then given to the ASA for entry. The Enrollment Form for Child Care Centers will be given to the Nutrition Specialist at the end of the year.
2. Do not create forms (without CO approval).
3. Parent Handbooks are given to the parents at this time. This parent handbook is a very vital asset to parents as it includes regulations, rules, and resources.
4. EMAA will maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days. EMAA will begin each program year at full enrollment.

Attendance Policy

1. EMAA Head Start does not allow suspension or expulsion of any enrolled Head Start Child.

Regular Attendance

- a. Teachers send home "Monthly Attendance" certificates. Note: They are careful not to make other children feel badly about their absences.
- b. In addition, children with regular attendance are recognized in the monthly newsletter as well as children whose attendance has improved.
- c. At the end of the year special recognition is made at Volunteer Appreciation Day of those parents whose children have had regular attendance as well as improved attendance.

Absences/Non-Scheduled Days

- a. All parents/guardians will be required to sign an attendance agreement stating that their child will attend Head Start on a regular basis.
- b. Program staff must contact parents within one (1) hour of program start time.
- c. Daily Attendance Worksheet:
 1. Teachers enter 'P' for children who are present.
 2. At the end of class, teachers enter in red 'A' for children who are absent.

- d. The teacher records the reason on the 'Daily Attendance Worksheet' in the 'Notes' section. Every attempt must be made to learn why a child did not attend. Family Advocates will contact the parent/legal guardian each day the child is absent to stress the importance of regular attendance, or leave documentation to show an attempt was made. Family advocates will immediately inform the teacher about the reason for the absence, as well as fill out the Contact/Transaction form, so that Teachers can document the reason on the Daily Attendance Worksheet. Parent are encouraged to turn in homework when the child returns.
- e. If the family has a valid reason for absences (e.g. specific illness, family crisis, out of town) family advocates will work with them to correct the situation.
- f. Children are marked as absent (A), unless 1) the family participates in the Home Bound program (see below), 2) children are participating in an ECSE program, or 3) autism services. In these situations children are marked as non-scheduled (N).
- g. If validity of reasons is questioned, site managers consult with area coordinator.
- h. If reasons are not considered valid, the family advocate notifies the parent/legal guardian that the child must resume regular attendance (within 8 Head Start days) or they will be dropped from the program.
- i. If a child is absent more than 10% of the time, in a quarter, as is indicated on the Progress Report, the site manager, working with parents, teachers, family advocates and area coordinator, will re-evaluate the family's situation. If they determine that another child would benefit more from the Head Start program, the team may place this child back on the waiting list and enroll a new child.

Late Pick up Policy

Children must be picked up at the end of school day. If this does not occur, after every attempt has been made to reach the parent and emergency contacts, staff may contact the Family Support Division for child abandonment.

EMAA Head Start Extended Absences Policy

1. Because of illnesses and hospitalizations (which are especially a circumstance in the lives of children with disabilities) or family emergencies, there are circumstances where children are absent for extended period of time. EMMA Head Start policies and procedures are as follows:
 - a) The site manager determines, in conjunction with the teacher, parent and family advocate, and the Area Coordinator if the Home Bound program would be appropriate for the child and family.
 - b) If return to the regular program looks highly probable, the child can qualify for home bound services.
 - c) This change is approved by the area coordinator, who informs the Head Start director.
 - d) Home Bound Program
 1. Home Visits are made on a weekly basis, taking in educational materials and supporting the family's social service needs during this period of time.

2. The site manager determines who will provide the services. It could be the site manager, a teacher, the family advocate or assistant teacher, or a combination of people.
3. If the family needed to move temporarily to another location, mileage and time for the home visit is to be approved by the area coordinator. Services can be for up to 30 miles away.
4. Visits are documented on the “Home Bound Services” form which is attached to a Contact/Transaction form for computer entry.
5. Family advocates will provide the home bound visit at least monthly which times services will be re-evaluated.
6. Absences are entered in the computer as ‘N’ for non-scheduled on the three (3) days that they are not schedule for home-bound program, and for the day that they are scheduled, ‘P’ if they are present and ‘A’ if they are absent.

Weather Related Policy

1. If the EMAA outreach is closed in the county the Head Start center resides in the Head Start center(s) in that county will also close. Staff will be paid for the day the center is closed and the Head Start day will not be made up.
2. Otherwise, closing the center due to the weather is the Site Manager’s choice depending on what the weather is like in their area. Central Office must be called to discuss the situation. Staff cannot call parents and ask them to come and pick up their children, however; staff can tell parents that the center is closing. Staff will get paid for this day and not have to take ETO, if they come in, provided the center was open for 3.5 hours. This day will not have to be made-up.
3. If the staff come in when the center was open but they want to leave early due to the weather than they will have to take ETO for the remainder of the day.
4. If staff call out for ETO, sick leave or a personal day before a center closes and doesn’t report to work at all, they will be charged leave time for that day.
5. If the outreach center is open in the center(s) county and a center does not open at all, on a classroom day, staff will not get paid for this day, as it will be made up at the end of the year. “No Work Day” should be recorded on their time sheet.
6. Most Fridays are not a classroom day. Therefore, these days will not be made up. If staff cannot make it to work on these days, leave must be taken in order to be paid for that day. If a Friday is a classroom day, follow above.
7. You may delay start time if you think the roads will be cleared later in the morning. However, you need to begin no later than 10:00am. You will be paid for your normal scheduled time, but if you/staff calls out they will need to take ETO or Personal time for the whole day.

Education

EMAA Head Start has incorporated the following valid and reliable research-based instruments to assess classroom quality and teacher-child interactions.

A. Classroom Assessment Scoring System (CLASS)

The education specialist, a reliable CLASS assessor, observes every teacher and classroom at each center using CLASS at least twice a year. The results of these observations are used for training purposes.

B. EMAA Head Start Appropriate Practices Checklist examines the overall

appropriateness of EMAA Head Start classroom and is used for site manager coaching. This process is ongoing throughout the program year.

Safety of Children

1. When supervising children, child/staff ratio (indoor 1:10, outdoor 1:15) must be maintained at all times throughout the day, and especially during transition times. Face to name counts must be conducted each time.
2. Name tags must be worn at all times.

Positive Methods of Child Guidance

- A. Positive Methods of Child Guidance. Staff use *Conscious Discipline* materials which is strongly supported by *Creative Curriculum: Building a Classroom Community*.
- B. Classroom Strategies for Positive Social-Emotional Support. Staff develop 'Classroom Strategies for Positive Social-Emotional Supports' for children with concerns.
- C. Positive Intervention for Challenging and Disruptive Behavior Policy. Staff utilize "Developing Strategies for Positive Social-Emotional Supports" (on website) as well as follow Positive Intervention for Challenging and Disruptive Behavior Policy
- D. Missouri Licensing Regulations Regarding Child Guidance. Staff adhere to Missouri Licensing Regulations
- E. Implications
 1. Immediate dismissal. Under no circumstances do Head Start Staff physically discipline any child. This includes such actions as hitting, grabbing, pinching, yanking, and spanking a child. Any staff found doing any of these or related actions are immediately dismissed.
 2. Parents or volunteers in the center are not allowed to physically discipline any child, including their own.

Classroom Environment

The following checklist will be used when setting up and maintaining a classroom:

Checklist

- Classroom displays: Most of the display space in each classroom is saved for children's work.
- Places for storage: The classroom has open storage for materials staff want accessible to children; secure storage for materials you want to control; and personal storage for children and adults.
- The setting is comfortable and attractive.
- Adaptations are made for children with special needs.

Water Table Health Department Regulations (9/06)

1. The following shall occur before any new group of children begins an activity at a water play table or water basin:
 - a. The water play table/basin shall be washed, rinsed and sanitized
 - b. Toys shall be washed, rinsed and sanitized before being placed in the water play table/basin;
 - c. Children shall wash their hands before and after the water play activity; and
2. The water play table/basin shall be emptied when water play is over.
3. Unclean hands can contaminate the play table water and spread disease to other users.

4. Standing water promotes the growth of germs and the spread of disease.
5. Children/providers with cuts on their hands shall not use a water play table. Germs can enter the cut and germs from the cut can be spread to other users of the table.

Daily Schedule

1. A daily schedule should be established, posted and followed daily.
2. Be flexible about time when children are playing well.
3. A visual daily schedule, that is understandable to children, must also be established and posted.

Planning for the Week

1. Teachers must develop, with the help of parents' and childrens' interest, a weekly lesson plan which is posted in each classroom, weekly.
2. Each week health and/or mental health activities are incorporated in Weekly Plans
3. Computer/HATCH Boards
 - a. Videos are only to be shown to help develop a topic. With discussion they can help children develop concepts.
 - b. They are not to be considered the "special treat", highlight of the day or at transition times.
 - c. Videos are not to be used to "entertain" the children while staff are cleaning/waiting for parents to pick up their children.

Observations

Observations are to be made daily for planning throughout the year to be documented in the children's portfolios.

Greeting/Dismissing Children

1. As children arrive, education staff personally greet them and their parents.
2. Either at this time, or some other time early in the day, each child signs in.
3. Education staff communicate with parents when they pick their child up as well as tell the children good-bye.

Choice (or Work) Time

Choice (or work) time is at least one hour every day. This time is an opportunity to work with individuals and small groups.

Short group times include 1) songs, rhymes and movement, 2) story time and a "book time" in which children select books to read on their own. These group times may be broken down into small groups.

Transition Times

1. Give children notice
2. Allow sufficient time.
3. Give children specific tasks
4. Be clear and consistent
5. Be flexible
6. Meet individual needs

Use transitions as opportunities to teach and ALWAYS do a face to name count in EVERY transitioning activity.

Waiting/Standing in lines

- a. When children need to wait in line, teachers provide language activities.
- b. Whenever possible transitions flow so that children wait for only a brief period of time. For example, as soon as the adult:child ratio is sufficient, the children who quickly got ready to go outdoors go, rather than being penalized for their promptness.
- c. Staff need to see that the indoor adult:child staff ratio (1:10) and the outdoor staff ratio (1.5 times the indoor ratio) are maintained.
- d. It is great if there is no need for standing in lines. In this case, teach pre-kindergarteners this concept in one week toward the end of the school year.

Outdoor Time

1. Outdoor checklists must be went over and initialed before any children enter the playground.
2. All children play outdoors a minimum of thirty (30) minutes per day.
3. With a written note from a parent, a child may stay in if the child is recovering from an illness or a doctor states that a health condition requires a child to stay indoors.
4. Staff will adhere to the Missouri Child Care Weather Watch guidelines in reference to the appropriate temperature. Note: If it is snowing or there is snow on the ground children may go outside
5. The length of time may be shortened on very cold/hot days. If the time has been shortened, or you cannot go outside, large motor activities should be done inside.
6. Child/staff ratio must be met at all times and face to name counts done.
7. Staff must be circulating and interacting with the children at all times while on the playground.

Rest Time

1. EMAA Head Start adheres to the requirements of Missouri Licensing 19 CSR 40-62.092(1)(B)(1)(A,B,D) & Licensing CSR 40-62.182 Child Care Program(1)(A)(6-7) which are as follows:
 - a. Sleeping Equipment
 1. An individual cot or bed with an individually assigned sheet and blanket shall be provided for each child who naps or sleeps.
 - a. Head Start provides all napping equipment, cots, blankets and sheets. No other napping equipment is to be used in the center due to health and safety regulations. This includes pillows and blankets brought from home.
 - b. If there is a child with a special need, families can send something for rest time. This item must be stored in the child's cubby, separated from other children's items, or put in a plastic bag and stored out of children's reach.
 - c. Label each cot with child's name. The sheets stay on the cot all week long unless an accident occurs. The blanket is folded after naptime and placed in the middle of the assigned cot.
 2. All bedding shall be clean with sheets laundered at least once a week. Once bedding has been used by a child, it shall not be used by another child until it has been laundered.

3. All sheets and blankets are taken off at the end of the week and laundered. Cots are cleaned at this time.
4. Sleeping equipment shall be arranged to provide at least two foot (2') aisle on one (1) long side of the equipment as per licensing.

b. During Naptime

1. Staff shall remain in the room, and alert, with preschool children while they are napping/sleeping and shall be able to see and hear them if they have difficulty during napping or when they awaken.
2. Preschool children who do not sleep shall rest on cots or beds at least thirty (30) minutes after which they shall then be permitted to leave the napping area to engage in quiet play.
3. Music: Each naptime area needs to have calming music or the sound of rain, or something similar playing.
4. All children must be woken up for the next transition.
5. Talk to parents about strategies that work for them and ideas they have for no nappers.
6. Staff need to have a plan in place for challenging children.
7. NEVER give a reward or punishment to nappers.

Home Visits/Parent Teacher Conferences

1. During the first education home visit, teachers talk to the family about their interests and jobs, and record the information on the progress report.
2. In subsequent conferences/home visits teachers follow up by asking families more about their areas of expertise and their ideas so that their expertise and ideas are incorporated into the development of the classroom curriculum during the year.
3. Refer to the timeline for dates these must be completed.

Celebration Guidelines

1. Keep it simple.
2. Be respectful of the diversity of children and families.
3. Call an event a celebration or an activity, rather than a party. There are many cultures that do not celebrate holidays such as Christmas and this must be respected.
4. The following are the only appropriate celebrations:
 - a. Fall
 - b. Winter
 - c. Friendship
 - d. Spring
 - e. End of the Year
 - f. Anything, other than listed above, must be approved by the Area Coordinator
5. Parent activities, after school hours, that parent have initiated, and planned, may involve such things as Santa, Easter Bunny, Egg Hunt, Valentines Boxes, and Trick R Treating.
6. Although all donations will be accepted, items that do not follow Head Start Performance Standards (low fat, low sugar, low salt) will be divided and sent home so parents can use at their discretion.
7. Have a celebration spread out over the course of the week so that children are not overwhelmed.
8. Reminder: Parents are never to be asked to contribute to a celebration. If a parent should ask, let them know we provide all items for their children.
9. For further guidelines follow the DAP for Coaching forms.

Respecting Differences

1. Every individual is rooted in culture.
2. The cultural groups represented in the communities and families of each Head Start program are the primary sources for culturally relevant programming.
3. Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
4. Addressing cultural relevance in making curriculum choices is necessary, developmentally appropriate practice.
5. Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
6. Effective programs for children with limited English speaking ability required continued development for the primary language while the acquisition of English is facilitated.
7. Currently relevant programming required staff to reflect the community and families served.
8. Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation of individual cultural differences is beneficial to all children.
9. Culturally relevant and diverse programming examines and challenges institutional and personal biases.
10. Culturally relevant and diverse programming and practices are incorporated in all components and services.
11. Head Start respects the diversity and ethnicity of each child/family. Staff provides an environment that each child is supported in his/her development using materials and activities in conjunction with parents that reflects child's ethnicity.
12. We provide a variety of materials and activities of increasing complexity as the year progresses the appropriate level of challenges on which each child thrives which recognizes the difference in children.

School Readiness

1. Our school readiness goals are derived from The Head Start Child Development and Early Learning Framework (Head Start Framework), Missouri Early Learning Standards (Missouri ELS) and *Creative Curriculum's* Teaching Strategies GOLD (TSG). We use objectives from Teaching Strategies GOLD as our child assessment system (measurement tool).
2. We use the Teaching Strategies Gold (TSG) to measure goals three (3) times per year.

Field Trips/Walking Trips

1. Trips are to be of interest to the children and be part of the weekly topic.
2. Staff must have permission slip signed by parent or legal guardian for each child participating in a field trip and kept on file at the facility.
3. Adult:child ratio must be met on all trips. Classroom staff and two other adults must accompany each class. Name tags are to be worn at all times and a face to name count must be taken every half hour. Name tags are to be worn at all times – classroom/field trips/ect.
4. Time spent on field trips must not exceed classroom hours.
5. Trips may not be used as reward or punishment.
6. All trips should be within walking distance or the experience can be brought to the centers.

7. Non-smoking policy applies to trips as well as classrooms. Adults smoke only in designated smoking areas, and not around the children.
8. Children's parent/guardians are not required to attend.
9. Field trip forms must be filled out, turned into Area Coordinator, and signed by the Program Director before the trip may take place.

Care of Toys, Furniture and Materials

1. Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions. This includes rocks on the patio and inside the building.
2. Toys, materials and furniture are safe, durable and kept in good condition. Broken or dangerous toys, materials and furniture are to be disposed.
3. Sanitizing toys. If a toy is mouthed, it must be removed from the play area as soon as the child is through with it, and sanitized before being returned (1/2 teaspoon CLOROX REGULAR bleach: 1 gallon water if toys are immersed for at least one minute)
To sanitize areas as needed on a daily basis. (1 teaspoon CLOROX REGULAR bleach: 1 gallon of water for wiping down and spraying surfaces).
4. When items are not in use they are organized in topic boxes, by interest areas and in other ways that enable staff to remember and easily locate materials.
5. All staff work together to maintain order and sanitation in the facility, but not to do major housekeeping, cleaning or maintenance activities during hours children are present to ensure children are safe at all times.
6. All storage areas must be neat and clean at all times, including, furnace rooms.

Screenings and Assessments

1. DIAL-4, DIAL-4 Parent Questionnaire and the Social-Emotional Screen are used to screen all children and *must* completed *within the 45 days* of enrollment.
2. Site managers are responsible for reviewing procedures with staff on an as needed basis as well as for training new staff who are involved in DIAL-4 screening.
3. Screening procedures:
 - a. **DIAL-4 Screening:** Screening takes place during the first home visit before a child begins attending unless this is not feasible to do. In that case, children are screened as early after enrollment as possible. Spanish-speaking children are screened on the DIAL-4 in Spanish.
 - b. In addition to motor/concepts/language sections, the behavioral section is also accessed.
 - c. **DIAL-4 Parent Questionnaire:** This questionnaire, which addresses self-help and social development, is usually filled out during the first home visit and placed in child's portfolio, with information transferred to appropriate outcomes.. As requested during the Health and Safety Advisory Committee Meeting, parents may receive an authorized copy of items on this questionnaire during final enrollment/first home visit. They can think through responses that they are giving, and give it to the teacher who transfers information onto the official form.
 - d. **Social-Emotional Screen:** is completed before or during the first Child/Family Staffing *within 45 days of enrollment*. Parents sign this form during the Parent-Teacher Conference, unless there are problems. In that case, this form helps a teacher work with parents to develop solutions earlier in the semester. (See "Developing Strategies for Social-Emotional Supports" online and Appendix "Positive Intervention for Challenging and Disruptive Behavior.)

5. **Rating child concerns.** During or before the first staff meeting and each subsequent Family Engagement Staff Meeting, staff rate each child on a 1-5 scale.
 - a. Inaccurate reflection of child. If the classroom team and parents feel that the screening did not accurately reflect a child's ability, they may 1) ascertain informally whether the child knows the answer to questions by asking parents for input or observing children engaged in activities that demonstrate their knowledge. This may occur, for example, if a child is shy; or 2) discuss this child with the ECSE staff at the school or the disabilities specialist. This is documented on the Family Engagement Staff Meeting form, the Disabilities Alert List and Contact/Transaction Form (when the parent or the ECSE teacher is contacted.)
 - b. Social, emotional and behavioral screenings. Teachers enter the DIAL-4 Parent Questionnaire, DIAL-4 Behavioral Observations, Social/Emotional Screen and Rating Child Social/Emotional/Behavioral Concerns scores in the initial Family Engagement Staff Meeting section of the portfolio/Progress Report and on the "Mental Health Screening Follow-Up" form. The Rating Social/Emotional/Behavioral Concerns is entered into the ChildPlus Health Section.
 - c. Sharing results with parents:
 1. DIAL-4 screening results are shared with parents immediately at the first home visit if the DIAL-4 is completed there. During the first home visit, teachers and family advocates learn a lot about a child when talking with parents. During this visit parents complete the DIAL-4 Parent Questionnaire.
 2. The Social-Emotional Screen is discussed at the Parent-Teacher Conference, if not before then, when necessary.
 3. All screening results: Area support assistants give the family advocates two (2) copies of Report #3030, Participant Health Summary, to share with parents. One signed copy is placed in the child's health file. Parents keep the other copy.
4. Screening results on each child are turned into area support assistants as soon as screening is completed. Report #3030 identifies what screenings have been completed on the children.
5. The First Quarter Family Engagement Staff Meeting has specific steps for follow up. Children with IEPs or concerns are the first to be staffed.
6. If at any time during the year staff have concerns about a child's development, needed portions of this process should be repeated.

Dual Language Learners – Children and Families

1. Head Start provides children and families DLL's continued development of first language while the acquisition of English is facilitated.
2. Head Start will recognize bilingualism and bi-literacy as strengths and implement teaching practices to support their development.
3. Head Start is committed to these families and children receiving high-quality experience. We provide resource guides to all families, books, curriculum for the classrooms, in languages other than English, along with ethnicity toys/materials.

4. Head Start will use translation application that will translate languages to the dual language learner.
5. Head Start will provide materials that are culturally and linguistically appropriate in their home language. We will work with volunteers who speak child's home language, if needed.
6. Head Start will provide an interpreter, if needed, in the families preferred language, when there are language barriers with parent/or child, in order to make family feel safe.

Portfolio

1. An organized portfolio is kept on each child. *The portfolio consists of the following which needs to stay in the notebooks at all times, except for the progress report when the ASA is entering that information.*
2. Order of Portfolio
 - a. *Front pocket (from front to back in this order)*
 - Family Engagement ChildPlus Data Entry (unless ASA has this form for data entry)
 - DIAL-4: Screening form
 - DIAL-4: Parent Questionnaire
 - Social/Emotional Screen
 1. Then add during year....
 - IEP goals
 - Observations/Social-Emotional Support Plan
 - b. In binder:
 1. Progress Report pages
 2. Objectives (which have been flipped over)
 - c. Back of binder:
 1. Green folder along with handouts which will be given to families during the year at P-T conferences and home visits.
 - d. Weekly School Readiness Homework
 1. Integrate into the portfolio in a way that will support
 - a. various objectives (as homework uses 12 of the 19 objectives) and
 - b. parents in their efforts to return homework each week.
 - e. Other items that staff, parents and children want to include to keep the memory of a child's
3. Portfolios are shared with parents during the parent-teacher conferences and home visits. Parents' observations can be valuable entries, as well as other sources of documentation that have. Parents may also want to see their child's portfolio when visiting the center.
4. Portfolios are sent home at the end of the school year. Include EVERYTHING except DIAL-4 protocol, which is moved to the child's manila folder at the end of the year.

Outcome Entry: Teaching Strategies Gold

1. The first time teachers' record children's outcomes for area support assistant (ASA) entry, they use the Outcome Entry: Teaching Strategies Gold form.
2. As soon as the outcomes are entered the ASA gives each teacher ChildPlus Report 5440.
3. The following two times, the teacher uses this ChildPlus Report 5440 to enter outcomes, thus observing children's progress.

Family Engagement Staff Meeting and Progress Reports

1. Family Engagement Staff Meetings occur quarterly with teacher, family advocate and other interested persons. Children who have IEPs or show concerns based on the parent application or screening information are staffed first.
2. "Follow-up on Parent Concerns and Screening Results" and "Family Engagement Staff Meeting" forms in the child's portfolio are filled out
3. Each participant signs this form.
4. The portfolio with the above information is discussed with parents during parent-teacher conferences and subsequent parent-teacher conferences and home visit. Parent looks through the portfolio. Teachers discuss with parents how each teacher and parent see growth in child.

Computer Entry

1. After the home visit or parent-teacher conference, an individualized curriculum (Family Engagement Staff Meeting) occurs and the area support assistant enters "Family Engagement ChildPlus Data Entry" information.
2. If there were 3 attempts to make a visit, the teacher will document this information on the "Family Engagement ChildPlus Data Entry" form and check the box on the Progress Report. The ASA will make a note of that fact in Education Notes.

Identifying Concerns about a Child's Progress

1. If at any point in observing and assessing a child or talking with parents, a concern becomes evident, staff return to needed portions of the screening process, such as talking with ECSE staff, to determine if there are additional needed supports for the child.

Communicating with Families

1. The following are sent home regularly:
 - a. Regular (weekly, if possible) communication about daily events occurring at the center.
 - b. Weekly homework to be returned.
 - c. Monthly menus and nutrition ideas.
 - d. Monthly newsletter, initiated by the family advocate with other staff input about what is occurring at the center.
2. As needed:
 - a. Notes and phone calls are made celebrating a child's success.
 - b. Notes, and preferably a phone call are made in cases where parents' input on how to solve a problem with a child is needed. These contacts only occur after rapport and positive messages are relayed.
 - c. The contact/transaction form is filled out for the 'as needed' contacts. These are kept in the Family file with the family advocates. There may be more than one file depending on the family situation.
3. Site Managers, Teachers or family advocates are to be available to parents at all times.
4. Communication does occur through home visits and parent-teacher conferences.
5. Teaching Strategies Monthly Calendar which are activities the parents do with their children that works on their outcomes at home.
6. Regularly update the center Facebook page with pictures, announcements, and content of what the children are learning.

Education Home Visits and Parent-Teacher Conferences

1. The first home visit is an essential part of the transition process into Head Start.
2. In the safety of a familiar environment, the child has an opportunity to meet the teacher and find out about the "new school" they will be attending.
3. Parents have the opportunity to ask questions and begin to feel comfortable with one of the people who will be caring for their child.
4. A minimum of two education home visits and two parent-teacher conferences per family per year are required.
5. The first education home visit is conducted prior to the child attending class the first day whenever possible, or shortly thereafter.
6. The second required home visit is in the middle of the year.
7. The first required parent-teacher conference is in the fall and the second takes place near the end of the year as part of transition process.
8. Since the two home visits are required, this is an allowable cost. The time must be documented and verified on the in-kind form.
9. See the Timeline for specific dates.
10. The Progress Report indicates what occurs on each of these visits.

Setting up visits/conferences

1. If parents are unable to attend a relative or primary caregiver may take their place. There must be a note on file from the parent authorizing the relative's participation.
2. Staff must schedule home visits at times that are mutually convenient for the parents or primary caregivers and the staff.
3. If more than one parent/guardian wishes to be actively involved in the child's life at Head Start, a separate visit/conference needs to take place with that person. Share that child's portfolio with both people. Use a separate Progress Report. Contact/transaction forms will go in separate family files in the family advocate's office. During these meetings teachers ask parents/guardians what information/child's work they would like to have a copy of.
4. In cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at a Head Start site or at another safe location that affords privacy.
Enter location under signatures on the Progress Report.
5. At least (3) contact attempts (phone, note or other) for home visit, need to be made. Enter these attempts on the contact sheet which is kept in the child's family file in the family advocate office. If a visit is not possible after these attempts, send home a *copy* the Progress Report, along with a note (keep a copy for the file). It is not essential to obtain a signature. Before giving the ASA this form, fill in the three attempted dates on the 'date' line. ASA enter attempted dates under "comments" in ChildPlus Education sections.

Content of visits/conferences

1. Teachers discuss and give parents information including children's progress on objectives, transitioning into and out of Head Start and promoting literacy.
2. The Progress Report is used as a tool to guide discussions.
3. There are places on the Progress Report to enter observations parents make regarding their child, and input they have regarding the curriculum. The quality of each child's experience is enhanced with greater understanding of the child and family.
4. Content of visits/conferences is also discussed in the 'Assessment' section of this plan.

Homebound Services

1. Homebound services are to be used primarily for a child that has a medical condition that affects his/her ability to attend the Head Start center for an extended period of time.
2. Placing a child on Homebound services for behavioral concerns will only be considered when all other means of modifying or de-escalating the behavior has been addressed.
3. Teachers, along with the site manager, parent and healthy living consultant must complete the "Developing Strategies for Positive Social-Emotional Support" paperwork to ensure all means of support has been addressed.
4. Homebound services, after discussion with appropriate staff and all paperwork completed, must be approved by the Area Coordinator and Head Start Director.

Health

1. Staff will educate parents on the importance of regular check-ups and preventative care.
2. Staff will emphasize the importance of keeping scheduled appointments and on how to be smart consumers of health services. (Such as regular appointments and check-ups versus emergency room care)
3. Staff will encourage parents to make and accompany their child to scheduled appointments.
4. If this is not possible parents will be informed of all treatment or follow-up on their child in terms that is understood by the parents.
5. Staff will work closely with providers and parents to assure that a line of communication is kept open.
6. Staff will work with providers in the community and become advocates for families who need a medical home that extends beyond Head Start enrollment.
7. If a parent/guardian refuses health services a refusal form must be signed by the parents, put into Child Plus, and in the child's file. However, a physical cannot be refused.
8. Head Start staff will inform parents of community resources and parents will be given opportunities to attend trainings involving issues of children's health.
9. Children's health care services will be tracked in the ChildPlus Software at each site, as well as, the Health Tracking Form, which is to be turned into the Health Specialist monthly. Each child's health record will be updated on an ongoing basis. Family contacts will be made to assure that each family is receiving services and will be documented on a family/contact transaction form.
10. All children will have a dental examination by a licensed dentist or dental hygienist who has worked at least three years in a public health setting and all problems identified within 90 days of enrollment.
11. Head Start may pay for services but only after all resources are exhausted.
12. Head Start staff will fill out a health/nutrition history on each child prior to enrollment in the program. This history will help staff understand any special concern that the parents may have regarding their child's safety or care while in the program. This information will be shared on a need to know basis.

Special Health Care Plan (for Health)

1. Special Health Care plans will be developed for any Head Start child that has an ongoing or chronic health condition.
2. These plans will be developed with appropriate staff and parents to assure that all children have the correct and needed information at the center.
3. Staff involved may be classroom teams, cooking staff, family advocates, site manager or Area Coordinator.
4. All staff and parents involved in the plan development will sign and date the plan. A copy of the plan will be posted at the exit of the classroom and in the child's file.
5. Site Managers will go over the plans with the parents on a monthly basis to assure all information is up-to-date. Site Managers will keep other staff updated. Parents and staff will initial and date the plan when reviewed.

Release of Information and Confidentiality

1. Parents or legal guardians and staff must sign a release of information together for all information gathered for the assessment or programming of the child.
2. Staff will explain to the parent or guardian the purpose of this release and disclosure, which may be anticipated.
3. The release of information forms will be sent to provider and a copy will be maintained in the child's file.
4. All information that is received from the Release of Information will remain confidential and only shared with other staff on a need to know basis. Under no circumstances will this information be shared with other parents or volunteers. Information received must be used for benefit of the child and relevant to services provided by Head Start.
5. Staff must document all contacts and attempts to work with the parent.

Child Health Status and Care

1. Head Start will work with parents/guardians to make a determination as to whether their child has an ongoing continuous source of medical care. This will be accomplished through a Health/Nutrition History completed on each child during final enrollment.
2. Referrals and resources will be brought into the home on a regular basis to ensure that parents have adequate access of schedules of well childcare and updated monthly.
3. Staff will assist families to arrange for transportation to and from appointments if necessary.
4. When needed, Head Start will work with parents to assure that their child has adequate access to health care professionals to meet each child's individual need. Family Advocates will contact parents on a regular basis to assure that services are current.
5. Head Start will refer parents for services such as medical, dental and transportation
6. All children must have had a complete physical examination (in the last twelve (12) months) signed by a licensed physician or a registered nurse under the supervision of a licensed physician to determine their health status.
 - a. This physical must include at a minimum height, weight, blood pressure, hemoglobin, vision, and hearing.
 - b. Also this physical will include any selected screening that may be based on community health problems and recommended by the Medicaid agency of the State of Missouri, the Center for Disease Control and Prevention, and/or the Health and Safety Advisory Committee.

7. All children attending Head Start must have proof of testing for lead poisoning within the last twelve months.
8. This evidence must be in the form of a written statement from the health care professional administering the test.
9. If a parent or guardians refuses to have their child tested a written statement that states their reason for refusal is required.
10. **Note: the refusal does not apply to the physical examination.** If not received the child will not attend Head Start.
11. They will be kept on the enrollment list for two additional weeks, if not received at that time the child will be dropped and put back on the waitlist.
12. Site-Managers, Family Advocates and Area Support Assistants are to pay close attention to whether or not a child has a physical on time, if not they will notify the Area Coordinator of any child not in compliance.
13. Staff will fill out the top section of the dental form with assistance of the parent /guardian.

Immunizations for Child Enrolled in Head Start

1. No child will be allowed to attend a Head Start center without being adequately immunized against all vaccine preventable illness, EMAA Head Start will follow the State of Missouri immunizations guidelines.
2. All parents or guardians must be able to provide proof that their child is adequately immunized. Proof of immunization will be kept in each child's file and in a center file.
3. A child may attend if the child has an immunization exemption card on file at the center. Exemptions may be given for two reasons only and the appropriate person or persons must sign them.
 - a. Medical immunization exemption form signed by a physician.
 - b. Parent/guardian immunization exemption from a-signed by parent or guardian.
4. Any exemption card must be in the child's file and readily accessible to department personnel who inspect the children's file.
5. All exemptions will be uploaded into Child Plus.

Dental

1. Head Start will work with each family on an individual basis to assure that each family has adequate access to a dental professional that may complete all dental work.
2. Head Start will provide resources to access transportation on an as needed basis.
3. Head Start will help the parent schedule transportation or dental appointments.
4. Head Start parents must assume the responsibility of follow-up treatment.
5. A dental tracking sheet will be kept on each child by the Family Advocate and submitted to the Health Specialist monthly.
6. The dental tracking sheet will include all appointments and work that the child had or has scheduled.
7. This form will be up-dated as each child has treatment or completes treatment.
8. Staff will work with parents to address and overcome barriers that may affect follow-up treatment and preventive dental measures for their children.

Guidance for Classroom Toothbrushing

1. Toothbrushing will occur twice a day; Once with toothpaste and once without.
2. Staff will prepare a small cup for each child, staff and volunteer by putting a small “pea-size” of fluoridated toothpaste close to the rim of the cup.

3. Each person will use their toothbrush to pick up the toothpaste.
4. The teeth will be brushed with full participation of staff and volunteers. Staff serve as role models by brushing their own teeth after meals. All teaching staff must brush their teeth with the children.
5. After the brushing process, children and staff will spit the toothpaste into the cup and dispose of in the proper manner.
6. Staff will collect the brushes and each brush will be rinsed separately and stored in the proper manner. Staff will use proper gloving techniques when assisting children in the toothbrushing process.
7. Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
8. Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Agencies follow Health and Safety Advisory Committee recommendations regarding the proper storage and disposal of toothbrushes;
9. Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and
10. Children are taught proper toothbrushing techniques, and children with disabilities are supported with any needed adaptations.
11. When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water helps to remove particles from teeth and prevent cavities.

Child Nutrition

Menus

1. will be posted in dining room
2. will be followed by cooking staff
3. will be sent home to parents
4. will be provided by the Nutrition Specialist.
5. are planned according to Head Start and CACFP meal pattern standards and by the Nutrition Specialist with input from Head Start parents, staff and Health and Safety Advisory Committee.
6. They are planned to be nutrient dense.
7. Any meal substitutions will need to meet the same guidelines.

Foods served

1. will be high in nutrients, low in fat, sugar and salt.
2. All ready-to-eat and hot cereals served contain 6 grams of sugar or less per dry ounce as listed on the Nutrition Facts label.
3. Yogurt must contain 23 grams of sugar or less per 6 ounces. Whole grains increased in the menu and at least one serving of grains per day must be whole grain.
4. Only fat free (skim) or low-fat (1%) unflavored milk will be served. If milk and juice are served during a meal each child must have two child size tumblers.
5. Cultural diverse foods along with familiar and unfamiliar foods will be incorporated into the menu

6. Head Start children are never forced to eat.
7. All children will receive breakfast upon arrival at the center, if a child arrives late they are to be offered breakfast. Children will be provided breakfast or snack and lunch regardless of arrival or departure from medical, dental, field trips or other appointments away from the center.
8. In addition, we ask that any donation from parents, community, etc. will follow the low sugar, fat, salt policy. Although all donations will be accepted, (Exception-no edible homemade food) items that do not follow the above guidelines will be divided and sent home so parents can use at their discretion
9. Meal and snack periods must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met.

Special Dietary Needs

1. The nutrition program will be designed and implemented in a manner that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities.
2. Individual child food allergies must also be posted prominently where staff can view wherever food is served
3. Cultural, religious, ethnical or personal food preferences or medically prescribed diets will be taken into consideration and also any disability a child may have. Information obtained from the Child Health/Nutrition History Form will be used to plan nutrition education for the child and family for center activities and meals, so that dietary needs are being met and to provide nutrition education for the parents.
4. Head Start will make substitution for participants who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case by case basis. Children with medical or special dietary needs may have substitution to the meal pattern only when supporting documentation is on file. The documentation must be signed by a recognized medical authority such as a licensed physician, physician assistant, or nurse practitioner and must include the following:
 - a. An identification of the medical or other special dietary need which restricts the child's diet; and
 - b. The food or foods to be omitted from the child's diet, and the food or foods that may be substituted.
 - c. Substitutions for Fluid Milk (cow's milk) Non-dairy beverages, such as soy milk, rice milk, or almond milk, may be served in lieu of fluid milk provided the following:
 1. Non-dairy beverages **must be nutritionally equivalent to milk** and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk only approved through the Nutrition Specialist using CACFP guidelines.
 2. Parents or guardians may request in writing a non-dairy milk substitution without providing a medical statement. Any reasonable request could be accepted. For example, a request due to milk intolerance, vegan diet as well as religious, cultural or ethical reasons would be acceptable and be accommodated. If the request only states that a child does not like milk, this would not be reasonable request for a milk substitute.

Growth Assessment

1. The Teaching Staff will complete growth assessments (heights and weights) twice per year (Sept/Feb) following the guidelines. The child's height and weight will be entered into Child Plus.
 - a. Staff will encourage the parents to do the following for children: >95% Weight/Height.
 1. Emphasize meal and snack timing structure and nutritional adequacy of menus offered by family. Child is to decide amount and if she/he'll eat.
 2. Recommend nutritionally adequate meal and snacks offered at the same time each day and providing 3 meals and 2 snacks. Snack times should be at least two hours before the next meal.
 3. Encourage regularly scheduled physical activity during the day, unless contraindicated by other health problems or handicaps.
 4. Help parents find other ways to express concern and caring than by giving food. Encourage parents to spend quality time with child to meet social and emotional needs of the child.
 5. Refer to WIC, medical provider or nutritionist.
 - b. Staff will encourage the parents to do the following for children: <5% Weight/Height.
 1. Suggest frequent meals and snacks, interesting food presentations, variety and encourage child to help with food preparation.
 2. Reduce or eliminate mealtime diversions, such as turning off TV and having the family sit down with child while eating.
 3. Refer to nutrition goals set for each child and encourage progress toward goals.
 4. Refer to WIC, medical provider or nutritionist.

Meal Time Duration Guidelines

1. Breakfast- Breakfast service may start no earlier than 6:30 AM and must be completed by 10:00AM.
2. Lunch –The lunch may not be served before 10:30AM and must end by 1:30 PM. The lunch may be scheduled no earlier than 2 hours after the completion of the previous meal or snack.
3. Snack- A snack may be scheduled no earlier than 2 hours after the completion of the previous meal or snack.
4. At least two hours must elapse between the end of one meal or snack service and the start of the following meal or snack. (Example of times: Breakfast 8:45-9:15, lunch 11:15-12:00, pm snack 2:00-2:30)
5. Children are encouraged to eat during meals but are not forced to eat. Gimmicks such as “clean your plate” or “no dessert until you eat your food” are **not** to be used. Teaching children about new foods is a gradual process and should be a positive process.
6. Sufficient time will be allowed for the children to eat. Slow eaters will not be rushed and will be given sufficient time. Usually 30 minutes is ample time. Children finishing earlier will be excused to clean their plates and eating area.
7. Children and adults wash hands before each meal.
8. Meals will be served family-style. Family style is a group of 5 - 8 persons including children and staff together at the same table. Table talk is child centered, not limited to

food and nutrition. Mealtime should include quiet conversation with a relaxed and pleasant environment.

9. If staff member is unable to eat a certain food(s) due to health/medical reasons, staff must provide a diet prescription form completed and signed by their Physician, indicating what food(s) is/are not allowed and the reason. This form will be kept on file at Central office.
10. Staff will take a small amount of the food(s) on his/her plate to set an example for the children.
11. A small size knife, fork, and spoon will be provided at the tables for each child at lunch daily. Only necessary silverware utilized per foods served at breakfast or snack.
12. Enough food is placed on each table to provide minimum portions of the family style components for all children at the table and to accommodate adults supervising meal service at the table
13. Some amount of each required component must be served to each child and at least the minimum regulatory portion must be offered to the child
14. When the full regulatory portion is not initially served to the child, participating supervising adults must assume the responsibility of actively asking the child if they would like the full portion during the course of the meal
15. Children are to serve themselves the first serving. The adult at the table must serve extra helpings. This is to prevent cross contamination by the serving spoon touching food already on the plate. A serving should never come in contact with a used plate.
16. Tables are to be washed, rinsed and sanitized before and after each meal.
17. Any food placed on the table may not be reused or served as a leftover at a later time. Food, which has been prepared, but not placed on the table, may be reused if properly stored and reheated to at least 165^o Fahrenheit.
18. Milk should be poured just before the meal service begins and should not be set on the table to sit for any extended period of time.
19. Staff members or participant's families will not remove food from the centers.
20. Staff will eat the foods provided to the children during appropriate meal and snack but not in between. Food is to be consumed by staff only when scheduled as part of the center's routine. Staff (except kitchen staff) not sitting at the tables with children assisting with the meal must wait till all children are through eating before they may eat the food that is left.
22. Teachers will sit with children, have them serve their own food, and carry on conversations.
23. Staff will make mealtimes sociable, allow enough time and never use food to reward or punish.
24. Mealtime: Growing Time is to be posted at each center in the dining area and is available in forms.

Water

1. Staff will offer drinking water to the children throughout the day and make it available to children during the day.

Nutrition Activities

1. Recipes are integrated into topics whenever possible.
2. All children will participate in at least one hands-on nutrition activity each month.
3. The adults will supervise and the children will prepare the food.
4. Gloves for children: use the same guidelines as cooking staff.

- a. If hands are involved to prepare a group ready-to-eat food, gloves are needed.
- b. If children prepare individual portions of foods that will be cooked above 180 degrees, gloves are not needed.
5. All children are to be supervise closely.
6. Children may use knives sharp enough to cut items that need to be cut.
7. Food items may be used for non-food activities such as pumpkin rind, pulp and seeds or as an integral ingredient in an art/science activity.
8. Refer to Creative Curriculum for additional activities.

Child and Adult Care Food Program

1. EMAA will use funds from the Child and Adult Care Food Program as the primary source of payment for meals served.
 - a. All records to be maintained to support monthly claims for reimbursement will be retained for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.
 - b. Menus must be dated and indicate all components that were served.
 - c. Food Production records indicates the food item used, the amount of food prepared, and the actual number of children and adults served. Cooks complete daily and turn in to central office at the end of the year.
 - d. Food Purchases. Enter into agency workflow program at least weekly, keep in file till the end of the year then send into central office
 - e. Enrollment documents for each child claimed. Complete enrollment form for Child Care Centers developed by MDHSS-CACFP. These are returned to the Nutritionist Specialist at the end of the program year.
 - f. The attendance form is to be completed upon arrival of the children. The attendance records cannot be used as a basis for completing the meal count record. However, the attendance records should support the meal count records.
 - g. Meal count records must support each monthly claim for reimbursement for each meal served during the month. The meal count record must indicate the daily number of meals served to children by type of meal (breakfast, lunch or snack). The meal count is to be completed by the cooks during the actual meal. For donated meals leave appropriate columns blank according to indicate source providing meal and where meal was eaten.
 - h. Civil rights racial / ethnic data. Display the “And Justice for All” , “Building for the Future” and “WIC” poster
 - i. Documentation of training to staff. Staff must be trained at least annually with regard to the CACFP. Documentation must include: session dates, location, topics and names of participants.
 - k. Documentation of monitoring. Head Start centers must be monitored for program compliance at least 3 times annually; two of the visits are unannounced. Date of the review, problems noted and corrective action prescribed must be documented.
 - l. Miscellaneous documentation. The following miscellaneous documentation must be retained:
 1. Child care center license
 2. Copies of all applications and supporting documents submitted to MDOH-CACFP
 3. Copies of all claims for reimbursement submitted to the MDOH-CACFP

Procedure for Attendance and Meal Count

1. Teachers will take the attendance count and cooks will do the meal count each day/meal to make sure to accurately complete meal count and attendance.
 - a. The codes for the Meal Count (report 2315) are as follows:
B for Breakfast **L** for Lunch **P** for PM Snack
 - b. The codes for the Attendance (report 2315) are as follows:
A for Absent **P** for Present
2. On both reports, circle the appropriate code. Draw a line down the column on days when classes are not scheduled.(Example- holidays) If meal was donated, draw a line down meal that was donated.
3. A child will be marked present when they arrive at the center. If a child is absent, a reason must be given. A child should be marked for the appropriate meal when they have been served all of the meal components. If a child is present and leaves early without being served a meal a reason must be written in the comments on the report.
4. When a child arrives at the center, mark them as present. If a child is not present at the beginning of class wait to mark absent till the end of class because a child may show up late.
5. If you change anything on the reports you must initial it
6. Area Support Assistant needs to highlight all absentees in both reports. This is to quickly see what children are absent when the Site managers check to see if the reports agree.
7. Area Support Assistants will total reports, if reports do not agree return reports to the site manager, to address with appropriate staff for correction. Site manager will review again and return to data entry for entry.
8. Area Support Assistants must make sure to stamp entered/date and initial each report.
9. Site Managers are to compare meal count and attendance on Friday of each week before giving to Area Support Assistants making sure they agree and initial in the bottom right side of each page.
10. Mail completed forms, specifically meal counts and attendance, to central office weekly. Do not hold on to items for someone to deliver.

Policy on Personal Sanitation and Dress Code for Kitchen Staff

1. Any personnel or volunteers working with or near food should be neat, clean, and free of communicable disease. Anyone with an infected cut or burn should not handle food. If you have a cold, sore throat, diarrhea or skin eruption you should notify your supervisor.
2. Clean, washable clothing should be worn to do cooking as well as cleaning up. Clean, white aprons with no pockets should be worn.
3. No tank top, short, short dresses, or short skirts should be worn.
4. Wear comfortable, closed-toed sturdy shoes. Sandals and open-toed shoes can be dangerous if object are accidentally dropped on the foot.
5. Restrain hair by using a hair net or cover at all times. If hats are used make sure they are clean.
6. Keep fingernails, short, trimmed and free of fingernail polish. Wear gloves at all times when handling ready-to-eat food.
7. Jewelry can cause accidents. Limit rings, especially large rings and long necklaces that could get caught on hot pans, etc.
8. There should be no use of chewing gum or tobacco in the kitchen. Eating and drinking areas should be away from food preparation areas.

9. Employees must always thoroughly wash their hands and arms up to the elbow for 20 seconds before starting work and after the following:
 - a. Handling raw food
 - b. Touching their hair, face or body
 - c. Sneezing or coughing
 - d. Smoking and chewing tobacco or gum
 - e. Eating or drinking
 - f. Taking out the garbage
 - g. After the toilet
 - h. Touching anything that may contaminate their hands
10. After washing their hands, employees should never:
 - a. Use their aprons to dry their hands
 - b. Do anything that could recontaminate their hands before returning to work.

Safety – Medical and Dental Policies

1. Staff will develop a plan of action for medical and dental emergencies based on their location and accessibility to care. All Staff and volunteers will be trained on these procedures. This should be done at staff meetings and as volunteers come into the center. The training will be documented on a Meeting Participating Form.
2. Emergency medical information will be gathered on each child at final enrollment. This information will be up-dated when changes are made on a Change of Status Form. All Change of Status Forms will be gone over at weekly staff meetings. Agreement Forms with authorization for emergency care will be in each child's file at the center.
3. Accidents:
 - a. Staff will notify parents of all accidents, emergencies or incidents (bites, scratches, falling, fights and etc.) involving their child immediately. All minor injuries will be treated at the center.
 - b. Head Start staff will make every effort to contact the parent or guardians in the case of an emergency. In the event that a parent, guardian or emergency contact cannot be reached the child will be transported to the nearest emergency medical facility by emergency medical staff.
 - c. Accident reports must be signed by staff and the parent/guardian. They are then given to the Area Support Assistant, who enters it into Child Plus. The accident report is then given to the parent/guardian.
4. Emergency information on all children will be kept up-to-date and entered into the computer as soon as it is received. Emergency contact reports will be run monthly and distributed to the appropriate staff or file. Emergency Medical information reports will be posted at all entrances and carried with staff in a fanny pack or apron when working with the children.
5. All Change of Status will be gone over at weekly staff meetings and any changes will be noted on staff's copy.
6. Emergency contact information (Child Plus Report # 1520) will be run per classroom, kept in a large envelope that is clearly marked Emergency Contacts. These emergency contacts will also be kept in staff's fanny pack or apron.
7. Special Health Care Plans will be posted in a separate envelope.
8. Old contacts will be destroyed when new ones are given to the teaching staff.

9. If a child is enrolled during the month, the information can be written in on the current report.
10. An OTC medical authorization form may be signed by parents for diaper cream, sunscreen, and bug spray. No other OTC medicines will be available.
11. Remember no non-prescription medication except by physician's orders.
12. Each center will have a thermometer that will be available to all teachers as needed.

First Aid Kits

1. Contents list of First Aid kits (which must be in each classroom and kitchen) and fanny packs/aprons (which must be worn at all times) are available in forms. This list also must be in the lid of the First Aid Kits and initialed every month.
2. The Site Manager will be responsible for all first aid kits that are in the scope of their center.
3. All fanny pack/apron first aid kits are to also be restocked, as needed.
3. A monthly inventory will be conducted and restocking will be done on a regular basis.
4. Staff are responsible for listing any item that they have used the last of and must notify the Site Manager.

Emergency Drills

1. Staff will develop a plan of action for fire, tornado (storm), and earthquake evacuations. Intruder drill, disaster, and emergency response drills.
 - a. Fire, tornado, and earthquake drills are done monthly. Intruder, disaster, and emergency response will be alternated through the month but must be done at least three times a year.
 - b. All staff and volunteers will take part in these drills.
 - c. Drills must be reflected on the lesson plan.
2. Plans will be very specific on escape routes, staff assignments, and locations of fire alarms, flashlights, and etc.
3. Each classroom should also have a visual plan of action that children are able to understand.
4. Drills will be documented on an Emergency Drill Log and posted in the center.
5. All drill procedures will be revised to be class specific. This must include signals and responsibilities for each staff. These drill procedures will be posted in each classroom. You must include specific steps for disabilities children. These will be typed and mounted on brightly colored poster boards that are clearly visible to staff and volunteers.
6. Drills, emergency procedures (medical and dental, choking poster), evacuation plan (current map), first aid kits, and gloves will all be displayed in one designated area of the classroom.
7. If your parent area or cafeteria is separate from the classroom there must also be an emergency plan for that area.
8. In the case of a real tornado teachers and site-managers will contact emergency contacts and emergency agency.
9. All staff must remain with the children until children released to proper person.
10. Staff will work with parents on home visits to help them develop a plan for emergency procedures for their own homes.

11. Parents/guardians will be given the opportunity to attend all trainings that deal with emergency procedures.

Safe Environment

1. Head Start facilities are free of all firearms and other weapons.
2. All Head Start campuses are smoke/vaping-free environments.
 - a. Staff, parents, volunteers and other community people will not be allowed to smoke/vape in the presence of Head Start children.
 - b. When Head Start children are taken on field trips the setting in which they are taken becomes the classroom. An example of this would be that if the children are taken to a bowling alley, the bowling alley becomes the classroom and the no-smoking/vaping policy will apply.
 - c. Head Start staff will educate parents/guardians on the harmful effects of smoking.
3. Children are not allowed to bring back packs, pillows, or blankets from home. This is in order to maintain safety and hygiene practices.
4. Head Start facilities will have pesticides applied by a licensed exterminator in strict compliance with label instructions. All applications will take place after the children have left the building.
5. Head Start centers will be regularly inspected by the State of Missouri Health and Sanitation inspectors for environmental hazards. Reports will be maintained at all sites to show compliance of all safety issues concerned with the hazards.

Child Abuse and Neglect

1. Staff Responsibility
 - a. All Head Start Staff are mandated child abuse and neglect reporters. EMAA will provide orientation and training on the identification and reporting of child abuse and neglect on an annual basis.
 - b. The Designated Central Office Contact Person is the designated employee with the responsibility for:
 1. Establishing and maintaining cooperative relationships with the Missouri Children's Division. This will include regular formal and informal communications.
 2. Informing other staff regarding the process for identifying and reporting child abuse and neglect as outlined in EMAA'S policy and procedure.
2. The procedures will apply in the identification and reporting of Child Abuse and Neglect as defined in, and pursuant to, the National Head Start Policy and the State of Missouri law. This plan will apply in the Southeast Missouri counties served by East Missouri Action Agency, Inc. Head Start and to all EMAA Head Start personnel.
3. CA/N procedures are to be posted in each office and where emergency numbers are kept.
4. Identification/Reporting – Missouri CA/N Hotline 1-800-392-3738
 - a. If any EMAA Head Start staff person has cause to believe that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would result in abuse or neglect as defined by state law, he/she shall immediately follow the procedures as outlined by EMAA Head Start procedures for reporting child abuse/neglect.

- b. The report should be made to the Missouri Children’s Division Central Registry Unit (1-800-392-3738) or online at www.https://apps.dss.mo.gov/OnlineCanReporting/default.aspx
 - c. This report should be made without delay.
 - d. When a report is made the Site Manager will be notified immediately. The Site Manager will contact the Health Specialist (the Central Office Contact person) who will let the appropriate Area Coordinator and Director know.
 - e. The staff person reporting the incident will take no further action; the proper authorities shall handle appropriate action.
 - f. The law provides immunity from civil or criminal liability to those who make reports, and also to those who work in cooperation with Missouri Children’s Division, any law enforcement agency, or juvenile office in the completion of an investigation.
 - g. Immunity is provided regardless of the outcome of the investigation; however, it does not apply if a person intentionally makes a false report.
 - h. Failure to report is a Class A misdemeanor for a person who is required under law to report.
 - i. Filing a false report is also a Class A misdemeanor
5. Confidentiality
- a. All such information, whether written or oral, pertaining to the report of child abuse or neglect shall be considered confidential.
 - b. Missouri State law calls for severe sanction against any person who violates this confidentiality or who permits or encourages the unauthorized dissemination of this information. This provision of the law will be strictly enforced by EMAA.
6. Additional Information
- a. EMAA Head Start will take no further action nor will any Head Start Staff until such time EMAA or Head Start is contacted by the Missouri Children’s Division.
 - b. The Missouri Children’s Division or any assigned protective service worker will have access to any information pertaining to the reported case with the proper paperwork (CS-30) and identification.
 - c. The Head Start staff will contact the Central Office contact person or the Head Start Director without delay upon being contacted by the Missouri Children’s Division.
 - d. During the time the child remains in the Head Start program a liaison should be maintained with the protective service worker and Head Start in regards to services provided and plans being made for the child through Head Start.
 - e. EMAA Head Start may not and will not undertake to treat cases of child abuse and neglect, but will cooperate fully with the Missouri Children’s Division.
 - f. Every effort will be made to retain in the Head Start program children allegedly abused or neglected.
 - g. Staff will use as far as possible, a helpful rather than punitive attitude toward abusing or neglecting parents or other caregiver.
 - h. Upon referral from Missouri Children’s Division Protective Service Worker, Head Start will determine an eligible unenrolled child as having a "special need" to facilitate his/her enrollment in an open slot.
7. Prevention

- a. EMAA Head Start is not nor is to become a primary instrument for treatment of child abuse and neglect.
- b. Head Start should play an important role in the prevention of child abuse and neglect.
- c. It is expected that specific prevention efforts will be identified and implemented by Head Start when agreed with by the Missouri Children's Division or Administration for Children, Youth, and Families.
- d. It is equally expected that the Head Start goal of a socially competent, healthy child in an aware, informed and responsive family will be underscored in each components activities as important primary preventive measure.

Outdoor Safety

1. Children are to *NEVER* be left alone, indoor or outdoor.
2. There will be a designated person or persons, appointed by the Site Manager, at each center who is responsible for checking the playground and surrounding areas on a daily basis to assure that all equipment is in good condition and that all debris is picked up.
3. This policy is to assure that all playgrounds are inspected daily, cleared of tripping and hazardous items and to assure that Head Start children and staff are safe on the play ground.
4. This check will be completed each morning before the children use the playground or other outside area.
5. The outdoor safety checklist will be posted and the designated person will sign off on the form daily and checked by Site Managers and Area Coordinators.
6. If the children cannot use the playground because of inclement weather this should be noted on the form (example: wet and cold) This will let management staff know that the area has been checked
7. Site-Managers are the party responsible for assuring that these guidelines are followed.
8. In the absence of the designated person the Site-Managers must appoint a back-up person
9. Things to look for: broken bottles, cigarette butts, paper, animal feces, broken toys, sharp edges, tripping hazards, splintered wood, medications, and syringes.
10. Make sure that all toys are brought in or stored in the appropriate place (trucks, cars, riding toys, water tables, easels, art supplies and etc.)
11. Make sure that all playground equipment and toys are in good working order and that there is no loose screws, rough edges, broken parts, missing parts or splintered surfaces.
12. Pea gravel that has been tracked or thrown from the playground must also be swept up on a daily basis if the area on which it is scattered is a flat surface.
13. Pea gravel will become a slipping hazard on asphalt or sidewalks. There are push brooms provided at each site for this purpose.
14. Previous months will be kept in the Site Managers notebook.

Universal Precaution in Child Care

1. General infection control principles are a necessary practice for all child care settings to minimize the risk of transmitting diseases from employees and children.
2. "Universal Precautions" stress that all people should be assumed to be infectious and the same procedure for eliminating transmission of the disease should be utilized for everyone.
3. This environment within the childcare setting places employees inherently in situations where unpredictable risk of exposure to transmission of infectious agents may occur.

4. All body fluids such as blood, saliva, breast milk, feces, vaginal secretions, semen, urine, or any body fluid, which contains blood, should be considered to be infectious.
5. Human transmission of these agents occurs when the blood or body fluids from an individual infected inoculates the non-intact skin, mucous membrane, or open wound of another.
6. Determining whether a body fluid is hazardous may be very difficult, adopting the practice of treating everyone as contagious is the successful technique in preventing the spread of infectious diseases.
7. In the childcare setting the Universal Precaution method would be carried out as follows:
 - a. Staff will wash their hands after handling any body fluids (urine, feces, vomit, blood, saliva, nasal discharge, and discharges from injuries or draining sores), regardless of whether gloves were used in the handling.
 - b. Staff will wear utility gloves or disposable protective gloves to immediately clean up spills of body fluid (urine, feces, vomit, saliva, nasal discharge, eye discharge, and discharges from injuries or draining sores).
 - c. The gloves should be used only one time, for one incident, by one person, and should be immediately discharged.
 - d. If a staff member has any known sores, cuts, punctures, breaks in the skin, or open sores on her/his hands the staff will take particular care to wear protective gloves when handling blood or body fluids containing blood, or discharges from any injuries or draining sores.
 - e. For spills of vomit, urine, and feces, staff should clean and disinfect the area including the walls, floors, bathrooms, table tops, and diaper-changing tables as soon as possible after the spill.
 - f. For spills of blood or body fluids that contain blood, and for any other discharges from injuries or draining sores staff should always use protective gloves to clean and disinfect the area, and should do so as soon as possible after the spill.
 - g. Staff will routinely clean and disinfect the entire programs and play area thoroughly, on a daily basis, regardless of whether body fluids are known to have been spilled on any surfaces. All surfaces should be cleaned and disinfected, including floors, walls, bathrooms, tabletops, food preparation surfaces, and diaper-changing tables. Protective gloves are only necessary to clean surfaces that have blood or body fluids that contain blood on them.
 - h. Mops and cleaning towels will be cleaned, rinsed in disinfectant solution, and then wrung as dry as possible and hung to dry.
 - i. Blood-contaminated material and diapers will be disposed of in a plastic bag with a secure tie, and disposed of out of reach of children.
 - j. Whenever possible, staff will clean with paper towels, rather than cloth towels.
 - k. Staff who have been exposed should fill out an accident report as soon as possible, or within 24 hours.
 - l. An easy disinfectant solution is made with 1 teaspoon of *CLOROX REGULAR* (not splash proof) bleach and 1 gallon of water.

Toileting

1. Encourage parents to share information about the child's experiences with toileting at home.
2. Encourage independence and help child with toileting as needed; reinforce their efforts

- regardless of outcomes.
3. Do not, under any circumstances, shame a child for accidents.
 4. Diapers and/or pull ups will be provided while the child is at the center.

Caring for an Ill Child

1. Misbehavior is not an acceptable reason to send a child home.
2. Health Check: A health check will be performed on all children entering the Head Start center. Each child will be observed for contagious diseases and for signs of illness upon arrival and throughout the day.
3. This should be done in an area away from the group so there will be no embarrassment to the child or family.
4. A quick, visual health check should be completed upon arrival and throughout the day. The symptom record form will be kept on each child sent home.
5. Children could be sent home for the following:
 - a. Diarrhea--more than one (1) abnormally loose stool. If a child has one (1) loose stool, he/she shall be observed for additional loose stools or other symptoms;
 - b. Severe coughing--if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing;
 - c. Difficult or rapid breathing (especially important in infants under six (6) months);
 - d. Yellowish skin or eyes;
 - e. Pinkeye-tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus;
 - f. Unusual spot or rashes;
 - g. Sore throat or trouble swallowing;
 - h. An infected skin patch(es)--
 - i. Unusually dark, tea-colored urine;
 - j. Gray or white stool;
 - k. Fever over one hundred degrees Fahrenheit by mouth or ninety-nine degrees Fahrenheit under the arm, or 100 degrees tympanic (tympanic);
 - l. Headache and stiff neck;
 - m. Vomiting more than once; and
 - n. Severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies.
6. Children being checked for head lice should be checked away from others, never in the classroom.
7. Head Start has a no nit policy.
8. If a child has to be sent home, parents or emergency contacts should be utilized.
9. Communicable disease fact sheets are given to the parents, via the parent handbook, at final enrollment.
10. Head Start will work closely with the local Health Departments on cases of remittance that may be dangerous to other children or staff.
11. Exclusion of children with immunization exemptions policy is in forms.

Medication for Children and Staff

1. Head Start will encourage parents not to send medication to the center unless absolutely necessary. Most medications can be given to children before or after class time.

2. All medication (non-prescription/prescription) given to children at Head Start will be accompanied by a signed and dated Medication Authorization Form from the parent stating the length of time that the medication will be given and any possible side effects that the medication may have.
3. Prescription medication must be in original container, labeled with the child's name, instructions for administration, including the time and amounts for dosages.
4. A written, original order from the doctor accompanies the medication along with an emergency number to contact the doctor if necessary.
5. Parents and Health Care Provider will be notified if there are changes in the child's behavior, this will also be documented on the Medication authorization.
6. Each child that takes medication will have a designated person or persons to administer the medication.
7. The date and time of administration, the individual giving the medication and quantity of medication will be recorded on the Medication Authorization form that is provided by the state.
8. This form must be up to date after every dose is given.
9. Form will be kept in locked box with medications and other forms. Any medication that has to be kept on hand for life threatening emergency situations will not be given unless the parent or doctor requesting the treatment gives staff training on how to administer the medication.
10. This will include medications such as an epi-pen for severe allergic reactions to things such as food or bee stings, medications that are injected for conditions such as diabetes, or nebulizer or inhaler for severe asthma.
11. This will be documented on a Meeting Participation form that is signed by all persons involved outlining the training received.
12. All parents/guardians of children receiving medication at Head Start will be given a copy of the Medication Policy so that they have a clear understanding of EMAA Head Start Guidelines.
13. All medications given for life threatening conditions will be kept with the adult responsible for the child and has been trained to administer the medications. These medications will be kept in the staff's fanny pack or apron and locked up at the end of the day.
14. Records of medication administration will be reviewed with parents on a monthly basis. Staff and parents will sign and date all medication administration records to assure that the medication has been administered correctly and/or updated.
15. All medications will be kept in locked boxes that are provided by Head Start.
16. These boxes will be locked at all times and kept out of the reach of children.
 - a. One box will be provided to each classroom for medicine that does not require refrigeration.
 - b. One box will be provided per center for medications that do require refrigeration.
17. Staff/volunteers who takes medication will also be required to keep their medications in the locked box or in a locked file cabinet that is not accessible to children. It cannot be kept in an unlocked file drawer, in desk drawers, on top of cabinets, or any place in the center.

COVID Policy

1. Our program follows the current CDC guidelines.

Family and Community Engagement Program Services

Parent Engagement

1. A Parent Area is set up in each center. Updated information is posted on a Parent Bulletin Board along with a copy of all emergency drills, a detailed emergency medical plan, articles of interest, calendar events, upcoming meetings, menus and other items of interest to parents.
2. Participation of parents is voluntary, and will not be required as a condition of the child's enrollment in the program and this will be reinforced at the monthly home visits with Family Advocates; in news letters sent home; and at monthly parent meetings.
3. Parents will be given preference for paid positions when qualified and job openings will be posted at each site for the parents to review.
4. Parents will be encouraged and trained like staff to volunteer in the Head Start program.
5. Parents are encouraged to visit the site to observe or participate in their child's activities.

Parent committees

1. Parent Committees will be established at each site during the second parent meeting.
2. The Parent Committee will consist of parents of currently enrolled children.
3. Each committee will elect a Chairperson, Vice-Chairperson and a Secretary.
4. Staff who have enrolled children may attend parent meetings; however, staff may not serve on any parent committee or policy council due to conflict of interest.
5. Members will be elected to sit on a hiring committee to assist the Site Manager and Area Coordinator with interviews for paid staff positions at the local level.
6. They may also be asked to attend conferences with staff if problems develop.
7. Local Policy Council members will automatically serve on the hiring committee.
8. New members will be elected as openings occur.

Parent Meetings

1. Parent meetings with training topics decided upon by the Parent Committee, are set up by family advocates each month.
2. Two staff members must be present at the parent meeting, one of which must be a family advocate. Site manager or designee will attend as well.
3. Parents will give curriculum input.
4. Topics that will be covered must include, during the year:
 - a. Health/Safety
 - b. Nutrition
 - c. Mental Health

Fundraising

1. Fundraisers by parent groups must be approved by Policy Council and Central Office before the event.
2. All money from fund raising events must be sent to Central Office to be cleared through the fiscal department and can then be audited in the regular Head Start audit.
3. Central Office must be notified of all items purchased with funds raised.

4. All moneys must be spent before the end of the fiscal year. You must spend this money no later than November 30th due to workflow tickets not being completed in time as our fiscal year ends December 31st.
5. The parent committee will be responsible for transporting all fundraising products and sorting for delivery.

Father Figure Initiative

1. Head Start will encourage male involvement in our program through home visits, parent/teacher conferences, phone calls, notes, newsletters, and during visits to their child's center.
2. Each site will display print (i.e. posters) to encourage fathers and other significant males to become involved in the program and feel welcome.
3. Head Start will treat father figures with respect and make them feel welcome at the site by offering volunteer opportunities that will make them feel useful and needed.
4. Each site will plan one event per quarter, which will total four per program year, which is specifically geared toward and selected by males or father figures.

Parent Curriculum

1. Head Start has implemented the Conscious Discipline Parent Curriculum to support parent involvement in their child's education.
2. Parents will have the opportunity to attend an Open House where they will be introduced to how conscious discipline works and how it is used in the classroom. They will be given the opportunity to provide input at this time.
3. Each site will hold seven different Parent Nights where the parents can interact with one another, share experiences, and connect with staff. Parents will learn how to implement the powers, skills, and structures into their own homes.
4. Parents will be involved in four highly interactive in-home meetings that will provide connection, strengthen parents' knowledge, and model parenting skills in context. These will take place at regular scheduled home visits.

Home Visits

1. Home visits will be scheduled to accommodate staff and parent/guardians.
2. Family Advocates will visit the homes every other month, resulting in four in-home visits per program year. Contacts with families will be made on months that Home Visits do not take place.
 - a. At these visits, all referrals will be updated to ensure that all services are being provided and followed through.
 - b. Updates will be documented on a family contact transaction form.
3. During the visits the staff will talk to the families about their interests, needs, goals, and child's progress as well as new skills from the parent curriculum.
4. If more than one parent/guardian wishes to be actively involved in the child's life, a separate visit needs to take place with that person.
5. Every effort should be made to complete a home visit, at the home.
 - a. In cases where parents ask that the home visit be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at the Head Start site or at another safe location:

1. McDonalds, Harps, Coffee shop, park, etc. that affords privacy
2. Document the location under the signature on the Family Contact Transaction form.

Family Engagement Partnership

1. Beginning with the final enrollment process, the parent/guardian will fill out a Parent, Family, and Community Engagement Self- Assessment.
2. This agreement will identify the needs, interests, and goals that the family would like to work on during the program year.
3. At this time the family and staff will begin creating a family plan documenting the strengths, supports, barriers, responsibilities and desired timeframe in which they would like to reach these goals.
4. The family plan will be updated and revised each month at a parent contact/home visit meeting.
5. The parent/guardian will receive a copy of their plan so they will know their responsibilities by the next meeting, and so they can track their own progress toward meeting their goal.
6. A copy of the family plan will also be kept in the family folder of the child's file, for the Family Advocate to update.
7. The family plan will also have space to include information about any other agencies that the family may currently be working with, or that they would like to work with in the future.
8. Medical and dental education will be provided to Head Start staff and families involving the principles of medical and dental health, emergency first aid, occupational and environmental hazards and safety as well as maternal and child health annually.
9. Nutrition education will be provided to include selecting and preparing food, and food budgeting. Staff and parents will discuss their child's nutrition status.
10. The Head Start program will participate in collaborative efforts to involve community, parents and staff to improve the delivery of community services to children and families and to keep within confidentiality policies. The staff will work together to contact other agencies and to participate on boards and committees to promote delivery of community services. Agency confidentiality policies will be followed. Joint training with the agency community services program will be held annually to share information regarding both programs in relationship to each other at a scheduled time convenient for both programs.
11. Mental health issues relating to children will be addressed annually and be included in trainings as needed. Staff will be available to parents to discuss their child's mental health at any time. Parents will assist in planning and implementing any mental health interventions for their children. Parents and staff will have accessibility to services from healthy living consultants serving our program.
12. All of the above will be provided for parents through working closely with community sources and our program. When possible, contracts will be entered into annually to provide services. On a month to month basis, as needed by parents, we will provide

training and resource materials from agencies appropriate to the need. We will provide Child Abuse and Neglect training to all staff and parents once a year.

Mental Health and Social/Emotional Well-Being

1. Staff will utilize the HLC in the classroom to have them interact with the children and to suggest ideas to staff for mental health services
2. Staff observe children, as well obtain parents' input during home visits and parent-teacher conferences. They also address parents' concerns regarding their children with HLC.
3. During the first home visit teachers discuss age range expectations and give parents "New Beginnings!".
4. Staff are provided trainings, at least once a year, in responding to children's behavior. Conscious Discipline is our behavioral modification curriculum.
5. During the second home visit family advocates have parents fill out the "Healthy Living Checklist" form. Parents keep this form. Staff can put families in contact with HLC, if needed.
6. The HLC makes monthly visits to each center and more, if needed.
7. The Healthy Living Consultant meets with the staff in each of the classrooms to discuss issues of concern with them as documented on the "Healthy Living Consultant Report".
 - a. Staff fill out the "Social-Emotional Screen" on each child.
 - b. Staff fill out "Mental Health Screening Follow-Up." The Healthy Living Consultant reviews, dates and initials the entries for each child. The Healthy Living Consultant provides observation and needed supports for those children who need it.
 - c. Staff follows "Positive Intervention for Challenging and Disruptive Behavior" for children who meet the "Head Start Criteria for Identifying Children with Emotional and Behavioral Disorders."
8. The Healthy Living Consultant offers parent programs on mental health issues of parents choosing Healthy Living Consultant by the following:
 - a. Meets with parents during site visits to discuss mental health issues of concern to them.
 - b. Talks with families by phone.
 - c. Goes to the family's home, if necessary.
 - d. Make referrals for parents for help outside of Head Start, if needed.
9. The Healthy Living Consultant is available to help staff, who are then better able to support parents' participation in needed mental health interventions.
 - a. During the second semester the Healthy Living Consultant, meet with family advocates, education staff and cooks to provide training on topics that enhance staff knowledge about mental health issues.
 - b. During each visit the Healthy Living Consultant meets with staff in individual classrooms to help train them on strategies that help guide children.
10. The Healthy Living Consultant also provide informal training to family advocates when they meet with them to help parents with concerns.
 - a. EMAA Head Start communicates with mental health professionals and agencies in each county to ensure ongoing collaborative relationships with Head Start staff and families through the Health and Safety Advisory Committee.
 - b. The Healthy Living Consultant serves as a resource locator in obtaining services as needed. The Healthy Living Consultant counsels staff on an as-needed basis.

11. Staff have the option of participating in the Employee Assistance Program through East Missouri Action Agency, Inc.

Disabilities

1. EMAA Head Start will provide an inclusive environment where each child is supported in his or her development.
2. Supports include seeing that children who have been identified as meeting Individuals with Disabilities Education Act (IDEA) criteria obtain needed services.
3. EMAA Head Start classrooms will incorporate IEP's in the daily classroom routine.
4. Outcome assessments have been designed to include all children with disabilities.
5. Head Start will work with ECSE programs and Part C providers to identify children with disabilities.
6. Options include dual enrollment with ECSE; itinerant services.
7. The Disabilities Specialist works with LEAs/MOU's to increase the use of Head Start classrooms as a 'Least Restrictive Environment' for children.
8. Head Start may provide additional support staff through the use of assistant teachers to meet the special needs of children. With the help of parents, Site Managers are responsible to see that all staff receive training on expectations for their role for working effectively with children with disabilities. Site Managers and Family Advocates can contact ECSE programs or the Disabilities Specialist if they are needing additional training resources.

Procedures to Notify Parents

1. Parents are informed of the types and purposes of screenings during final enrollment using the description in the Parent Handbook.
2. Teachers discuss DIAL-4 results during the first home visit, or shortly after it is given.
3. Parents are informed about the results of all screenings at the time of screening and/or when given Report #3030, "Participant Health Summary Report."

Coordinate Screening with LEA/MOU

1. 'Identification of Children with Disabilities' is one section of the LEA/Memorandum of Understandings.
2. Secured parent permission during final enrollment to share screening results with schools.
3. When Parents as Teachers parent educator are able, they participate both in LEA/MOU meetings and screenings.

Evaluation

1. Meeting with parents: The Family Advocates and/or teachers meet with the parents of every child who is screened to discuss screening, and especially screening concerns. This communication can enable parents to bring up concerns that they are observing. Many parents already indicated on their child's Head Start application their concerns, as well as during final enrollment/pre-service teacher home visit. In addition, ongoing assessment is entered in the child's portfolio, which may include parent entries, enabling the teacher to alert parents to any potential problems.
2. Parent decision not to pursue services: For a variety of reasons, parents may decide not to pursue services. Family advocates document a continued dialogue on FamilyContact/Transaction forms. Usually obstacles can be overcome and an apparent parent refusal becomes a very effective collaboration. Our close relationship with school personnel has enabled us to utilize many creative resolutions. Parent refusals are thus not entered into ChildPlus until close to the end of the program year.

Transitions

Transition to Head Start

1. Head Start staff will talk as equals with parents, learning from parents about their children and responding to parents' concerns.
2. Publicity: staff, and current and former parents, provide community with information about Head Start through conversations and PR materials, including our local publication, "How to Enroll a Child in Head Start." A Recruitment Committee meets each winter to plan the recruitment strategy to help parents learn about Head Start.
3. Recruitment: inform families about what to expect, respond to their concerns, and answers their questions when filling out an application for their child(ren).
4. Staff will inform parents about what to expect when they meet with staff and fill out final enrollment forms before entering Head Start.
5. First education home visit will provide an opportunity to get to know children and parents in a comfortable setting. The health history and the DIAL-4 Parent Questionnaire will be discussed and documented. Parents give teachers a lot of very helpful information.
6. All families are invited to visit the center before the beginning of the school year.

Transitioning Children with Disabilities into Head Start

1. When children with disabilities enter Head Start, parents, and staff will meet to learn about working with their child.
2. The family engagement staff meeting occurs in the first two weeks for children with an IEP. The initial Child Development Plan for Individualization is developed which includes IEP goals.
3. Children with whom parents have concerns are next to be staffed.

Transition to Kindergarten

1. Parents have a parent meeting, on a topic about preparing their child for kindergarten, getting to know school personnel such as kindergarten teachers, their rights and responsibilities as a parent or other similar topic.
2. Beginning in February, family advocates let parents of pre-kindergarten children know about what their child's school does to screen, register and provide opportunities to familiarize families about the school, such as a kindergarten orientation. In addition, they provide information about health issues, such as immunizations.
3. Newsletters include information about transition activities.
4. Through communication with the school and parents, Head Start staff stress the importance of building positive relationships between teachers and parents throughout a child's schooling. Educating school staff about the importance of parent involvement helps to prevent retentions and drop-outs.
5. The education home visit that is held during the spring describes the child's progress and discusses transitioning to school.
6. Portfolios are given to parents toward the end of the year and they are encouraged to share their child's portfolio with his or her kindergarten teacher.
7. When children leave Head Start during the year and enter into a different child care setting, parents may request a copy of records to give to the next child care setting. They are given their child's portfolio to share with this next setting.

8. Head Start staff work with school personnel to determine the most effective strategies for transitioning children into kindergarten. They fill out a “Transition Agreement.”
9. Parents are given an updated copy of health information each spring and schools receive health information from the Head Start ChildPlus computer program about each of the Head Start children. Parents have signed an Agreement form agreeing to this transfer of information.
10. Local Head Start staff meet yearly with school personnel to update our collaboration through the LEA Memorandum of Agreement. The dialog and memorandum include transition activities. Head Start encourages schools to include a parent educator from Parents As Teachers to enhance the transition process, which many Parents As Teachers programs are involved with. Schools have also included counselors, ECSE teachers, speech teachers, Title I personnel and principals.

Purchasing

1. Only a staff person issued a credit card may use that credit card.
2. All purchases made by the Head Start program must be put into the workflow system within 3 business days. Failure to do this may result in the loss of the ability to use the issued credit card.
3. All purchasing, with the exception of food/kitchen supplies, must be completed no later than November 30th. The fiscal year ends December 31st and all tickets must be accounted for before the year may be closed out.
4. Ink cartridges (color ink) are purchased with classroom supply funds.
5. Classroom purchasing.
 - a. Staff use current Purchase Notice form for all purchases.
 - b. Staff and Site Managers will track all purchases on the Classroom Checkbook form.
 - c. For educational spending purposes, they have five months in the spring (January-May) and five months in the fall (August-December). Classrooms receive \$50/month. Money can accumulate up to the end of November. Because our fiscal year is the calendar year (except for CACFP), money that is not spent by the beginning of December is gone.
 - d. All purchase notices, along with receipts, and packing slips (if applicable) are to be turned in, at the least, weekly through the workflow system.
 - e. If nutrition experiences can be eaten during a meal or snack, CACFP funds cover the cost of the food. If the food is eaten at other times during the day, the expense comes out of classroom funds. (Note: food items still need to meet CACFP requirements.) Food items purchased to make such things as playdough, are not covered with CACFP funds.
 - f. When a program uses donated money that is on account at Central Office, this is *not* taken out of classroom supplies, it is taken out of the account item for money received for your program.
6. Books
 - a. \$260 is available, per classroom, for the purchase of books. The Site Manager will pay for the order with their credit card.
 - b. All books, through Scholastic, are to be ordered per classroom.
 - c. Parents are offered an opportunity to purchase books through Scholastic.. *It is completely up to staff as to whether they want to spend the time to make this opportunity available.*

- d. Staff may purchase books on their own for the classroom using classroom supply money.
- 7. Transition
 - a. Each classroom has \$90 available, per year (Jan-Dec) for transition purchases. During Back-to-School sales is a good time for these purchases to be made.
- 8. Cleaning
 - a. Classroom trash bags will be purchased through health monies by either the site manager or cook.
 - b. Each classroom has \$57 available, per year (Jan-Dec) for cleaning purchases.
- 9. Parent Activities
 - a. Each center receives \$20 per classroom (not to exceed \$60 per center) per year to spend on the following:
 - 1. Open House
 - 2. First Parent Meeting
 - 3. Volunteer Appreciation Day
 - 4. Kindergarten Tea
 - 5. Recruitment Meeting
- 10. Parent Fund
 - a. Each center receives \$50 per classroom (no limit on classrooms) per year.
- 11. Walking Field Trips
 - a. Each classroom has available \$60 per classroom, per year, to spend on items for a walking field trip (such as pumpkins, etc.)

Inventories

- 1. Inventories for classroom, health, and nutrition are due two times per year (May and December) and to be turned into Central Office.
- 2. A copy of classroom inventories need to be kept for licensing.

Personnel Policies

- 1. Personnel policies have been established and are updated/approved by both the Board of Directors and Policy Council, when needed.
- 2. Before a person is hired, directly or through contract, our program will conduct an interview, verify references, and obtain each of the following:
 - a. Family Care Registry (Child Abuse/Neglect)
 - b. One set of fingerprints (Missouri Hwy Patrol & FBI)
 - c. Eligibility Verification Letter from the State of Missouri
- 3. Additionally, a complete background check for each employee, consultant, or contractor will be done at least once every five years.
- 4. The cost of all required background screens will lie with East Missouri Action Agency.
- 5. Each staff person is required to sign and date a *Standards of Conduct*.
- 6. Family Care Registries will be ran yearly within 30 days of licensing renewal.

Staff Qualifications and Training

- 1. All Head Start central office staff must have, at a minimum, a baccalaureate degree in their related field. All staff hired after November 7, 2016, will have a baccalaureate degree in their related field. The Head Start Director also must have experience in supervision of staff, fiscal management, and administration.

2. The agency fiscal officer must be a certified public accountant, or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or related field.
3. Teachers must possess a BA in Child Development or Early Childhood education (or a related field).
 - a. Teachers must apply for a Pell Grant before beginning college classes. Notification must be submitted to the Training Specialist even if they were turned down.
 - b. BA classes will be offered through CMU to teaching staff that are working toward obtaining their BA degree.
 - c. Other trainings and classes may be offered on an individual basis to ensure staff is well trained in their field.
4. Site managers/teachers without a 4-year degree in early childhood are required to take 5-6 credit hours per semester. EMAA Head Start will limit classes paid for teachers to two classes per 16 week semester (one per term at Central Methodist).
 - a. Since our primary purpose is to serve Head Start children, teachers will be allowed to take time off for college on Friday only, unless there is a holiday or training &/or if there has been prior approval by the Head Start Director.
 - b. All site managers/teachers must possess or be continuously working towards an BA or BS in Child Development or Early Childhood Education.
 - c. If a qualified staff member cannot be obtained through multiple job announcements a waiver may be requested through Regional Office for staff members who do not meet the qualifications. The potential staff person must have a CDA or education classes in order for this waiver to be applied for through Regional Office.
5. Assistant teachers are required to have or to be working on their CDA.
 - a. This must be obtained within two years of employment unless they are “enrolled in a program leading to an associate degree”.
 - b.. All CDA Credentials with an award date on or after July 1, 2013 are valid for three years from the date of award. Staff must review their CDA Credential before it expires in order to remain an active CDA, no exceptions or extensions.
 - c. A CDA renewal can be applied for six months before credential expires.
 - d. If the CDA Credential expires, the staff person will have to reapply as a new/first-time CDA Candidate.
 - e. EMAA may make the employee pay for a new CDA if they let it expire. It costs the agency \$325 more when it is not renewed.
 - f. The responsibility of notification of re-certification is that of the CDA renewal candidate.
6. Teachers and Assistant Teachers will have team training at a minimum of 1 time per year.
7. Site Managers will have training 5 times per year.
8. Family Advocates hired after November 7, 2016, have within eighteen months of time of hire to receive credential or certification in social work, human services, family services, counseling or a related field. EMAA offers Family Development Credentialing.
9. All staff, who determine eligibility, will receive training on determining eligibility, annually. Policy Council and the Board of Directors will also receive this training, annually.

Staff Health and Wellness

1. New Employees:

- a. All persons beginning employment with EMAA Head Start must pass a medical examination signed by a licensed physician or a registered nurse under the supervision of a licensed physician within one month of employment.
- b. This examination must be documented on the Medical Examination report for Child Care Providers/Staff that is provided to Head Start by the Missouri Department of Health. The report must be signed and dated. The physical will be sent to Central Office where it will be scanned into child plus. The original will be kept in a locked file, at their center, for the term of employment.
- c. New employees must complete a 2 Step Tuberculin Skin Test (TST). Upon completion and reading of the 1st TST, employee must follow up with the 2nd TST 1-3 weeks of the 1st TST reading/recording.
- d. New hires will also be required to show proof of an initial T.B. test within one month of employment. Results of T.B. test must be on file within one month of initial employment. Negative chest x-rays are required for new employees that have had a previous positive T.B. test. T.B. test results will be scanned into Child Plus after received at Central Office.

2. Annual Staff Health Reports

- a. All EMAA Head Start employees are required to submit an annual medical examination and a Tuberculosis Signs and Symptom Checklist to confirm their continued sound physical and emotional health.
- b. T.B. test are required every five (5) years from the anniversary date.
- c. The medical exam must be completed by a licensed physician, a registered nurse under the supervision of a licensed physician, or a licensed Doctor of Chiropractic (except for the initial physical).
- d. The exam must be documented on the Report for Child Care Providers and Tuberculosis Signs and Symptom Checklist.
- e. Staff who have had a positive reaction will be required to submit the Annual Statement For Tuberculin Reactors.
- f. The signed and dated original reports must be sent to EMAA Head Start Central Office. The original will be scanned into ChildPlus.
- g. Annual medical exams are due two weeks after the anniversary date of the last one. If this is not done and the due date expires the employee will be sent home without pay until the forms are in the possession of Central Office.
- h. Employees are responsible for all cost of their physical and TB test.
- i. All employees are required to fill out an Emergency Medical Form annually. This form will be kept in the employee's personal file at the place of employment, sealed in an envelope and be accessed only in the case of an emergency.

Training and professional development

1. New Employees:
 - a. All new employees will have orientation with the Human Resource Director.
 - b. The new employee or volunteer will have an extensive on-boarding done with the site manager
 - c. Education staff will be trained on Conscious Discipline, New Staff Onboarding, Creative Curriculum, and promoting literacy through New Education Staff Site Manager training after 90 days.

- d. All staff, before working in the classroom/office/kitchen, will complete the following trainings: Missouri Child Abuse & Neglect Mandated Reporter Training, Keep Calm. Keep Safe. Strategies for Reducing Stress & Managing Difficult Behaviors, Caring for Vulnerable Children, Preschool Safe Environments, Health & Safety Trainings, Licensing Rules and Best Practices, and ABC's of Safe Sleep: How to Reduce the Risk of SIDS. These will also be completed yearly, by ALL staff.
 - e. After 90 days of employment, the following trainings will be completed: Health & Safety Training, Licensing Rules & Best Practice, & ABC's of Safe Sleep: How to Reduce the Risk of SIDS.
2. Clock Hours/Training Hours
 - a. A minimum of 15 hours will be provided for educational staff through Pre-service &, in services.
 - b. Any site manager, teacher or assistant teacher who does not complete at least 15 hours of training each year will be terminated.
 - c. If staff misses training they will be required to find local training to make up the clock hours they missed.
 - d. All other staff will receive job specific training during Pre-service and throughout the course of the year.
 - e. Clock hours will be awarded for all organized trainings given by Head Start.
 - f. First Aid and Infant/Child CPR and transitioning into Head Start will be required for all teaching staff within three months of initial hire and kept current.
 - g. Specialists are responsible for the topics in their own components.
 - h. Child Abuse and Neglect training will be given at Pre-Service or before an employee begins working in a classroom/office/kitchen. Child Abuse and Neglect and Safety and Hygiene Bloodborne Pathogens training is mandatory for all staff, yearly.
 3. Curriculum training will be provided yearly to staff and volunteers.
 4. Family Advocates will receive social service and health training every other month. These training will include family engagement strategies, health and mental health training that helps to improve child or family outcomes.
 5. Training will be held on a regularly scheduled work day. Some Fridays maybe utilized for large group trainings.
 6. Hours staff is scheduled to work on training days: Staff scheduled to attend training work an eight (8) hour day, 8:00am to 5:00pm unless otherwise noted.
 7. Carpooling is a must. Individual mileage will not be given if alternate means could have been secured.

Education Staff- College and CDA Requirements

1. Head Start Teachers are required to have a Bachelor's degree in Child Development or Early Childhood Education.
 - a. If a Teacher does not have this requirement, when beginning employment, the staff person will be required to take college course work to obtain this degree.
 - b. Staff members will apply for a Pell Grant before beginning college courses. If the classes are not paid for by the Pell Grant, EMAA will pay for the course work and college books for the required courses.
 - c. All degree plans are to be given to the training specialist and college classes will have to be approved before payment will be made.

- d. If payment is made through a Pell Grant, classes taken still must be approved by the training specialist.
 - e. EMAA will only pay for classes that will be used to obtain a degree in Child Development or Early Childhood Education.
 - f. For Teachers that already have a Bachelor's degree; 24 hours of the degree plan must be in child-related courses.
2. Time off for classes other than Friday college courses:
- 1. Classes
 - a. On campus classes
 - i. In order to remain within our 40 hour work week, staff attending classes need to take time off to cover the actual time in class each week.
 - ii. For example, staff taking 2 three-credit courses, take off 5 hours 20 minutes (2 hours, minutes/class) that week depending on how long classes are in session.
 - iii. At the end of each class, on campus, staff will have the instructor sign, date and enter the time that class ended (time sheet addendum). Staff is responsible for keeping up with this log.
 - b. Online classes and telecourses:
 - i. Teachers will be allowed 1 hour and 20 minutes/week for each 3 credit class.
 - c. Time off will only be given for the required two classes taken each semester. EMAA will only pay for two classes per semester.
 - c. At the beginning of each semester, staff's schedule will reflect the anticipated time that they will be taking time off during the week. If they get out of class early, the time will be made up that week or staff will be paid for the shorter time period.
 - d. College attendees will work out with their site manager their time-off schedule for classes each semester. This schedule will be put into their personnel file at the center and turned into their area coordinator.
 - e. f. Send the training specialist grades at the end of each semester. For classes that are failed once, EMAA will pay for the class. If after a 2nd attempt, the class is failed again, EMAA will not pay for the class.
 - g. A copy of the degree earned needs to be sent to the training specialist when finished.

Administrative Policies

- 1. The Area Coordinator is the administrator of the Head Start program at the local level at his/her assigned area.
- 2. The Area Coordinator/Site Manager will supervise staff throughout the year with input from Speciallists.
- 3. The Area Coordinator/Site Manager will be aware of personnel information relevant to his/her staff. This includes such matters as job descriptions, agency policies and procedures, State Licensure and Head Start Performance Standards.
- 4. The Site Manager will be responsible for staff/child ratio of all staff in assigned area.

5. Evaluations will be done by either the Area Coordinator or by Site Managers on their local field staff as instructed by the Director.
6. Evaluations will be sent into Central Office when completed and signed by the appropriate staff. They will then be reviewed by the Head Start Director and the Executive Director.
7. The Area Coordinator is the resource/liaison person for the field staff.
8. Cell phones and phone/texting/internet cable phones are not to be used during class hours. These types of communication may only be used on breaks and before/after work.
9. Information regarding children and families must be kept confidential. Information from files cannot be released without written consent from parents/legal guardians. In legal matters, files can be subpoenaed, through Central Office and the Head Start Director
10. Files are not to be taken out of the center or Central Office.
11. The Fraud and Abuse Policy will be strictly enforced.
12. Observations will be made on classroom, home visits and parent/teacher conferences, as well as during staff meetings and planning times.
13. Observations will be done on how well training is incorporated into daily plans.
14. All staff is expected to conduct themselves in a professional manner at all times. If a problem exists, the Area Coordinator will discuss and document the situation with the individual staff person. If the situation continues, the Director will be notified.
15. All Head Start premises are to be smoke/vape free. Smoking/Vaping is not allowed whether or not the children are present.
16. All Head Start locations are alcohol/drug/weapon free.
17. Hot and cold beverages, food and soda are allowed only in designated areas, never in children's presence.
18. Email/Mailing communication for all staff will be presented at staff meetings, read and initialed by each staff member present. They will then be posted to be read and initialed by those not attending staff meeting. It will be each individual's responsibility to check the bulletin board for new memos. Site Managers should be sure that all appropriate staff has initialed each form.
19. All staff meetings will be conducted weekly. Family Advocates, Cooks and Teachers will attend. Pertinent information will be shared at the beginning of each meeting. Staffing on children and families will be done during staff meetings.
20. All staff should strive to present a positive image of the Head Start program. Revealing garments is not one of the images Head Start wants to present. All staff will be neat, clean and free of body odor. All staff are to adhere to the EMAA Dress Code Policy.
21. E-mail, fax, modem, telephone, the internet and other means of communication should be used primarily for job-related purposes
22. Donations from merchants or organizations are not to be solicited by staff. All persons or organizations contacting staff to make donations should be referred to the Area Coordinator or designated staff person. Visitors should not include Avon, Schwan's or any other sales persons. There will be no sales solicitation at program sites.
23. All reports are expected in Central Office on schedule and to be accurate. Attendance and meal counts are due no later than the Friday after the week they occurred. All mailing will be done weekly, no later than Friday. Incorrect forms will be returned to appropriate staff for correction. Computer reports are not to be taken home, even to be destroyed
24. Accident Reports must be completed and signed by parents. They are then given to the ASA to enter into Child Plus and then returned to parents. All accidents must be reported. Vehicle accidents must be reported to the local law officials.

26. Site Managers are to be notified immediately about any absences. Central Office must be notified before 8:30am, if staff is going to be absent. If you have been under doctor's care, and are returning to work, you must have a doctor's release stating you can resume job duties.
27. Family and Medical Leave (FMLA): East Missouri Action Agency is required by law to allow eligible employees to take unpaid, job-protected leave for certain family-medical events. The complete policy on FMLA is in the EMAA Personnel Manual.
28. It is the policy of the East Missouri Action Agency that disciplinary action may be taken against any employee who is not fulfilling his/her duties as directed. Because EMAA is an "at will" employer, either the Agency or the employee may terminate employment at any time, with or without cause
29. Outside Employment: Refer to EMAA Personnel Manual
30. Staff may take two fifteen (15) minute breaks or otherwise designated by Site Manager/Area Coordinator.
 - a. Breaks must not interfere with daily operation of the center or supervision of the children. Breaks are not a mandated labor law.
 - b. The second 15 minute break cannot be before 3pm.
 - c. Education staff – breaks cannot be taken during meal times or the first ½ hour of rest time.
31. Staff are not to be on agency property after work hours without prior approval from Central Office
32. EMAA Head Start does not charge fees for any services and will provide all needed materials for Kindergarten readiness.

Coaching

EMAA Head Start has established Practice-based coaching (PBC) for our Education Staff. Practice-based coaching is a proven strategy for supporting the professional development of Education Staff. PBC will strengthen our program by improving effective teaching practices, which will lead to improved CLASS Scores, School Readiness Goals, and Child Outcomes.

Procedures

- (1) Prior to coaching all education staff will fill out the Teaching Practices Strengths/Self-Assessment Form to be able to self-reflect on their teaching practices. Education staff will also fill out the Getting to Know You and Agreement Forms. These forms will be completed in August when staff returns from the summer. The forms will be returned to the Coaching Specialist when completed. Other forms of assessment include DAP checklist, CLASS, and observation notes
- (2) After staff strengths and areas of needed support have been highlighted. It will be determined which education staff will benefit the most from Intensive coaching. Coaching may be recommended through the Area Coordinators, Education Specialist, or Site Managers for a center, classroom, or education staff that needs extra support.
- (3) Intensive Coaching:
Identification of teachers and assistant teachers needing intensive coaching

will be based on the current years DAP Checklist Scores, Teaching Practices/Strengths and Self-Assessment Form and previous CLASS scores. Education staff who are new will receive intensive coaching.

- Staff identified for intensive coaching will receive one-on-one coaching with the Coaching Specialist. The Coaching specialist will meet with the education staff member and they will determine and set goals to help improve teaching practice.
- The Coaching Specialist will then complete a focused observation.
- The Coaching Specialist and the education staff member will meet privately for feedback and reflection.
- It will be determined then when the Coaching Specialist will return (typically 4 times per semester).
- The education staff member will work on reaching the goals set. The Coaching Specialist will follow through with resources and encouragement to help goals to be reached. If the goals are not met, the coaching specialist will continue working with the education staff member. If the goals have been met, the Coaching Specialist will begin working with another education staff.

(4) All goals will be specific, measurable and achievable within a defined timeframe.

When goals are completed the Coaching Specialist will share information with the Education Specialist which will be reviewed monthly.

(5) Coaching is meant to be a positive experience and non-punitive. The Coaching Specialist is there to help to improve Teaching Practices and be a positive, supportive person to help education staff develop effective strategies which in return improves Child Outcomes, and School Readiness Goals.

(6) While working with the Coachee, the Coaching Specialist will maintain confidentiality. In the event that policy/procedure issues arise, it will be addressed and reported to the appropriate supervisor (e.g. - Site Manager, Area Coordinator, and etc.). Disciplinary action can occur and therefore, the confidentiality disclosure does not apply.

Mentoring

1. All staff will mentor with a veteran staff member after the initial hire date and as needed.
2. Staff will mentor at other site locations.
3. Site Managers will work on dates that will work for the center to ensure child/staff ratio is met without the staff member present.
4. Mentoring will be documented on a center visit report by the receiving Site Manager and will be sent to the appropriate Area Coordinator. The report will be signed by the Site Manager and Mentee.
5. Mentee is encouraged to take notes at the visit.

Volunteers

1. All volunteers must have a complete, comprehensive background check which includes fingerprinting (which EMAA pays for) as well as a Family Care Registry.
2. A regular volunteer is an individual that is fourteen years of age and older who volunteers eight hours (or more) a week.
 - a. All regular volunteers must pass a TB test, a medical examination, family care registry and fingerprints before volunteering at any center
 - b. Any volunteer that is to be included in the child/staff ratio must also have the same medical examination and T.B. test that is required for staff.
 - c. They will have the same onboarding as a paid staff member.
3. Staff or volunteers shall not work when ill if it affects the health or safety of the child.
4. Parents and other relatives are encouraged to be ‘special guests’
5. The site manager, or a staff member appointed by the site manager, train regular volunteers. Classroom volunteers are trained in accordance with “Promoting Literacy at Head Start,” “Ways to change your child’s behavior (and your own),” “The Basics of Creative Curriculum” and “Standards of Conduct.”
6. Siblings are only permitted to attend, with their parent/guardian, when special events occur at the center.
8. Volunteers are *never* left alone with children.
9. Family members coming into the center must be utilized as volunteers. Visiting with family members must not take place during working hours except during break times.
10. Head Start staff may not bring their children to the center with the exception of those over 14 years of age being utilized as a volunteer.

Disclosures/Protections for the Privacy of Child Records

1. Staff are required to have parents sign and date a release of information form and to whom it will be released.
 - a. This is voluntary and can be revoked at any time.
 - b. Any information before revoke will stand.
2. An agreement form is also signed and dated in regard to disclosure with parental notice, annually.
3. Disclosure without parental consent is allowed if the parent/guardian has been told in advance at which time they can challenge and/or refuse.
4. Information can be released without parental consent to those entities listed in performance standard 1303.22 (b) as provided in parent handbook.
5. Written agreements are reviewed annually.
6. If a violation is found in an agreement, EMAA Head Start will follow those recommendations as stated in performance standards.
7. A parent has the right to inspect their child’s records. Records will be made available within a 45 day period.
8. EMAA will follow the recommendations set for in regards to a hearing request by parent/guardians about their child’s records.
9. A parent has the right to review any written agreements with third parties.
10. All children’s records will be maintained, in full, for one year after the child has attended the program. After which, files will be destroyed.

Monitoring

Area Coordinators will be assigned center(s) to monitor and oversee to ensure all Head Start policies and program standards are implemented and accomplished. They will accomplish this by:

I. Center Visits

- A. Visiting/monitoring assigned site a minimum of one time per month beginning in September through April with none being conducted in December;
- B. A written center visit report will be completed during each visit with a copy of that report reviewed with site manager and left at the center;
- C. A copy of that center visit will be brought back into central office;
- D. Any problems/issues noted during this center visit will be reviewed and signed off by specialist and area coordinator and a corrective plan of action should be noted on this visit. For example, if a nutrition concern is noted, the area coordinator will review this concern with the nutrition specialist. The nutrition specialist will make recommendations on how to correct this issue, note that plan of action on report and initial off on recommendation;
- E. The area coordinator will then follow up at the next visit, the recommended plan of action and implement said recommendation.
- F. Once implemented, the center visit report will then be discussed with the Head Start Director who will sign off on report.
- G. This visit report will then be filed in central office to be reviewed or revisited later, if necessary.
- H. If during a center visit an issue needs correction immediately, the area coordinator will take care of it on-site. Then they (area coordinator) will make appropriate specialist aware so they (specialist) can follow-up at their next visit to ensure corrective action is still in place.
- I. The area coordinator/specialist will keep the director aware of what has transpired during their visit, and the director will sign-off on report before report is filed.

II. ChildPlus Management Reports

- A. ChildPlus Management Reports will be ran by the Head Start Program Director to manage the ERSEA component of our program.
- B. Issues noted on these reports will be shared with the policy council and board of directors to use in program planning or development.
- C. The Head Start Director will use these reports to follow up on any ERSEA issues and will discuss these issues with that specific site area coordinator or specialist.

III. Disabilities

- A. Monitoring visits are made during the course of the program year to all eleven sites so that every site has a fall and spring visit. In additions, sites with more than two classrooms are visited additional times so that each classroom is observed.
- B. ChildPlus Reports 3020 Requirements Assessment, 3540 Disability Summary and 3521 Disability Conditions are reviewed with the family advocates and are checked for incorporation into the Disabilities Alert List which reflects activities taken to ensure compliance with disability requirements. Any problems are identified and plans for next steps are developed.
- C. Random disabilities files are examined for inclusion of necessary materials. Missing items are discussed with family advocates.

- D. During the fall visit the ADA checklist is updated. If there are any children, family members, community participants, staff or volunteers for whom accommodations have not yet been made, a plan is developed to meet those needs.
 - E. The results of the checklist are discussed with the Site Manager and a plan is made for the next steps.
 - F. The Site Manager and the Disabilities Specialist both sign the checklist.
 - G. The checklist is taken to Central Office and given to the Area Coordinator for the specific site and when ready they initial report.
 - H. The Head Start Director reviews checklist and initial, if corrective action was needed.
 - I. The checklist is kept with the Disabilities Specialist until the follow-up is completed. When completed, the checklist is filed in Center notebook.
- IV. Education
- A. Monitoring visits are made during the course of the program year to all eleven sites so that every site has a fall and spring visit. In additions, sites with more than two classrooms are visited additional times so that each classroom is observed.
 - B. A sample portfolio is reviewed to ensure reliability.
 - C. The weekly plan is reviewed.
 - D. Classroom equipment needs identified.
 - E. Ensures that the “Checkbook” is effectively tracking classroom, donation and parent and community monies spent at the center level.
 - F. Review New Education Staff Training to ensure that the required 32 hours of training is progressing and that the hours are reported to the Training Specialist.
 - G. The Developmentally Appropriate Practices Checklist (DAP) are reviewed with the site manager to ensure timely completion and to respond to questions the site manager may have.
 - H. Area Coordinators will be made aware if there is an issue after the monitoring is completed.
 - I. The Head Start Director will review report and initial, if corrective action is needed.
 - J. The checklist will be turned into Education Specialist in November and May.
- V. Health & Safety
- A. Two site visits per year are completed by the Family/Child Health Specialist for every site. During these visits the following CHILDPPLUS reports are reviewed with Family Advocates:
 1. #3015 – Health Requirements
 2. #3035 – Latest Occurrence of Health Events
 3. #3320 – Immunization Record
 - B. Files are randomly pulled to assure that information in the file match computer reports. If problems occur, Family Advocates are made aware of it immediately.
 - C. A plan of action is made along with a timeframe for correction. (Timeframe varies depending on issue).
 - D. The Family/Child Health Specialist follows up to ensure correction is completed within correct timeframe allowed.
 - E. During the aforementioned site visits, the Family/Child Health Specialist also completes the Health and Safety Checklist. Notes and comments are made on this checklist and it is discussed with site manager at the end of visit.
 - F. If needed, a corrective action plan is made along with timeframe for completion.
 - G. Site manager, family advocate and Family/Child Health Specialist sign the report.

- H. Report is brought back in to central office and given to appropriate area coordinator for review and initial.
 - I. The Head Start Director reviews this checklist and initial, if corrective action is needed.
 - J. The report is kept with the Family/Child Health Specialist until all necessary follow-up is completed.
 - K. Upon completion, this checklist will be filed in center notebook.
 - L. Assigned Area Coordinators will periodically check in on the classroom cameras to ensure all children are being kept safe and properly supervised.
- VI. Mental Health
- A. EMAA Head Start contracts its mental health services with consultants (Healthy Living Consultant) that are licensed or certified mental health professionals with experience and expertise serving young children and families. This contract(s) will be done in the summer each year.
 - B. The Health Living Consultant will visit each center once a month, more if needed.
 - C. The Healthy Living Consultant report is completed during site visits. A copy is given to the site manager and the original is turned into the Mental Health Specialist.
 - D. If follow-up is noted on these reports, applicable person will follow-up and this is noted on observation sheet. This is turned into Mental Health Specialist bi-monthly.
 - E. Staff fill out the Mental Health Screening follow-up form on each child at the beginning of each program year.
 - F. Healthy Living Consultants review this form, initials and dates.
 - G. This form is kept on site and turned into the Mental Health Specialist at the end of the year.
 - H. Mental health and wellness information is available to staff regarding health issues that may affect their job performance, and will provide regularly scheduled opportunities to learn about mental health, wellness, and health education. An employee assistance program is also available to all staff.
 - I. Healthy Living Consultants observations are all uploaded into the Child Plus system for review through Child Plus Report #3620.
- VII. Nutrition
- A. The Nutrition Specialist must conduct three visits, per site, per year.
 - B. During each visit a CACFP/HS monitoring tool/form is completed.
 - C. If problems arise during these visits it is noted on tool/form along with corrective actions.
 - D. Tool/form is shared with site manager before leaving center.
 - E. Upon next visit to center problem is noted from previous visit and checked for corrections. Corrections noted on plan.
 - F. Area Coordinator and Director will review tool/form and initial, if corrective action is needed.
 - G. All tool/forms will be kept in central office for three years.
- VIII. Play Space Assessment
- A. Using the Head Start Body Start Play Space assessment tool, the Education Specialist and Family/Child Health Specialist will annually inspect and access all EMAA Head Start playgrounds.
 - B. The assessment will be conducted during summer break.

- C. The results of this assessment/inspections will be discussed with appropriate area coordinator, Director and the Maintenance Specialist.
- D. A corrective action plan is developed and given to the Maintenance Specialist.
- E. Upon completion this assessment tool is signed by Maintenance Specialist and given to Director for review and initial, if corrective action is needed.
- F. This assessment tool is then filed in the center binder at central office.

IX. Social Services

- A. The social service specialist will monitor on site every center twice per year. During these visits, at least three of children's files, per classroom, will be reviewed for accuracy.
- B. The social service checklist will be completed during the on-site visits. If problems are identified on this checklist (a copy will be left with site manager), the site manager will follow-up to ensure problems are corrected.
- C. Once the above mentioned problems are corrected, the site manager will initial and date checklist and mail back in to social service specialist. A file will be maintained at central office containing these checklists.
- D. A copy of newsletters and parent meetings are sent into social services specialist on a monthly basis for review and kept in a binder in their office. These will be kept for two program years. If one is not received, site managers are contacted to ensure their submission.
- E. The following ChildPlus reports will be reviewed monthly by the social service specialist:
 - 1. 4120 – Family Service Referral*
 - 2. 4130 – Family Service Actions
 - 3. 9731 – Family Service PIR

Bi-monthly:

 - 1. 4003 – Family Management Action
 - 2. 4110 – Family Service History

Weekly: (for first 90 days – monthly there-after)

 - 3015 – Health Requirements
- F. If at any time a problem is revealed on any of these reports, the social service specialist will contact the site manager. Once corrected the site manager will notify the social service specialist of correction. Reports will be reviewed again by social service specialist for accuracy. * Particular attention will be given to report #4120 to ensure that once a referral is made, follow-up is done by the Family Advocates with the families.

X. Systems Monitoring

A. *Planning*

- 1. In addition to a self-assessment, audit, budget meetings and site managers meetings, an annual community assessment will be conducted. A comprehensive community needs assessment is done by EMAA every three years, as well. This will be reviewed by Head Start Director, and governing boards. In addition to determining strengths and needs of the community, the analysis of this assessment will help us plan so our agency meets requirements set forth in the Head Start Act.

B. *Recordkeeping*

1. As stated earlier, EMAA Head Start utilizes ChildPlus to monitor and track day-to-day operations. If problems arise they will be dealt with by area coordinators, or Head Start Director.

C. Communication

1. Once per month all central office staff will meet to discuss each site (their needs) and reach a conclusion on addressing those needs.

D. Governance

1. At each Policy Council and Board of Directors meeting a time is scheduled for members to discuss with us what is working and what is needed in our program/community.
2. Highlights of each meeting will be posted on the agency website and are posted at each Head Start site.

E. Fiscal

1. All Central Office Staff approve (daily) their specific areas purchases. The Director signs off on all purchases prior to payment.
2. Budget meetings are conducted monthly with the Head Start Director, CPA and Head Start Bookkeeper to ensure expenditures are in line with budget.

F. Human Resources

1. Site Managers & Area Coordinators will monitor field staff annually to ensure a physical, tb and annual evaluation is in place.
2. If problems arise with staff performance, the Site Manager will discuss the issue with their Area Coordinator. If disciplinary steps are required, the Head Start Director will follow the EMAA Personnel Policy Manual.
3. The training specialist reviews staff training records annually to ensure adequate training is received.

G. Self-Assessment

1. Once per year a comprehensive self-assessment will be conducted to examine our effectiveness and progress in meeting program goals, objectives and compliance with all regulations.
2. Policy Council, Board of Directors, parents, staff and community members will be involved in this process. Results will be shared with above mentioned group.
3. Corrective actions (if needed) will be presented to Policy Council and Board of Directors for approval.
4. Corrective actions will occur as soon as possible and follow-up will be monitored by area coordinators to ensure corrective measures remain in place.
5. We use the OHS Monitoring Protocol and Performance Standards as our self-assessment tool, or appropriate tool(s), approved by Policy Council and Board of Directors, to ensure we have the most effective process for our self-assessment. By doing our assessment in this manner we will be reviewing the same requirements that a review team looks at during a triennial review.

XI. Training

- A. The Site Manager review Education Goals with all assistant teachers and teachers that are enrolled or need to be enrolled in college.
- B. Transcripts are submitted at the end of each term/semester to the Training Specialist.
- C. All trainings received by staff throughout the year are entered into our ChildPlus tracking system, so training hours are monitored closely.

- D. If any training hours are missing from the requirement, staff must find training on their own and submit a copy of training certification to training specialist. Failure to do so will result in disciplinary action.
- E. At the end of each education, nutrition, and social services training, a training report is given to staff to complete.

Video Surveillance Monitoring

1. To further ensure the safety and security of our children, staff, families, and facilities, locations operated by East Missouri Action Agency, Inc Head Start will be equipped with video surveillance cameras.
2. Strategic locations for cameras will include all classrooms, playgrounds, and some interior and exterior areas to ensure safety and security of Agency students, staff, and families.
3. Cameras are not placed to monitor areas where families and staff have a “reasonable expectations of privacy”, i.e private offices and restrooms.
4. The cameras will be constantly on and recording 24/7. The video camera data is available for up to 15 days.
5. Cameras are video only; there is no audio.
6. When there is a known incident covered by the terms of this policy, the Area Coordinator will be made aware of the situation who will review the video.
7. After review of the video it can be saved to the Agency Drive which is secured by the networking company we contract with at the time.
8. Any external requests to obtain copies of the video or still images will only be released in response to a subpoena.
9. The Agency video monitoring system access is limited to Site Managers, Area Coordinators, and the Director.