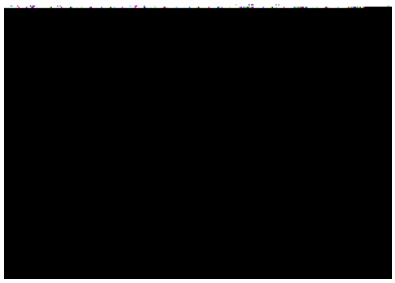

"Building a Foundation for Success"

I, _____the parent/guardian of _____agree to cooperate with Charlotte County Public Schools Early Childhood Programs in order to improve my child's attendance while in the Head Start Program. I agree with the following: (check all that apply)

____I am familiar with the program's attendance policy.

____I will take all appropriate measures to ensure that my child attends school daily and on time.

____I will contact the front office staff in the event that my child will be absent

____I will also contact my Family Advocate if my child is absent for any reason.

____I will send a detailed note or email on the day my child returns to school.

____I acknowledge that it is my responsibility to inform the Early Childhood program staff of any changes in my situation pertaining to my child attending the program.

If this written contract is broken, I agree to meet with the Director to discuss next steps.

Parent Signature _____ Date _____

Family Advocate Signature _____ Date _____

Family Services Specialist Signature _____ Date _____

nj/nmh

Attendance Policy

Service Area: Family and Community Engagement

CASE MANAGEMENT

POLICY: Family Advocates document all contact with families beginning at the time of their child's enrollment. This process is individualized according to the family's needs

PROCEDURE:

1. At the time of the child's enrollment, Family Advocates gather information on the child and the family while maintaining a culturally-sensitive and respectful environment.

2. Together, Family Advocates and parents systematically develop action plans based on areas of need. Action plans may include goals, timelines, resources and referrals.

3. The Family Advocate meets with the family at the home visit or office visit to continue or begin the Family Partnership/Goal-setting process. Family Advocates will review information gathered from the enrollment process to drive the conversation to meet the needs of the family.

4. Family Advocates will periodically contact families on goal-attainment-progress, time dependent on the goal and/or referral.

5. Family Services case-management of families includes tracking of contacts and referrals, the child's attendance, family volunteer hours, monitoring child EPSDT health screenings, immunizations, dental and required blood screenings.

6. Family Advocates are responsible for tracking all screenings that are due within the child's first 45-days of school, and for contacting parents in a timely manner as to due dates for physicals and immunizations and dental exams

7. Family Advocates are responsible for data entry into ChildPlus in the areas of family case management notes, family information, and child health information.

8. Family Advocates (along with the leadership staff) are able to pull individualized reports for monitoring and data generation/review purposes.

RELEVANT FORMS:

Service Area: Family & Community Engagement

Family Engagement

Policy: The program will engage in a process of collaborative partnership building with families, and is committed to establishing a relationship with families to form mutual trust and to identify family goals, strengths, and needed services and other supports. The process will be initiated at registration and continue after enrollment and will take into consideration each family's readiness and willingness to participate in the process.

PROCEDURE

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   3. Parent in;9n 8. Community Resource card

   9. Volunteer Information

RELEVANT FORMS:

nj/nmh

Service Area: Family & Community Engagement

FAMILY GOAL SETTING

POLICY: The program will provide opportunities for parents to develop an Individual Family Partnership Agreement plan that is respectful of each family's diversity, cultural and ethnic background. The Family Partnership agreement is an individualized, strengths-based, family-driven process. The family will receive assistance in setting timelines to achieve their goal, and on-going monitoring of progress towards achieving the goal. Staff will utilize appropriate community resources to move families toward self-sufficiency and will work collaboratively with other agencies to avoid duplication of efforts.

PROCEDURE

1. Once a family has been selected for the program, the Family Advocate will review family information in ChildPlus with the family. The family will be asked to answer questions that accurately reflect their current circumstances.
2. The Family Advocate will input the information into ChildPlus and will generate the Strengths and Needs Assessment.
3. Once the Family Needs assessment is completed it will be used as an ongoing guide in the development, implementation, and evaluation of the goals set for both the child and the family. Revisions or completion of goals will be recorded in ChildPlus.
4. The Family Services Specialist will monitor on a quarterly basis the Family goals in Childplus.

RELEVANT FORMS:

nj/cb/nmh

Service Area: Parent and Family Engagement

PARENT AND FAMILY ENGAGEMENT IN EDUCATION AND CHILD DEVELOPMENT SERVICES

POLICY: Parents are provided opportunities to learn about and participate in educational and developmental activities for children in the classroom, the home and the community in order to support their

Service Area: Family & Community Engagement

PARENT COMMITTEE POLICY AND PROCEDURES

POLICY: The program

Service Area: Family & Community Engagement

PARENT INVOLVEMENT IN HEALTH EDUCATION

POLICY: Program parents have opportunities to receive education in areas of personal wellness, mental health, safety, nutrition , and dental care.

PROCEDURE:

1. Parents educational opportunities may include the following topics:
    1. First aid and injury prevention
    2. Home safety/disaster planning
    3. Childhood illnesses
    4. The importance of proper dental care
    5. Nutritious and inexpensive meal planning
    6. Stress reduction techniques
    7. The effects of drug use
    8. Physical activity benefits
    9. Health Risks of Smoking / Smoking Cessation

2. Informational hand-outs/flyers are also sent home, periodically, to the parents.

3. Parent meetings provide opportunities families to receive and share information about

health and well-being.

4. Parents are encouraged to participate in the Family and Health Services Advisory Committee (HSAC).

6. Health resources are available to parents and parents are encouraged to contact the Family Advocate or the Health and Family Services Specialist for more information about specific health topics or issues affecting their lives. Parents and families are encouraged to share (with the program staff) any changes in their child's health.

RELEVANT FORMS:

Service area: Health& Nutrition

CHILD HEALTH STATUS/WELLCHILD /MEDICAL TRACKING AND FOLLOW-UP

POLICY: Family Advocates will determine the health status of all children within 90 days of entering the program with the collaboration of parents and staff . Health status will include the determination of a current physical, up to date immunizations, and current dental exam. The child enters the program with a current physical and an up-to-date immunization record. All information is entered into the ChildPlus system for tracking and follow up.

PROCEDURE:

1. At enrollment, Family Advocates document each child's health care provider, health insurance, dental provider, health and nutritional history from the parent, current physical, current up-to-date immunization record through Florida Shots.

2. When a parent does not have a medical home (i.e. services) for their child, Family Services assists the parent in obtaining a doctor and or Medicaid insurance.

3. If a child does not have Medicaid or has private insurance without dental coverage, Family Services guides the parent through the Medicaid process. For students who do not have dental coverage, Family Services will refer the parent to a local dentist who has been contracted by the program to provide dental services at a prescribed fee.

4. Throughout the school year parents are contacted (weeks in advance) to make arrangement with their healthcare provider to obtain up-dated physicals, immunizations and blood screenings.

5. Family Services staff assist families with reminders to keep each child's health status up-to-date.

6. The Family Services Specialist monitors health status data for continuity of care regarding up-to-date student health care by utilizing ChildPlus program's health services reports on a scheduled basis.

RELEVANT FORMS:

Service Area: Health & Nutrition Services

PHYSICAL EXAM

POLICY: Head Start children must have a current (within 1 year) physical exam at enrollment.

PROCEDURE:

1. Physical exams are scheduled by Family Advocate/or Nurse before the student attends school.
2. Physical exam information is documented in ChildPlus and in Focus by the Family Advocate and/or Nurse.
3. If a student is found to be out of compliance, the Family Advocate informs the parent by letter and/or phone calls. The parent has 30-day grace period to get the child in compliance.
4. Parent involvement in the physical exam process provides opportunities for parents and medical examiners to communicate about the child's development, to discuss concerns, and to share

Service Area: Health & Nutrition Services

HEARING SCREENING

POLICY: The program obtains or performs evidence-based hearing screening for enrolled children. This will occur within 45 calendar days after the child first attends.

PROCEDURE:

1. Hearing Screening is completed within the first 45 days of entry.

2. Staff screen children using picture audiometry/or other approved testing device.

3. The Family Advocate conducts hearing screenings and completes the Hearing Screening Results form. This information is documented in ChildPlus. Results from the screening are sent to the parents.

4. If the child fails any portion of the screening, this is reflected in ChildPlus, and the parent is then notified with a copy of the screening form. Early Childhood program staff members assist the parent, as needed, in completing follow-up services with their primary care physician.

5. If the child is not screened, a documented reason the service was not provided should be entered in ChildPlus.

RELEVANT FORMS:

cb/nmh/nj

Service Area: Health & Nutrition Services

DENTAL SERVICES

POLICY: The program has an ongoing dental policy and procedure using the Florida EPSDT Medicaid dental guidelines. Staff assist families in locating Medicaid dental providers and refer families to a local dental, contracted to provide services for students without dental insurance. Staff encourage parents to take an active role in their child's healthcare through participation in exams, appointments, and follow-up services.

PROCEDURE

1. Medical and dental insurance is identified at the time of application at registration and is again addressed on multiple program forms at enrollment.

2. During the enrollment process, parents complete a student health assessment, health screening consent form, family needs assessment, and emergency information that identify medical and dental providers and insurance information.

3. Family advocates determine (at the time of enrollment) if the child has ongoing, accessible dental care (or dental home).

4. Families with ongoing dental homes are asked to produce the most current documentation of their child's dental services. If the child is not up to date according to Florida's EPSDT dental schedule, Family Advocates will assist parents in making necessary arrangements to bring their child's dental history and services up to date. A list of Medicaid providers is given to the family if needed. For families without insurance, Family Advocates arranges for the family to receive dental services through a local dental provider who has been contracted by the program to provide dental services for a prescribed fee.

5. The program has a MOU with the Charlotte County Health Department which provides an RDH who schedules and completes in-school dental exams/assessments for all Early Head Start students birth to 36 months and Head Start children with no Medicaid or dental insurance. She provides an exam, fluoride treatment and tooth sealants. Referrals for office visits are made for children with caries and dental concerns. Parents are encouraged

to make arrangements with a dental provider. Family Advocates will assist with appointments and transportation if needed.

6. Family Advocates tracks all dental exams and assessments in the programs ChildPlus system. They track initial exams and follow ups, if needed, while following the State of Florida's EPDST Medicaid dental treatment guidelines.

7. Dental exams/assessments are to be completed within 90 days of the child's enrollment and entry into the program. The program strives to complete the dental requirement within the first 45 days if possible.

RELEVANT FORMS:

nj/cb/nmh

Service Area: Health & Nutrition

ACCOMMODATING STUDENTS WITH SPECIAL DIETARY NEEDS

POLICY: The Early Childhood Programs adhere to systematic processes to identify and accommodate students with special dietary needs; some dietary information may overlap and/or be based cultural considerations. Central to this policy is the safety and welfare of the child.

PROCEDURE:

1. At the time of the child's enrollment, the parent/guardian completes a student health history and nutritional questionnaire.

2. Parent-provided information, shared with EC-staff at the time of enrollment, will advance conversation of any allergies, dietary needs, or ethnic food preferences or concerns the parent/guardian may have. (Administrative Assistant is responsible for sharing ESE student information with the nurse).

3. Parents of children who have a special dietary requirement due to medical issues are required to have a doctor's note explaining the specific dietary restriction.

4. For any child who has a milk/dairy allergy, the parent must obtain a list of items that child ***cannot*** have and a list of items they ***can*** have from the doctor. If the parent gives this information to the teacher, the teacher's responsibility then is to provide the information to the family advocate. The family advocate is responsible for getting the information to the nurse and the cafeteria manager. (ESE teachers will give the information to the nurse and to the cafeteria manager.)

5. Food allergies/dietary needs will be documented in ChildPlus by the family advocate; the ChildPlus report #3013 will be given to the cafeteria manager and to the teacher. The report will be updated as needed and as dietary inclusions, restrictions, and medical concerns surface. The nurse will update in Focus.

6. The parent, family advocate, and cafeteria manager (and nurse, if needed) will meet to discuss the menu and discuss food substitutions as needed and to ensure that all parties keep the child's safety and welfare of primary importance in relation to the child's school-based consumption of food.

RELEVANT FORMS:

nj/cb/nmh

Service Area: Health & Nutrition Services

BIRTH TO FIVE TOOTHBRUSHING POLICY AND PROCEDURE

POLICY: The program has an ongoing policy and procedure in place to promote dental hygiene, age appropriate birth to 5 years of age. The procedure is a daily occurrence, administered, supported and facilitated by staff according to age.

PROCEDURE:

1. Ensure that each child has his/her own toothbrush clearly marked with his/her name.

2. Use a gloved hand to prepare tooth brushing materials to assist children with brushing.

3. Dispense a small pea-sized amount of toothpaste onto the edge of the child's paper cup. This dab of paste is to be applied to the brush before brushing.

4. After brushing, the child should rinse their toothbrushes thoroughly with tap water, and rinse their mouth with water from their paper cup.

5. Store tooth brushes in an upright position (bristles facing up)

6. Children then dispose of their own cup.

7. Disinfect the sink after each child; teachers then wash their hands and re-glove to be prepared for the next child.

8. Disinfect toothbrushes weekly and/or as needed.

9. Note that toothbrushes are not to be stored in the bathroom.

10. Disinfect sink before and after tooth brushing and using water fountain. Note that classroom sinks and/or bathroom sinks are to be used for one purpose at a time.

11. Replace tooth brushes when bristles become bent or at least every three (3) months or after a child's illness.

Infant and Toddlers

nj/cb/nmh

Service Area: Health & Nutrition Services

HEALTH CLINIC SUBSTITUTE COVERAGE

POLICY: A plan is in place to insure safety and the continuity of care of students who utilize the Health Clinic.

PROCEDURES:

Only the following approved employees/contractors may staff the health clinic in the school nurse's absence; a) a CCPS substitute school nurse, b) a contracted nurse provided by CCPS, or c) a trained UAP staff member. The designated person follows the guidance below in the event that the school nurse is unavailable.

1. Collect Clinic keys from administrative assistant at front desk.
2.

10. Check medication administration book to see which children get medication or need procedures done, e.g. diabetes, daily accu-check, and review MD orders to see if Insulin Coverage is required. The nurse will (physically) go to the classroom and complete these student-specific tasks. For children with SVT, the nurse checks MD orders to see how often SVT needs to be done. For asthmatics: the nurse determines if treatments are PRN or Routine.
11. Log refrigerator temperatures from the thermometer inside each day. Temperature sheet is located on the side of frig. New logs are located in file drawer in desk.
12. File paperwork (Health Clinic Visits, physicals, & etc.) as needed in medical charts located in drawer. Early Head Start: drawer 1; Head Start: drawers 2 & 3. ESE files are located in the file cabinet in the File Room across the hall from the clinic. All student health files are confidential and drawers should remain lock at all times.

Afternoon Routine:

After children leave for the day: wipe down counters, stretcher, sink, and any cabinet doors (as needed) with Virex Solution located in far right, upper cabinets to the right of the sink. Place walkietalkie on charger (button in front should read Red if charging and when completely charged, the light will be green).

RELEVANT FORMS:

nj/cb/nmh

Service Area: Health & Nutrition Services

FIRST AID KITS

POLICY: The program provides teaching staff with a fanny pack that has first aid items needed for use during outdoor activities.

PROCEDURES:

1. At the beginning of each school year the clinic nurse/health specialist purchases, facilitates, and organizes the packaging of teacher first aid kits

2. The first aid kits are added into each teacher's beginning-of-the-year supply box.

3. When the teacher needs to replenish first aid supplies, she must contact clinic nurse/health specialist for the program located at Baker Center.

4. The ONLY supplies in the first aid kit are those that are originally included in it.

5. If the child has a health condition that includes an epi-pen, staff will need to include it in their first aid kit while outside.

6. Teachers MUST ALWAYS carry their first aid kit while outdoors with students.

RELEVANT FORMS:

nj/cb/nmh

7. Income Verification includes at least one of the following:
    A. Check Stubs – Utilizing Year-to-date (YTD)
        i. i. Weekly = 4 consecutive pay stubs
        ii. ii. Bi-Weekly = 2 consecutive pay stubs
        iii. iii. Bi-Monthly = 2 consecutive pay stubs
        iv. iv. Monthly = 2 pay stubs
    B. W-2 Tax Form (from previous calendar year immediately preceding calendar year in which application is made)
    C. 1040 Tax Return (from previous calendar year immediately preceding calendar year in which application is made)
    D. TANF – (cash assistance)
    E. Social Security
    F. Supplementary Security Benefits (SSI)
    G. Child Support
    H. Employer Letter
    I. Foster Care
    J. Non-Income Declaration Statement
    K. Unemployment Compensation
    L. Self-Employed or Self-Declared Income Statement
    M. Federal Income Reporting Form 1099
    N. Other (Alimony, Veteran's Benefits, Annuity Payments, Stipends)
8. Once a family has been determined to be Categorically Eligible, no further income documentation will be collected.

RELEVANT FORMS:

nj/cb/nmh

Service Area:

10. EHS/HS enrollment vacancies are monitored and tracked through the ChildPlus Reporting System using report #2210 Enrollment Turnover along with an excel spreadsheet that includes the child's name, class site, withdrawn date, new child, class site, start date-reason for leaving and how many days it took to fill the slot.

The programs' recruitment area encompasses all Charlotte County Florida. The current community-assessment analyzes for trends or changes with the service area.

2. The Program involves the Family Services Advisory, Health Advisory and Policy Council in the recruitment process through word-of-mouth, online/electronically posts, and printed recruitment information concerning open registration.

3. The Program Annual Recruitment/Registration informational EHS/HS Registration Flyers are developed and sent home with all Pre-K-5th grade students within Charlotte County.

4. The Program Annual Registration Information Flyer is an HUD Tail 0 T.w ( )Tj -0.002

9. Recruitment for Disabilities is administered through the p
and Disabilities Coordinator's access and involvement in

and Early Steps for developmental screenings are referred to program to begin the application process for EHS/HS.

10. All families of age-eligible students who are on the current waitlist receive a letter and flyer in the mail concerning recruitment and re-registering for re-determination for the next school year.

11. Program Family Services Staff works closely with the CCPS Title I staff through the Family Reading Experience (Parent Book Check-Out Centers). Family Services Workers are able to recruit on a weekly basis and provide services for families in need.

12. The Program has an open enrollment starting in February of each school year. This marks the beginning of the application process for the next school. Year. We will continue to accept applications until the same time the following year.

13. The Recruitmert process is ongoing and is driven by the program's waitlist. Program informational flyers will be sent out and distributed as often as needed to maintain full enrollment throughout the year.

RELEVANT FORMS:

- Recruitment/Registration flyers
- Pediatrician Recruitment Letter

nj/cb/nmh

Service Area:Family & Community Engagement

SELECTION

POLICY: The Program has a formal process, using criteria developed based on the community needs assessment, for selecting children and families.

Service Area:Family & Community Engagement

SELECTION– MAINTAINING APPLICANT WAITING LIST

PROCEDURE:

1. Applications for children who move out of town or for some other reason are no longer interested in the program will be withdrawn and placed as abandoned. The reason and any other appropriate information will be documented in ChildPlus.
2. Family Services Specialistwill keep the waiting list current in order to have eligible children available to fill vacant slots within 30 days after the vacancy occurs. Every effort should be made by the Family Services Specialist to fill the slot as soon as it becomes vacant.
   statusand attempts made to contact the family will be noted in ChildPlus.
4. During school year, when a child is assigned a slot, that child will be given a timeline when the s/he needs to register with a Family Advocate. A child who

Service Area:Family & Community Engagement

STUDENT WITHDRAWAL

POLICY: Every effort wil l be made to retain a child enrolled in an ECP. As appropriate, the program will assist families in

Services Area: Health and Nutrition

Parent Authorization and Refusal of Services

POLICY: Advanced authorization will be obtained from the parent (or legal guardian) for all health and developmental procedures administered through the program or by contract or agreement. Staff will maintain written documentation if authorization for health services is refused.

PROCEDURE:

1. The Parent consent and release form for screenings will be provided to parents when they complete enrollment paperwork for their child.

2. Staff will review the permission forms and identify any children that are not to have screenings. They will discuss any concerns the parent may have about the screenings that will be provided.

3. Parents will be notified by email, text or phone call prior to screenings occurring.

4. If parents refuse to give authorization for the screenings, they will be provided with a health refusal wavier. The signed form will be placed in the child's records.

nj