



Early Head Start-Child Care Partnerships Policy and Procedure Manual

(Update: February 6, 2017)

1.0 Program Governance Table of Contents

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Governance		
Procedure Number:	1.1	Effective Date:	August 18, 2016
Policy Title Reference:	Governance		
Regulation References:	CFR45 1301.1, 1301.2, 1301.3		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SC First Steps' Early Head Start-Child Care Partnership Program (SCFS EHS-CCP) will maintain a shared governance structure through which parents will participate alongside program staff, community members and the South Carolina First Steps Board of Trustees (BOT, in its capacity as the grantee Governing Board) in policymaking and in other program decisions. South Carolina First Steps to School Readiness (hereafter "First Steps"), as the Grantee Agency, will have ultimate legal responsibility and authority for managing Early Head Start grants and for ensuring the federally-compliant provision of Early Head Start services within the service area. Responsibility and authority for program direction and policy development will be shared between the First Steps Board of Trustees (via its designated Early Head Start Governance Council) and the Policy Council.

DEFINITIONS

SCFS: South Carolina First Steps

SCFS EHS-CCP: South Carolina First Steps Early Head Start Child Care Partnership

BOT: South Carolina First Steps Board of Trustees

PROCEDURES

Parents of enrolled children will be offered the opportunity to participate in the Early Head Start governance and decision-making process through participation in a Policy Council at the grantee level, and through participation in Parent Committees at the child care provider partner/site level.

Program staff will support shared decision-making by providing policy groups with regular and accurate information regarding program planning, policy development and program operations. Open channels of communication will be maintained through regular reports from the program, exchange of minutes between groups, and opportunities for joint meetings and shared discussions on specific topics as requested.

The SC First Steps Board of Trustees/Early Head Start Governance Council and the Policy Council will share decision-making responsibility for the SC First Steps Early Head Start program as outlined in the Head Start Performance Standards. The process of governance and decision-making will be implemented through 1) identification and clarification of specific issues; 2) collection of facts and consideration of program and individual values surrounding the issue; 3) development of alternative solutions; 4) identification of consequences of each alternative; 5) selecting an alternative (making a decision); and 6) evaluating the outcome of that decision.

The SC First Steps Board of Trustees and the Policy Council will be committed to making a good faith effort to resolve any differences in an amicable manner in order to avoid impasse. Should the SC First Steps Board of Trustees and the Policy Council fail to reach agreement on a course of action, and arbitration becomes necessary, both parties will resort to procedures outlined in the SC First Steps Early Head Start Internal Dispute Resolution Policy 1.5.

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Procedure Title:	Grantee Agency		
Procedure Number:	1.2	Effective Date:	August 18, 2016
Policy Title Reference:	1.2 – Grantee Agency		
Regulation References:	45CFR1301.2(b)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

The SC First Steps to School Readiness Board of Trustees (BOT) is the statutorily-authorized governing board of the grantee agency. This Board is composed of 25 ex-officio and appointed members designated by the Governor, the Speaker of the SC House of Representatives and the President Pro Tempore of the Senate. All oversight responsibilities – including the purchase of real property - will be the purview of the SC First Steps to School Readiness Board of Trustees.

The SC First Steps Board of Trustees will assume the legal and fiscal responsibility for ensuring compliance with federal laws and regulations, including Early Head Start Performance Standards and state and local laws and regulations. As part of its legal and fiscal responsibility for the Early Head Start (EHS) program, South Carolina First Steps to School Readiness will maintain an internal control system to safeguard federal funds and to comply with laws and regulations that impact financial statements.

DEFINITIONS

BOT: South Carolina First Steps Board of Trustees
 EHS: Early Head Start

PROCEDURES

Funding Applications: The Early Head Start Director will submit funding applications to the SC First Steps Early Head Start Governance Council for approval and signature by the Council Chair. The application will then be forwarded to the SC First Steps Board of Trustees, as the recommendation of the Council, for review and final approval and required signatures. The Board Chair will sign the Grant Submission Form and all assurances submitted with the grant application.

Human Resources: SC First Steps to School Readiness will advertise open, grantee-level positions within the Early Head Start grant. Local hiring will be conducted by contracted child care partners and/or local First Steps Partnerships with the advice and consent of SC First Steps. The Early Head Start Director will send a written hiring recommendation to the Director for approval prior to processing hiring paperwork through the SC State Department of Education.

Financial Management: SC First Steps will, under the supervision of the Chief Finance Officer/Chief Operating Officer, maintain internal controls to ensure fiscal accountability for Early Head Start funds. The SC First Steps to School Readiness Board of Trustees/Early Head Start Governance Council and Policy Council will review budget reports on a regular basis to ensure accountability and appropriate use of Early Head Start funds.

Contracts: The Early Head Start Director will consult with the Chief Finance Officer/Chief Operating Officer and Office Manager regarding necessary goods and services which will be obtained in compliance with the SC Procurement Code. All contracts for goods and services will be forwarded to the Chief Finance Officer/Chief Operating Officer for review and signature.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Indirect Rate: The State Department of Education will approve the Indirect Rate.

Grants Management: The Chief Finance Officer/Chief Operating Officer will verify the Indirect Rate and prepare financial reports PMS-272 and SF-269. See the SC First Steps Early Head Start Financial Management Work Plan and Financial Reporting Policy 17.3.

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Procedure Title:	Grantee Board		
Procedure Number:	1.3	Effective Date:	August 18, 2016
Policy Title Reference:	1.3 – Grantee Board		
Regulation References:	45CFR1301.2(a-c)		
Forms:			
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Revisions Dates:			

POLICY

South Carolina First Steps Board of Trustees (BOT), as the Grantee Agency’s statutorily authorized governing body shall be responsible for all governance responsibilities detailed in the Head Start Act. In order to ensure that these duties are executed comprehensively, the Board has delegated certain day-to-day governance responsibilities to a formally-chartered Early Head Start Governance Council (EHSGC), which will serve as a standing committee of the Board. In addition to Trustees, the EHSGC will include appointed members drawn from the local community, along with at least one parent/grandparent member of Policy Council who will serve as a liaison between the two groups. Actions of the EHSGC will be communicated to and ratified by the SC First Steps Board of Trustees, which will retain ultimate responsibility for all fiscal, legal and logistical operations and will approve or disapprove program activities as detailed in Appendix A [45CFR 1304.50] of the Head Start Performance Standards.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 BOT: SC First Steps Board of Trustees
 EHSGC: Early Head Start Governance Council

PROCEDURES

Required membership of the Board

The SC First Steps Board of Trustees shall serve as the EHS Governing Body for purposes of the grant. The membership of this Board – which meets Head Start’s exemption from federal composition guidelines by virtue of its status as a public entity overseen by a governing board whose “members oversee a public entity and are selected to their positions with the public entity by public election or political appointment” is outlined in SC Section 63-11-1720, quoted below.

SECTION 63-11-1720. Board of Trustees; composition

(A) There is created the South Carolina First Steps to School Readiness Board of Trustees which must be chaired by the Governor, or his designee, and must include the State Superintendent of Education, or his designee, who shall serve as ex officio voting members of the board.

(B) In making the appointments specified in subsection (C)(1), (2), and (3) of this section, the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives shall seek to ensure diverse geographical representation on the board by appointing individuals from each congressional district as possible.

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(C) The board shall include members appointed in the following manner:

(1) the Governor shall appoint one member from each of the following sectors:

(a) parents of young children;

(b) business community;

(c) early childhood educators;

(d) medical providers;

(e) child care and development providers; and

(f) the General Assembly, one member from the Senate and one member from the House of Representatives;

(2) the President Pro Tempore of the Senate shall appoint one member from each of the following sectors:

(a) parents of young children;

(b) business community;

(c) early childhood educators; and

(d) medical or child care and development providers;

(3) the Speaker of the House of Representatives shall appoint one member from each of the following sectors:

(a) parents of young children;

(b) business community;

(c) early childhood educators; and

(d) medical or child care and development;

(4) the chairman of the Senate Education Committee or his designee;

(5) the chairman of the House Education and Public Works Committee or his designee; and

(6) the chief executive officer of each of the following shall serve as an ex officio voting member:

(a) Department of Social Services;

(b) Department of Health and Environmental Control;

(c) Department of Health and Human Services;

(d) Department of Disabilities and Special Needs;

(e) State Head Start Collaboration Officer; and

Procedure 1.3 – Grantee Board

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(f) Children's Trust of South Carolina.

(D) The terms of the members are for four years and until their successors are appointed and qualify. The appointments of the members from the General Assembly shall be coterminous with their terms of office.

The general responsibility of the Grantee Board will be to establish the direction of the program in accordance with the needs of the targeted population as identified in the Community Assessment, to regularly monitor fiscal operations, and to regularly examine program services to ensure that the mission and objectives of the program are realized. Operating responsibility will be delegated to the Early Head Start Director.

The SC First Steps Board of Trustees will ensure a system for the annual performance review of the Early Head Start Director by the due date of each program year. This evaluation will be conducted by First Steps' Deputy Director with input from the EHS Governance Council.

Oversight and approval responsibilities of the Grantee Board include:

- Procedures for program planning, including program philosophy and long and short-term program goals and objectives;
- Selection of service areas and criteria for defining recruitment, selection, and enrollment priorities;
- Funding applications and amendments to funding applications;
- Annual Report and dissemination of program information
- Annual self-assessment of the Early Head Start program;
- Procedures for shared decision-making with policy groups, including composition of policy groups, procedures by which members are selected, and policies that define management functions and the roles and responsibilities of the governing body;
- Internal dispute resolution procedures, including impasse procedures and the resolution of complaints about the program;
- Assure that internal controls are in place to safeguard federal funds;
- Program Personnel Policies including Standards of Conduct; and
- Decisions to hire or terminate the Early Head Start Director.

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Procedure Title:	Policy Council		
Procedure Number:	1.4	Effective Date:	August 18, 2016
Policy Title Reference:	1.4 – Policy Council		
Regulation References:	45CFR1301.3(b)(c)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

South Carolina First Steps to School Readiness (SCFS) will establish a grantee-level Policy Council responsible for interpreting the needs of the community. At least 51% of Policy Council members must be parents of currently enrolled children. Membership on the Policy Council will be limited to a total of five, one-year terms. In order to avoid conflict of interest, no staff member of SCFS, nor members of their immediate families, may serve on the Policy Council in a voting capacity. Parents who occasionally serve as substitutes may continue to serve on Policy Council.

DEFINITIONS

SCFS: South Carolina First Steps to School Readiness

PROCEDURES

Membership of the Policy Council will be made up of:

- a. Parent Representatives. A minimum of at least 51% of the Policy Council shall be Parent Representatives. Every Parent Representative must be a parent or legal guardian of a child currently enrolled in EHS. Parent representatives may continue serving on Policy Council after their children have transitioned from Early Head Start, within the defined Term Limits.
- b. Community Representatives. A maximum of 49% of the Policy Council shall be Community Representatives, including:
 - One (1) member nominated by SCFS from the parent representatives
 - Others who are drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including for example the parents of formerly enrolled children.

Members will not have a conflict of interest with supporting the Policy Council and EHS program, and will adhere to the Standards of Conduct Policy.

Members will be encouraged to obtain a criminal records check. Fees associated with obtaining the criminal records check will be paid for by SCFS.

Parent members of the Policy Council will be elected annually from their respective centers and classrooms, and will continue to serve on the Council until the next Council has been elected and seated the following year. Parent representation on the Policy Council will be determined in accordance with Policy Council By-Laws; Membership.

Volunteer members from the local business, civic and professional community, or individuals who are familiar with resources and services for low-income children and families, including parents of formerly enrolled Early Head Start children, will be selected annually to serve on the Policy Council. Policy Council members, Grantee Board members, or Program Staff may recommend individuals to serve as Community Representatives.

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Community representation on the Policy Council will be determined in accordance with Policy Council By-Laws; Membership.

Policy Council will work in partnership with key management staff and the Grantee Board to develop, review and approve or disapprove policies. Policy Council will serve in a leadership capacity with direct links to the Parent Center Committees, First Steps' Early Head Start Governance Council and the communities they serve. Policy Council, in collaboration with the Grantee Board, will have direct responsibility for establishing and maintaining procedures for working with the Grantee Board to resolve community complaints about the program.

To facilitate the sharing of information, at least one member of the Policy Council will sit on First Steps' Early Head Start Governance Council and members of the Council will be notified of upcoming Policy Council Meetings and invited to attend. Minutes will be shared between the two groups.

Policy Council Bylaws will cover purpose, responsibilities, meeting format, membership and duties of officers. Bylaws will be reviewed annually and updated as necessary to ensure accuracy. Specific responsibilities of the Policy Council are detailed in the Head Start Performance Standards.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Internal Dispute Resolution		
Procedure Number:	1.5	Effective Date:	August 18, 2016
Policy Title Reference:	1.5 – Internal Dispute Resolution		
Regulation References:	45 CFR Part(s): 1301.6(a-c)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

The First Steps Board of Trustees (BOT), representing the Grantee Agency, and the Policy Council will make a good faith effort to resolve any differences on an amicable basis so as to avoid impasse and having to enter into mediation procedures provided below. In the event that mediation becomes necessary, the BOT and the Policy Council are committed to cooperate fully and completely in all respects with the Mediation Committee's efforts to resolve the impasse. The Regional Head Start Office will be notified as soon as possible that there is a conflict between the Grantee Agency and the Policy Council, especially when the conflict if not resolved, could lead to termination, or denial of funding, of the Early Head Start grant.

DEFINITIONS

Impasse is defined as a deadlock that occurs when a Grantee Agency and its Policy Council cannot reach agreement on a proposed action.

BOT: SC First Steps Board of Trustees

PROCEDURES

STEP ONE: The First Steps Board of Trustees and the Policy Council will first return to the procedure for shared decision-making and attempt to resolve the conflict through joint 1) identification and clarification of issues; 2) collection of facts and consideration of program priorities and policies; 3) development of alternative solutions; 4) identification of consequences; 5) making a decision; and 6) evaluating the outcome of that decision. If agreement cannot be reached in this way, Policy Council and the Board will proceed to:

STEP TWO: The First Steps Board of Trustees and Policy Council will each select one representative from their membership, and those two individuals will select a third person who is not associated with Early Head Start or the Grantee Agency to serve as a Mediation Committee, the purpose of which is to attempt to resolve the issues between the grantee and the Policy Council to the mutual satisfaction of both parties. Members of the Mediation Committee will have the delegated authority to represent their respective membership and to bind the Council and Board to the decision reached by the Committee. If agreement cannot be reached in this way, within fifteen (15) days, the grantee will proceed to:

STEP THREE: The grantee agency will submit the dispute to the offices of a professional arbitrator and advise the Regional Office of the date, time and location of the first meeting. The First Steps Board of Trustees and the Policy Council will be expected to attend any meetings requested by the arbitrator. If the conflict relates to refunding, arbitration must be completed fifteen (15) days prior to the refunding date. Refusal of either party to engage in arbitration will result in the Regional Office bringing about arbitration. Arbitration is binding and final.

All costs of mediation and arbitration will be paid out of SC First Steps Early Head Start grant funds.

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Community Greivance		
Procedure Number:	1.6	Effective Date:	August 18, 2016
Policy Title Reference:	1.6 – Community Greivance		
Regulation References:	45CFR1302.34(b)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SC First Steps will make every effort to resolve differences of opinion that may occur between the program and enrolled families or citizens of the community. Unresolved concerns will be brought to the Policy Council and First Steps Board of Trustees for resolution of the problem.

DEFINITIONS

N/A

PROCEDURES

A grievance is a written statement that the laws, rules, policies, or procedures under which the Early Head Start program operates may have been violated. A grievance may include: 1) disagreement over a decision to accept a family into the program; 2) disagreement over the goals and methods of the program; 3) unresolved conflict with Early Head Start staff; 4) concern that Early Head Start has failed to keep an agreement; 5) concern that Early Head Start had not complied with the Head Start Performance Standards; or 6) concern that the Early Head Start program did not follow approved policy.

Early Head Start parent concerns should be discussed with the staff person most directly involved with the concern. If no resolution is reached, the concern will be taken to the Early Head Start Director. Community concerns regarding the program will be brought directly to the Director. The Director will hear any concerns and follow up with an investigation of the situation if necessary. The Director will then provide a written response within ten (10) days of the meeting.

If not satisfied with the Director’s response, a written grievance will be submitted to the Chairperson of the Early Head Start Policy Council within 30 days of the Director’s written response. Written grievances must include: 1) date; 2) name, address, and telephone phone number of the grievant; 3) a description of the problem; 4) date of the concern; 5) description of what has already been done to resolve the concern or complaint; 6) how the grievant would like to see the problem resolved; and 9) signature. Assistance can be provided in preparing this written grievance if requested.

Upon the receipt of an appropriate written grievance, the Chairperson of the Early Head Start Policy Council will contact the Chair of the SC First Steps Board of Trustees and schedule a hearing of the grievance. The person filing the grievance and any other involved parties will be notified of the date, time, and location of the hearing.

Policy Council, in collaboration with the Grantee Board, will submit a written response to the person filing the grievance within thirty (30) days of meeting. The decision of the Early Head Start Policy Council and First Steps Board of Trustees is final.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Committee		
Procedure Number:	1.7	Effective Date:	August 18, 2016
Policy Title Reference:	1.7 – Parent Committee		
Regulation References:	45CFR1301.4(a-b)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

A Parent Committee will be established in each center to provide all parents of children enrolled in the Early Head Start program with a broad range of opportunities to participate in the shared decision-making process. Only parents of children currently enrolled in an Early Head Start classroom will have voting privileges in a Parent Committee.

DEFINITIONS

N/A

PROCEDURES

Each Early Head Start Center will operate its own Parent Committee, elect officers for the year, and conduct its own business. Individual Parent Committees may develop bylaws to direct their group process based on guidelines provided by the program. Each Parent Committee will be able to access moneys, as applicable, budgeted out of program funds for parent activities. A staff member will be available as an advisor to the group, will attend all meetings, but will not vote.

Parent Committees will contribute to the development of the program’s curriculum and approach to child development and education, and will advise staff in developing and implementing local program policies, activities and services. The staff advisor will relay recommendations for classroom curriculum and activities to the teaching team.

Recommendations for program-wide policy and procedure will be relayed to the Policy Council through the center representative to Policy Council. Minutes from Policy Council and Grantee Board Meetings will be available in all centers and will be shared between the Grantee Board and Policy Council. The Policy Council Representative to the EHS Governance Council will relay center recommendations and input to the Grantee Board.

Parents, through involvement in the Parent Committee, will have the opportunity to participate in the identification and location of local resources, in the recruitment of children and families into the program, and in the recruitment and screening of program staff. The Parent Committee format will also provide parents with the opportunity to meet with other parents and community members who share a common interest, and to develop program activities such as educational experiences and social events specifically designed to meet the needs of local children and families.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Reimbursement		
Procedure Number:	1.8	Effective Date:	August 18, 2016
Policy Title Reference:	1.8 –Reimbursement		
Regulation References:	45CFR1301.3(e)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

In order to enable low-income parents to participate fully in their group responsibilities, reimbursement will be provided, if necessary, for reasonable expenses incurred by members of policy and parent groups in the performance of their official Early Head Start duties.

DEFINITIONS

N/A

PROCEDURES

Childcare will be provided at the center during Parent Meetings held at the center. Childcare reimbursement may also be provided for the following out-of-town activities: Policy Council Meetings; State Head Start Meetings; and other activities as approved by Policy Council.

Childcare reimbursement for out-of-town SC First Steps Early Head Start meetings will be approved for ten (10) hours per day. If this limitation is a hardship for any Policy Council member, they may request reimbursement for additional hours by written request to the Policy Council Chairperson. This request will be voted on at the next Policy Council meeting.

Transportation to Policy Council meetings will be reimbursed at the rate set by the SC First Steps Early Head Start Program. Reimbursement may be provided for the following activities: Policy Council Meetings; Policy Council Planning Committee Meetings; Self-Assessment Activities; and SC First Steps Early Head Start Program Meetings. Only one car per center will be reimbursed for each meeting, or one car for each 4 people. Any exception to this limitation must have prior Policy Council approval.

It is the responsibility of the driver to carry documentation of valid liability insurance as required by SC law, and to ensure that seat belts are available and used by all passengers.

The SC First Steps Early Head Start program will cover the costs of parents who attend SC First Steps Early Head Start trainings and conferences. Registration fees and lodging will be paid by purchase order prior to the trainings. Parents will be reimbursed money to cover the costs of mileage and food at the rate set by the SC First Steps Early Head Start Program.

2.0 Management Systems Table of Contents

- 2.1 Program Planning
- 2.2 Communication
- 2.3 Record Keeping, Meetings and Reporting
- 2.4 Supervision and Monitoring
- 2.5 Record Retention Guidelines and Location of Storage

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Program Planning		
Procedure Number:	2.1	Effective Date:	August 18, 2016
Policy Title Reference:	2.1 – Program Planning		
Regulation References:	45CFR1302.102(a-c); 1302.11(b)(1-3)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will implement a systematic, ongoing process of program planning that involves program staff, parents, Policy Council, the EHS GC, SCFS BOT and the community. Information will be gathered from a variety of sources, analyzed and used to inform the direction of program services. Program planning efforts will focus on providing quality services in the most cost-effective manner.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS GC: Early Head Start Governance Council
 BOT: Board of Trustees

PROCEDURES

Community Assessment:

A full Community Assessment will be completed every five years to coincide with the annual federal grant application. The Community Assessment process will be used to identify the following:

- *The number of eligible infants and toddlers in each geographic area, including their race, ethnicity, and languages that they speak. This will also include children experiencing homelessness, children in foster care, and children with disabilities.
- *The education, health, nutrition, and social service needs of these children and their families will be identified.
- *Typical work, school, and training schedules of parents with eligible children
- * Other child development programs that serve eligible children
- * Resources that are available in the community to support these families
- * The strengths of these communities

Eligibility and Recruitment Plan:

An Annual Eligibility and Recruitment Plan will be developed using the Community Assessment updates. Annual updates will reflect any changes in resources, services and/or demographics.

Program Self-Assessment:

A Program Self-Assessment will be conducted annually. All staff and participating parents, Board, Policy Council and community members will be provided training on the self-assessment instrument and plan. Assessment teams will collect data that will then be summarized by team leaders and reviewed by management staff. The Self-Assessment Summary will reflect program strengths and areas for improvement.

The EHS Management Team will review the Self-Assessment Summary and develop a plan of action. Corrective action will be taken immediately and will be reflected in the next year's program operations and

SOUTH CAROLINA FIRST STEPS PROCEDURE

training plan. Policy Council will review and approve the Self-Assessment Plan, the Self-Assessment Summary, the Program Improvement Plan, and will monitor completion of required corrective action. The SCFS Board of Trustees will also review the results of the Self-Assessment and will monitor completion of any corrective action.

Strategic Planning:

Strategic planning will be an ongoing process involving program staff, parents, EHS Health and Education Advisory Boards, SCFS Board of Trustees and Policy Council. Information from a number of sources, including child outcome data, will be used to develop and prioritize program goals and objectives that further impact program model, training and budget.

Considerations for determining program modifications and staffing patterns will include state and federal mandates, funding levels, family needs, and personnel issues. The annual training plan will address state and federal mandates and initiatives, program needs, center needs, and individual staff needs.

The planning process culminates in the compilation and submission of the annual federal grant application after approval by the Policy Council and SCFS Board of Trustees. Implementation of the grant, as driven by program planning efforts, consists of development of and implementation of written program plans, policies and procedures, and purchase of materials, equipment and facilities.

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Procedure Title:	Communication		
Procedure Number:	2.2	Effective Date:	August 18, 2016
Policy Title Reference:	2.2 – Communication		
Regulation References:	45CFR1302.41(a);1302.90(d)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure that timely and accurate information is provided to parents, staff, Policy Council, the EHSGC, the SCFS BOT and relevant community partners, and that effective, comprehensive two-way communication is carried on between program staff and parents on a regular basis. Whenever possible, communication with families will be carried out in the parent's primary language, and every attempt will be made to provide communication assistance to individuals with sensory impairments.

DEFINITIONS

SCFS: South Carolina First Steps
 EHSGC: Early Head Start Governance Council
 BOT: Board of Trustees

PROCEDURES

Two-way communication with families will be ongoing throughout the program year. This may include:

- Regularly scheduled home visits, parent-teacher conferences, and trainings
- Participation in additional scheduled meetings (e.g. IFSP, Behavior Plan)
- One-on-one conversations in the center or in the parent's home
- Telephone calls

Program staff members will also communicate with families in writing, including but not limited to:

- Notes home, including handouts and informational flyers
- Program Newsletters
- Letters

Communication with Policy Council and the SCFS Board of Trustees will include:

- Information shared verbally during regularly scheduled meetings
- Shared meeting minutes between Policy Council and SCFS Board of Trustees
- Policy Council representation on the SCFS Board of Trustees' EHS Governance Council
- Sharing of pertinent communications from the Office of Head Start
- Program progress reports, policies, planning schedules, financial reports
- Head Start grant applications

Regularly scheduled meetings between and among direct service and management staff will be utilized to facilitate communication among program staff. Further sharing of verbal and written information will be done through:

- Meeting minutes, monthly reports, tracking forms and other documents sent by mail, e-mail and/or fax
- Provision of Head Start Performance Standards, written plans, Policies and Procedures, forms, and written guidance

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- E-mail, telephone calls, texts, and/or voice mail messages
- Program website
- Personal communication, conferences, and performance evaluations

All communication is potentially sensitive and will be conducted in accordance to program policies on confidentiality. The table below shows the steps in initiating drafts of communications to our various partners.

Information Communicated to:	Initiate drafts	Reviews	Approves	Sends	Primary contact
Board of Trustees	EHSD	DD, COO	D	DD	D, DD
EHS Gov. Council	EHSD	DD, COO	D	DD	D, DD
Policy Council	EHSD	DD, COO	D	EHSD	D, DD
Local Partnerships	EHSD	DD, COO, CPO	D	EHSD	D, DD
Child Care Partners	EHSD	DD, COO, D	D	EHSD	D, DD
General Public	EHSD	DD, COO	D	DD,	EHSD
HSES	EHSD	DD, COO	D	EHSD/FM	EHSD
Region IV - Director	EHSD	DD, COO	D	DD	DD
Regional Specialists	EHSD	DD, COO, D	D,EHSD	EHSD	EHSD
REGION T/TA	EHSD	DD, COO	D,EHSD	EHSD	EHSD
HIRING DECISIONS:					
STAFF	EHSD	DD,COO	D, GB, PC	D	D
Temps/Consultants	EHSD/DD/COO	DD, COO	D	D	D

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Record Keeping, Meetings and Reporting		
Procedure Number:	2.3	Effective Date:	August 18, 2016
Policy Title Reference:	2.3 – Record Keeping, Meetings and Reporting		
Regulation References:	45CFR1302.101; 1302.102(c,d); 1303.24(a-c)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will maintain a record-keeping system that will document the status of all program activities and direct staff action in accordance with Performance Standards, program work plans and policies. Personally identifiable information about enrolled children and families will be limited to data that is essential for the assessment, planning, service provision, and evaluation of progress made by children and families toward achievement of identified goals or developmental milestones. Information will be documented, stored, and accessed in a manner that will provide appropriate program staff with accurate and timely information to ensure the provision of quality services and to demonstrate program accountability.

Statistical data will be used in a way that does not permit personal identification of parents or students. All information will be kept in confidence. SCFS will not disclose any personally identifiable information without the parent's prior written consent (signed and dated), except as otherwise stipulated in Policy.

Responsibility and accountability for the maintenance of specific records is assigned to program staff based on Job Description and content-area expertise.

SCFS will maintain data collection and reporting systems to ensure fiscal accountability, program quality and accountability, and inform governing bodies and program staff of program status and progress. This reporting system will be sufficient to generate official reports for federal, state, and local authorities, as required by applicable law.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURES

Records

Record	Location	Staff Responsible
PROGRAM HISTORY		
Grant applications (Grant Notebook)	SCFS	EHS Director
Notice of grant award	SCFS	EHS Director
PROGRAM PLANS		
Community Assessment	SCFS	EHS Director
Long-range goals; short-term objectives	SCFS	EHS Director, Center Directors
Written Plan for program services	SCFS	Content Area Experts
School Readiness Plan	SCFS	Ed. Coordinators
Grantee Profile	SCFS	EHS Director

Procedure 2.3 – Record Keeping, Meetings and Reporting
Page 1 of 5

SOUTH CAROLINA FIRST STEPS PROCEDURE

PROGRAM ADMINISTRATION		
Health Advisory Committee Minutes	SCFS	Health Coordinator
Grievance procedure for parent or community complaints (Parent Handbook)	SCFS	EHS Director
Most recent Self-Assessment (including description of procedures, results, and actions in response to results)	SCFS	EHS Director
Ongoing monitoring instruments, reports and corrective action documents - last 12 months	SCFS	Content Area Experts
Recruitment/enrollment information (including policies/procedures, attendance records, and enrollment/waiting list information)	SCFS	EHS Director
CCP contracts	SCFS	EHS Fiscal Manager
POLICY COUNCIL INFORMATION		
Bylaws	SCFS	EHS Director
Membership list	SCFS	EHS Director
Minutes for last 12 months	SCFS	EHS Director
Information on policies/procedures related to governance	SCFS	EHS Director
GOVERNING BODY INFORMATION		
Membership list (including roles and responsibilities of members)	SCFS	Deputy Director
Minutes for last 12 months	SCFS	Deputy Director
Impasse procedure	SCFS	Deputy Director
PERSONNEL-RELATED DOCUMENTS		
Organizational chart or list of staff and function of each staff person, inc. vacancies	SCFS	EHS Director
Job descriptions	SCFS	EHS Director
Personnel polices (including policies and procedures pertaining to confidentiality)	SCFS	EHS Director
Salary schedule	SCFS	EHS Director
Staff personnel files including health records	SCFS	EHS Director
Staff performance evaluations	SCFS	EHS Director
TRAINING-RELATED DOCUMENTS		
Staff development and training approach	SCFS	EHS Director
Training and technical assistance plan	SCFS	EHS Director
Records of all training provided	SCFS	EHS Director
GENERAL PROGRAM ACTIVITY		
Menus	Posted at CCPs	Health Coordinator
Daily classroom schedule	CCPs	Teachers
Class rosters	CCPs/ChildPlus	Teachers
General information supplied to parents	Parent Handbook	Family Advocates
Information on use of volunteers	Volunteer Handbook	CCP Directors
Schedules of parent meetings and topics	CCPs/SCFS	Family Advocates
CHILD RECORDS		
Ongoing assessment of progress	TS GOLD/Paper	Teachers
Screening and health care records	Child File @ SCFS	Family Advocate
Emergency contact information	Child File @ CCP/SCFS	Family Advocate
Individualized Family Service Plan (IFSP)	Child File @ CCP/SCFS	Teachers/Family Advocate
Food and/or health allergies	Child File @	Teachers/Health

Procedure 2.3 – Record Keeping, Meetings and Reporting
Page 2 of 5

SOUTH CAROLINA FIRST STEPS PROCEDURE

	CCP/SCFS	Coordinator
FAMILY RECORDS		
Conversation or anecdotal notes	Child File @ CCP	Teachers
Description of family goals and progress	Child File @ CCP/SCFS	Teachers/Family Advocate
Documentation of home visits and parent/teacher conferences	Child File @ CCP/SCFS	Teachers/Family Advocate
Documentation of parent involvement	Parent Involvement File	Family Advocate
Enrollment/income eligibility forms	Eligibility Determination Form in Child's File @ SCFS	ERSEA Manager
HEALTH AND SAFETY-RELATED POLICIES AND PROCEDURES		
Medication administration (Policy)	CCPs/SCFS	Health Coordinator
Short-term exclusion (Policy)	CCPs/SCFS	Health Coordinator
Emergency procedures (Policy)	CCPs/SCFS	Health Coordinator
Child abuse/neglect reporting (Policy)	CCPs/SCFS	Health Coordinator
Equipment maintenance logs	CCPs/SCFS	Fiscal Manager
Results from environmental tests and/or safety inspections	CCPs/SCFS	Health Coordinator
Hazardous material (e.g., blood, human waste) disposal policies	CCPs/SCFS	Health Coordinator
LICENSES		
Child care	CCPs/SCFS	CCP Director/Health Coordinator
Sanitation	CCPs/SCFS	CCP Director/Health Coordinator
Fire/safety	CCPs/SCFS	CCP Director/Health Coordinator
Food handlers	CCPs/SCFS	CCP Director/Health Coordinator
Other (as required under applicable State or local regulations)	N/A	N/A
Record	Location	Staff Responsible
FISCAL RECORDS		
Administrative costs documentation	SCFS	Fiscal Manager/CFO
Audit report for past 3 years	SCFS	Fiscal Manager/CFO
Bank reconciliation	SCFS	Fiscal Manager/CFO
Chart of accounts	SCFS	Fiscal Manager/CFO
Current contracts and agreements	SCFS	Fiscal Manager/CFO
Current indirect cost agreement	SCFS	Fiscal Manager/CFO
Department of Agriculture (USDA) accounting records	SCFS	Fiscal Manager/CFO
Detailed general ledger of accounts payable (AP) disbursements journal	SCFS	Fiscal Manager/CFO
Financial Assistance Awards (FAA)	SCFS	Fiscal Manager/CFO
Financial reports to governing bodies	SCFS	Fiscal Manager/CFO
Grantee charter document	SCFS	Fiscal Manager/CFO
Grantee's most recent IRS 990	SCFS	Fiscal Manager/CFO
Insurance policies	SCFS	Fiscal Manager/CFO
Lease agreements	SCFS	Fiscal Manager/CFO
Monthly trial balances	SCFS	Fiscal Manager/CFO

Procedure 2.3 – Record Keeping, Meetings and Reporting
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SOUTH CAROLINA FIRST STEPS PROCEDURE

Most recent SF-269 and PMS-272	SCFS	Fiscal Manager/CFO
Non-Federal share documentation	SCFS	Fiscal Manager/CFO
Organizational Chart	SCFS	Fiscal Manager/CFO
Payroll journal	SCFS	Fiscal Manager/CFO
Fiscal Policies and Procedures	SCFS	Fiscal Manager/CFO
Procurement policies	SCFS	Fiscal Manager/CFO
Program budget planning documents	SCFS	Fiscal Manager/CFO
Property inventory and files for recent major purchases	SCFS	Fiscal Manager/CFO
Vendor contracts	SCFS	Fiscal Manager/CFO
Written accounting procedures	SCFS	Fiscal Manager/CFO

Meetings will be held on the following schedule:

<u>Group</u>	<u>Composition</u>	<u>Frequency of Meetings</u>	<u>Who Sets Agenda/organizes Meeting</u>
<u>BOARD OF TRUSTEES</u>	<u>Statutory</u>	<u>Bi-Monthly</u>	<u>Board Chair, Director and DD</u>
<u>EHS GOV. COUNCIL</u>	<u>EHS Governance Council Charter</u>	<u>Bi-monthly</u>	<u>Council Chair Director, DD, EHSD</u>
<u>Policy Council</u>	<u>Parents, Community Partners</u>	<u>10x annually</u>	<u>Chair, EHSD, ERSEA Manager</u>
<u>Senior Leadership Team</u>	<u>D, DD, CFO/COO, CPO</u>	<u>Monday 9AM</u>	<u>D</u>
<u>EHS Leadership Team</u>	<u>D, DD, CF0/COO, EHSD</u>	<u>Twice monthly (alternate weeks)</u>	<u>EHSD</u>
<u>SCFS Management Team</u>	<u>D, DD, CFO/COO and all SCFS staff with Supervisor roles</u>	<u>Twice monthly (alternate weeks)</u>	<u>D, DD</u>
<u>EHS Management Team Meeting</u>	<u>EHSD and Coordinators</u>	<u>Monthly (In Person) (2nd Tuesday, 12:30-3:30pm)</u>	<u>EHSD</u>
<u>EHS Management Team Calls</u>	<u>EHSD and Coordinators</u>	<u>Daily as Needed</u>	<u>EHSD</u>
<u>ERSEA/Health Team Meeting</u>	<u>ERSEA Manager, Health Coordinator and ERSEA Staff (FAs)</u>	<u>Monthly In Person (10-2, 2nd Thursday)</u>	<u>ERSEA Manager, Health Coordinator, EHSD</u>
<u>ERSEA Team Meetings and Calls</u>	<u>EHSD and ERSEA Staff (FAs)</u>	<u>Group calls weekly, Individual Calls daily (as needed)</u>	<u>ERSEA Manager</u>
<u>School Readiness Team</u>	<u>Ed Coordinators and Teacher Mentors</u>	<u>Monthly, In Person 3rd Tuesday</u>	<u>Education Coordinators, EHSD</u>
<u>CCP Director Meetings</u>	<u>EHSD, Ed Coordinators, Health, Fiscal, CCP Directors,</u>	<u>Monthly Conference Call</u>	<u>Education Coordinators, EHSD</u>

Procedure 2.3 – Record Keeping, Meetings and Reporting
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SOUTH CAROLINA FIRST STEPS PROCEDURE

	<u>local Partnership Directors</u>		
<u>Individual Supervision</u>	<u>Supervisors with each direct report</u>	<u>Monthly</u>	<u>Supervisor/Supervisee</u>
<u>Local Partnerships</u>	<u>LP ED, EHSD, CPO</u>	<u>At least quarterly</u>	<u>EHSD, CPO with input from Partnership EDs</u>

Procedure 2.3 – Record Keeping, Meetings and Reporting
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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Supervision and Monitoring		
Procedure Number:	2.4	Effective Date:	August 18, 2016
Policy Title Reference:	2.4 – Supervision and Monitoring		
Regulation References:	45CFR1302.102(b,c)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will implement a system of supervision and monitoring throughout all levels of program operation designed to foster reflective practice. The roles of Teacher Mentors and Family Advocates will be emphasized to foster team-building across a large program geography and minimize isolation.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURES

The EHS Management Team will provide ongoing monitoring and supervision of CCPs within their assigned areas of responsibility. Monitoring will be carried out through the use of regularly scheduled on-site center observations, observing of teachers in the classroom setting, review of monthly center reports, tracking forms, reports generated by web-based or software programs, fiscal reports, meeting minutes, review of child and family files, and center records. The EHS Management Team will participate in comprehensive staffing with every classroom team, which will include assurance of an annual performance evaluation of each EHS teacher annually. The EHS Management Team will provide center directors with formal feedback as part of this performance evaluation process.

The EHS Director will provide ongoing supervision of EHS Management Staff. Monitoring will be carried out through the use of monthly reports, regularly scheduled meetings in person or by phone and with the Management Team, fiscal reports, meeting minutes, and periodic review of tracking forms, and reports generated by web-based or software programs. The EHS Director will occasionally visit centers and attend center meetings and other program activities in addition to regular monitoring activities.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Record Retention Guidelines and Location of Storage		
Procedure Number:	2.5	Effective Date:	August 18, 2016
Policy Title Reference:	2.5 – Record Retention Guidelines and Location of Storage		
Regulation References:	45CFR1303.54;1302.12		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

All EHS policies and procedures, personnel, fiscal, and governance records will be maintained by SCFS in an orderly, safe, and confidential manner. Records for child care partners will be maintained both centrally at the SCFS office and at the child care sites.

DEFINITIONS

EHS: Early Head Start
 SCFS: South Carolina First Steps

PROCEDURES

Clear guidelines for reporting responsibility and schedule for submission of reports and documentation will be provided to program staff at the beginning of the year during Pre-Service training. Monthly reporting forms will specify documentation and information to be sent to Coordinators.

- Center Directors will be responsible for ensuring the completion of monthly reports for submission to the EHS Fiscal Manager by the 5th of each month unless it immediately follows a holiday.
- The EHS Program Assistant will distribute reports to content area experts as appropriate.
- Content area experts will analyze data from reports and submitted documents, and provide feedback to CCPs as to the status and/or quality of required activities to ensure timely completion of services for children and families. Content area experts will provide monthly reports to the EHS Director, including but not limited to, summarized CCP data, direct observations and ChildPlus reports.
- The EHS Director will review data from content area experts and will provide feedback to each, utilizing data to guide planning efforts, and inform the SCFS Board of Trustees via the Director, Policy Council, and OHS of program progress.

Regular reporting to the SCFS Board of Trustees via the Director and OHS will include financial reports and the annual federal Program Information Report (PIR). Information collected in the PIR will be used to inform the public about these programs and to make periodic reports to Congress about the status of children in Early Head Start programs as required by Head Start.

<i>Record</i>	<i>Retention</i>	<i>Responsibility</i>	<i>Notes/Comments</i>
Advisory Board Records	10 Years	Health & Education	SCFS EHS-CCP Office
Audit Records	20 Years	Fiscal	Administrative Office
Budget Activity Records	10 Years	Fiscal	SCFS
Budget Records (Annual)	Permanent	Fiscal	SCFS Early Head Start Office/Region IV Office
Budget Reports	5 Years	Fiscal	SCFS EHS-CCP

Procedure 2.5 – Record Retention Guidelines and Location of Records
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SOUTH CAROLINA FIRST STEPS PROCEDURE

Building (Floor Plans, Specs)	Permanent	Fiscal	SCFS EHS-CCP
Building Records (Contracts)	10 Years	Fiscal	SCFS EHS-CCP
Building Records (Other)	6 Years	Fiscal	SCFS EHS-CCP
Building Space/Valuation	10 Years	Fiscal	SCFS EHS-CCP
Child Abuse and Neglect	Permanent	Health	SCFS EHS-CCP
Contracts, including PSAs	6 Years	Fiscal	SCFS EHS-CCP
Equipment Inventory Record	4 Years	Fiscal	SCFS EHS-CCP
Equipment Maintenance	1 Year	Fiscal	SCFS EHS-CCP
Federal Property Records	6 Years	Fiscal	SCFS EHS-CCP /Region IV
Financial Records (Closing)	6 years	Fiscal	Destroy
Financial Records (inc. NFS)	6 years	Fiscal	SCFS EHS-CCP Office
Grant & Contract Accounting Records (inc. Direct Payment & Indirect Cost)	5 Years	Fiscal	SCFS EHS-CCP
Grant Proposals (Funded)	Permanent	EHS Program	SCFS /Region IV Head Start Office
Grant Proposals (Unfunded)	18 Months	EHS Program	SCFS EHS-CCP Office
Grievance Records	3 years	SCFS Human Resources	SCFS EHS-CCP Office
Health Records from Provider	3 years (in Child File)	Child Care Partners	SCFS EHS-CCP Office
IFSP/Disability Records	Permanent	Child Care Partners	SCFS Office
Insurance Claims, SAIF Claims	6 Years		Administrative Office; Destroy
Leases	4 Years		SCFS EHS-CCP Office/Destroy
Mental Health Observations	3 years		SCFS EHS-CCP Office; Destroy
Payroll Records inc. OPE/PAR	6 Years		Payroll Office
Personnel Records	75 Years		Office of Human Resources; Destroy
Personnel Records (Supervisor)	5 Years		SCFS EHS-CCP Office; Destroy
Real Property Records	6 Years		Administrative Office/
Search Records	3 Years		Office of Human Resources; Destroy
Student Education Records; Complete Child File	3 years		SCFS EHS-CCP Office; Destroy all but Permanent Student Record
Student Records (Permanent)	Permanent		SCFS EHS-CCP
Subpoenas	Permanent		Add to Permanent Student Record
Supervision/Monitoring	1 year		SCFS EHS-CCP Destroy
Tracking/Reporting	1 year		SCFS EHS-CCP Office; Destroy
USDA/CACFP Records	4 Years		Child care center Office; Destroy

Procedure 2.5 – Record Retention Guidelines and Location of Records
Page 2 of 2

4.0 Employee Code of Conduct Table of Contents

4.1a EHS Employee Code of Conduct

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	EHS Employee Code of Conduct		
Procedure Number:	4.1a	Effective Date:	October 21, 2016
Policy Title Reference:	4.1a – Employee Code of Conduct		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	October 21, 2016	EHS Director Approval Date:	October 21, 2016
Revisions Dates:			

POLICY

Early Head Start-Child Care Partnership employees will conduct themselves according to the Code of Conduct for SC First Steps to School Readiness and will adhere to the Code of Conduct for the Early Head Start Child Care Partnership. Each employee will sign the Early Head Start Child Care Partnership Code of Conduct during their orientation to the program. These signed statements will be included in each employees personnel file.

Procedures:

Head Start Code of Conduct

Each employee working in the Early Head Start Program will sign the Early Head Start Child Code of Conduct Statement and it will be filed in the employee's personnel file. The statement is attached below.

SOUTH CAROLINA FIRST STEPS PROCEDURE
Early Head Start Code of Conduct Statement

All staff, consultants, contractors, and volunteers are required at time of hire or placement to understand and abide by the codes of conduct as set forth in the Federal Performance Standards 45 CFR 1302.90 C. (1) (i.-v) and SC First Steps Early Head Start Child Care Partnership. The following standards specify that:

- 1) I will respect and promote the unique identity of each child and family and refrain from stereotyping on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, gender identity or family composition.
- 2) Maintaining confidentiality is important to the success of our mission, our reputation in the community and the privacy of clients and staff. Family files, personnel records, financial information, client information and other related information is considered confidential. This is in accordance with subpart C of part 1303 of 45 CFR Chapter XIII as well as applicable federal, state, and local laws. I am required to protect this information by safeguarding it when in use, filing it properly when not in use, and discussing it only with those who have a legitimate need to know. Additionally staff, who are also parents, may not access confidential information (as defined above) other than what is required within the scope of their job responsibilities. If approached by members of the news media, requesting information regarding SC First Steps Early Head Start operations, I will refer requests to the SC First Steps Early Head Start Director.
- 3) I understand that no child shall be left alone or unsupervised while under my care. Supervised is interpreted to mean two paid, contracted staff persons or volunteers are present.
- 4) I will use positive strategies to support children's well-being and prevent and address challenging behavior.
- 5) I will not maltreat or endanger the health or safety of children, including, at a minimum:
 - a) Use corporal punishment;
 - b) Use isolation to discipline a child;
 - c) Bind or tie a child to restrict movement or tape a child's mouth;
 - d) Use or withhold food as a punishment or reward;
 - e) Use toilet learning/training methods that punish, demean, or humiliate a child;
 - f) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
 - g) Physically abuse a child;
 - h) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family;
 - i) Use physical activity or outdoor time as a punishment or reward.
- 6) I understand that no child may be removed from the presence of staff other than a child's own parent or guardian or other authorized person.
- 7) I will not solicit or accept gratuities, favors, or anything of significant value for personal use or enrichment from contractors/vendors or potential contractors/vendors who have been awarded contracts or provide services or materials for SC First Steps Early Head Start.
- 8) Unless authorized by the SC First Steps Early Head Start Director or Regional manager to do so, I will not solicit or request donations (monetary, services and/or goods) for the agency or agency sponsored events.
- 9) I understand that I must maintain professional boundaries with agency enrolled children/families at all times. Staff is expected to keep their personal lives separate from that of enrolled children/families and shall have only limited contact outside of work time and/or work related activities. Staff will discuss with their supervisor any situations/relationships with enrolled children/families that are unclear or questionable.
- 10) I understand this document shall be placed in my personnel file and that violations of these codes may result in disciplinary action up to and including termination based on the disciplinary guidelines and policies of Early Head Start Child Care Partnership and SC First Steps to School Readiness.
- 11) I understand that that I will follow the ideals, and principles of the NAEYC Ethical Code of Conduct.

Employee _____ Date _____

5.0 Staff Training and Development

5.1 Staff Qualifications

5.2 Staff Development Approach

5.3 Head Start Requirements for Staff

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Staff Qualifications		
Procedure Number:	5.1	Effective Date:	October 21, 2016
Policy Title Reference:	5.1 – Staff Qualifications		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	October 21, 2016	EHS Director Approval Date:	October 21, 2016
Revisions Dates:			

Policy

SCFS will recruit and select dynamic, well-qualified individuals that demonstrate the knowledge, skills and experience needed to provide high quality, comprehensive, and culturally sensitive services to enrolled children and families.

Definitions

SCFS: South Carolina First Steps

Procedures

South Carolina First Steps Early Head Start staff will be held to minimum qualifications established in the Head Start Act and Head Start Performance Standards. All EHS teachers must have an Infant-Toddler CDA, an Associate’s Degree or a Bachelor’s degree in early childhood education to be qualified as a teacher.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Staff Development Approach		
Procedure Number:	5.2	Effective Date:	October 21, 2016
Policy Title Reference:	5.2 – Staff Development Approach		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	October 21, 2016	EHS Director Approval Date:	October 21, 2016
Revisions Dates:			

Policy

Program staff will be provided with continuous learning opportunities that meet the changing needs of the children and families served, and that ensure the existence of a well-trained, qualified staff in the classroom, in support positions, and on a management level.

Definitions

SCFS: South Carolina First Steps

PROCEDURES

Annual training priorities will be determined as follows:

1. First priority will be to correct program or individual weaknesses or deficiencies as indicated by:
 - o Program Self-Assessment;
 - o In-depth state and/or federal monitoring reviews; and
 - o Individual training based on the results of performance appraisal.
2. Second priority will be given to identified changes in service area or program requirements:
 - a. Changes in EHS focus or requirements;
 - b. Observed changes in families and children requiring additional or increased skills and knowledge on the part of staff, volunteers and consultants; and
3. Third priority will be to provide employees with individual training based on:
 - o Individual requests for training to increase skill and knowledge in a particular area; and
 - o Program requests that individuals attend specific training sessions to bring back information, or to help meet long-term program goals.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Training Plans will be developed in committee with participation from EHS management staff, direct service staff, and Policy Council Representatives, and will include:

1. For all teaching staff: methods for identifying and reporting child abuse and neglect; blood-borne pathogen training; and CACFP training;
2. For all teaching staff: First Aid/CPR training;
3. Specific training topics as identified;
4. Training and coursework necessary for obtaining certification, degree, or coursework needed to meet EHS teacher qualifications; and
5. Participation in conferences and workshops as available, and as funding allows.

Staff will have the opportunity to request additional training to meet individual goals, to strengthen skills or to enhance areas of specialization.

Academic credit will be encouraged with the goal of having all teaching staff with an Associates or Bachelor's degree in Early Childhood Education, or a related degree with certification courses in Early Childhood Education.

Mentoring relationships will be encouraged among staff members and within the community in order to fully utilize the skills, knowledge and talent within the program and within the community.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Head start Requirements for Staff		
Procedure Number:	5.3	Effective Date:	October 21, 2016
Policy Title Reference:	5.3 – Head Start Requirements for Staff		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	October 21, 2016	EHS Director Approval Date:	October 21, 2016
Revisions Dates:			

POLICY

SCFS will ensure that all program staff will meet minimum qualifications established within the federal HSPPS.

DEFINITIONS

SCFS: South Carolina First Steps

HSPPS: Head Start Program Performance Standards

REFERENCED PROCEDURES

1302.91 (a) Grantee agencies must ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

In addition, grantee agencies must ensure that only candidates with the qualifications specified in this part are hired.

Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.

1302.91 (b) **EARLY HEAD START DIRECTOR QUALIFICATIONS:** The Early Head Start director must have demonstrated skills and abilities in a management capacity relevant to human services program management.

Rationale: Leadership and management skills and abilities are essential to overseeing the staff and operations of a comprehensive, quality child and family program.

Guidance: To ensure that an appropriately qualified director is employed, agencies require that the director possess the following attributes:

- leadership ability,
- good interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, receive and provide feedback, and manage dynamic interchanges in meetings,
- the ability to develop and manage a budget,
- experience in human services program management, including program planning, operations and evaluation, and the use of management information systems, and
- an understanding of the Early Head Start philosophy and the ability to implement its principle of shared authority and decision-making.

1302.91 (c) **QUALIFIED FISCAL OFFICER:** Grantee agencies must secure the regularly scheduled or ongoing services of a qualified fiscal officer.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Guidance: To ensure that an appropriately qualified fiscal officer is available, agencies employ staff or consultants with specific abilities, such as to:

- Develop, monitor, evaluate, and report on financial control programs and procedures, including compensation and benefits to policy groups and staff;
- Develop and maintain accurate charts of accounts, including the allocation of program income and outlays and in-kind contributions;
- Initiate and direct, in coordination with other staff and parents, cost studies and comparative analyses of alternative operating strategies; and
- Assist in the resolution of audit exceptions and the implementation of auditors' recommendations and report all findings to management staff and governing bodies.

Note: Qualified fiscal officers include Certified Public Accountants (CPAs), persons holding a bachelor's or master's degree in accounting, and others with demonstrated expertise in fiscal matters. They may be hired directly as Early Head Start staff, be provided by the grantee agency as part of the indirect cost pool, or work under contract on a regularly scheduled basis.

1302.91 (d) (1-2) **QUALIFICATIONS OF CONTENT AREA EXPERTS:** Grantee agencies must hire staff or consultants who meet the qualifications listed below to provide content area expertise and oversight on an ongoing or regularly scheduled basis. Agencies must determine the appropriate staffing pattern necessary to provide these functions.

EDUCATION AND CHILD DEVELOPMENT SERVICES must be supported by staff or consultants with training and experience in areas that include the theories and principles of child growth and development, early childhood education, and family support.

Section 648A (a)(2)(B)... not later than September 30, 2013, all

(i) Early Head Start education coordinators, including those that serve as curriculum specialists, nationwide in center-based programs

- (I) have the capacity to offer assistance to other teachers in the implementation and adaptation of curricula to the group and individual needs of children in an Early Head Start classroom; and
- (II) have
 - (aa) a baccalaureate or advanced degree in early childhood education; or
 - (bb) a baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children.

Specific Abilities:

- Guide the planning and implementation of a comprehensive child development program that meets the Early Head Start definition of curriculum in all program options and settings;
- Put into practice theories and sound principles of child and adult education; and
- Embrace the role of the parent as the primary educator of the child and promote and support attachment between parent and child.

1302.91 (d) (1) **HEALTH SERVICES** must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health or health administration.

Specific Abilities: Link families with an ongoing system of health care, assist parents in the selection of health providers, counsel them about child or family health problems, and promote parent involvement in all aspects of the health program;

- Negotiate with the Health Services Advisory Committee and local health care professionals and service providers to ensure that services for families are available and accessible;
- Review, evaluate, and interpret health records and other vital health service data; and
- Promote health and safety practices in the program and coordinate safety and sanitation procedures, first aid, and emergency medical procedures.

SOUTH CAROLINA FIRST STEPS PROCEDURE

- In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.

1302.91 (e) (8) (iii) NUTRITION SERVICES must be supported by staff or consultants who are registered dietitians or nutritionists.

Specific Abilities:

- Experience in menu planning, including the quantity, quality, and variety of food to be purchased;
- The abilities to interpret nutrition assessment data, provide nutrition counseling for families, in other ways promote good nutrition habits among children and families; and
- Expertise to assist staff in dealing with children with feeding problems or special nutritional needs.

Note: Agencies that directly provide nutrition services ensure that the employee responsible for those services or the nutrition consultant who supports this staff member possesses a current registration with the Commission on Dietetic Registration of the American Dietetic Association or be eligible, registered, and ready to take the examination. A master's degree (MPH or MS) from an approved program in public health nutrition may be substituted for this registration. Agencies that contract for nutrition services ensure that staff in the agency with which they have contracted possess the necessary qualifications.

1302.91 (8) (ii) MENTAL HEALTH SERVICES must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and families.

Specific Abilities:

- Knowledge of treatment strategies in the areas of child behavior management and family crisis intervention;
- The ability to work with families in a supportive manner throughout the diagnostic and referral processes;
- The ability to work with staff to improve their own health and they, in turn, provide supportive services to families; and
- The ability to broker the services or to provide counseling and treatment for children and families with diagnosed problems.
- In addition, agencies need to ensure that mental health staff and consultants have appropriate license(s) or certification(s).

1302.91 (7) FAMILY AND COMMUNITY PARTNERSHIP SERVICES must be supported by staff or consultants with training and experience in field(s) related to social, human, or family services.

Specific Abilities:

- Develop referral systems and procedures and coordinate social service referrals and follow-up;
- Provide on-site consultation to family and community partnership staff;
- Oversee transition services; and
- Conduct advocacy work.

PARENT INVOLVEMENT SERVICES must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

Specific Abilities:

- Oversee the recruiting, training and scheduling of parent volunteers;
- Work with Policy Council and serve as a resource for the Parent Committees;
- Assist parents in developing and scheduling their own social and developmental activities and encourage and support parents in addressing community needs; and

SOUTH CAROLINA FIRST STEPS PROCEDURE

- Keep other agency staff apprised of parent issues, and assist staff in designing and implementing a comprehensive, well-integrated plan for parent involvement that crosses all service areas.

1302.91 (d) (1) **DISABILITY SERVICES** must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

The grantee must ensure that the health coordinator works closely with Part C providers in the assessment process and follow up to assure that the special needs of each child with disabilities are met.

The grantee must ensure coordination between the health coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.

In the IFSP process, the team will ideally include: the Early Head Start health coordinator or a representative who is qualified to provide or supervise the provision of special education services: The health coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.

Specific Abilities:

- Coordinate the process of assessing children, including initial screenings, ongoing developmental, and specialized assessments, to determine if a disability exists;
- Work with an interdisciplinary team of staff and parents to implement an Individualized Family Service Plan for each child with disabilities;
- Consult regularly with parents and staff on the progress of disabilities services and of the children with disabilities who are enrolled;
- Work closely with local school districts to ensure the coordination of services; and
- Advocate in the community for appropriate services for children with disabilities and their families.
- In addition, agencies ensure that disabilities staff have a thorough understanding of Federal laws governing services to children with disabilities.

Section 648A STAFF QUALIFICATIONS [42 U.S.C.9843a]

(a) CLASSROOM TEACHERS

(1) Professional Requirements – Each Early Head Start classroom in a center-based program is assigned two teachers who have demonstrated competency to perform functions that include:

(A) planning and implementing learning experiences that advance the intellectual and physical development of children, including improving the readiness of children for school by developing their literacy, phonemic, and print awareness, their understanding and use of language, their understanding and use of increasingly complex and varied vocabulary, their appreciation of books, the or understanding of early math and early science, their problem-solving abilities, and their approaches to learning;

(B) establishing and maintaining a safe, healthy learning environment;

(C) supporting the social and emotional development of children; and

(D) encouraging the involvement of the families of the children in an Early Head Start program and supporting the development of relationships between children and their families.

(2) EHS Teacher Qualifications –

(A) Early Head Start Teachers must have a minimum of a current Infant Toddler Child Development Associates (CDA) certificate. In the state of South Carolina's Early Childhood Career Ladder, this CDA is exceeded by an AA or a BA degree in Early Childhood Education (ECE) or by a 27 hour coursework ECE Credential issued by a State Technical College.

6.0 ERSEA – Eligibility, Recruitment, Selection, Enrollment and Attendance

6.1 Definitions (ERSEA)

6.2 Eligibility

6.3 Recruitment

6.4 Selection

6.5 Enrollment

6.6 Attendance

Procedure Title:	Definitions (ERSEA)		
Procedure Number:	6.1	Effective Date:	October 21, 2016
Policy Title Reference:	Definitions (ERSEA)		
Regulation References:	45 CFR 1305.2		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	October 21, 2016
Revisions Dates:			

POLICY

If fulfilling its ERSEA responsibilities, SCFS will recognize specific terms as defined by the Office of Head Start in accordance with 45 CFR 1305.2.

DEFINITIONS

ERSEA: Eligibility-Recruitment-Selection-Enrollment-Attendance

PROCEDURE

The following terms are defined in Head Start Performance Standards as they relate to ERSEA:

- (a) **Children with disabilities** means children with mental retardation, hearing impairments including deafness, speech or language impairment, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities who, by reason thereof, need special education and related services. The term "children with disabilities" for children aged 0 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State, and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas; physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services. (Children with disabilities **MUST** have an IFSP to be counted in the number of disability children served by the program).
- (b) **Enrollment** means the official acceptance of a family by an Early Head Start program and the completion of all procedures necessary for a child and family to begin receiving services.
- (c) **Enrollment opportunities** mean vacancies that exist at the beginning of the enrollment year, or during the program year because of children who leave the program that must be filled for a program to achieve and maintain its funded enrollment (filled within 30 days).
- (d) **Enrollment year** means the period of time, not to exceed twelve months, during which a Head Start program provides center-based services to a group of children and their families.
- (e) **Family** means all persons living in the same household who are:
 1. Supported by the income of the parent(s) or guardian(s) of the child enrolling in or participating in the program
 2. Related to the parent(s) or guardian(s) by blood, marriage, or adoption.

- (f) **Funded enrollment** means the number of children which the Head Start grantee is to serve, as indicated on the grant award. SCFS is funded to serve 254 infants and toddlers.
- (g) **Head Start eligible** means a child that meets the requirements for age and family income as established in program and federal guidelines that meet the requirements of section 645(a) (2) of the Head Start Act. Up to 10% of the children enrolled may be from families that exceed the low-income guidelines.
- (h) **Early Head Start program** means a Head Start grantee.
- (i) **Income** means gross cash income and includes earned income, military income (including pay and allowances), veteran's benefits, Social Security benefits, unemployment compensation, and public assistance benefits additional examples of gross incomes are listed in the definition of "income" which appears in U.S. Bureau of the Census, Current Population Reports, Series P-60-185.
- (j) **Income guidelines** means the official poverty line specified in section 652 of the Head Start Act.
- (k) **Low income family** means a family whose total annual income before taxes is equal to, or less than, the income guidelines. For the purpose of eligibility, a child from a family that is receiving public assistance or a child in foster care is eligible even when the family income exceeds the income guidelines.
- (l) **Migrant family** means, for purposes of Head Start eligibility, a family with children under the age of compulsory school attendance, who changes their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work that involves the production and harvesting of tree and field crops and whose family income comes primarily from this activity.
- (m) **Recruitment area** means that geographic locality within which a Head Start program seeks to enroll Head Start children and families. The recruitment area can be the same as the service area or it can be a smaller area within the service area.
- (n) **Selection** means the systematic process used to review all applications for Head Start services and to identify those children and families that are to be enrolled in the program.
- (p) **Service area** means the geographic area identified in an approved grant application within which a grantee may provide Head Start services.
- (q) **Vacancy** means an unfilled enrollment opportunity for a child and family in the Head Start program.

Procedure Title:	Eligibility		
Procedure Number:	6.2	Effective Date:	August 18, 2016
Sub Procedures	Over Income Homelessness		
Policy Title Reference:	Eligibility- Age/Income Verification		
Regulation References:	45 CFR 1302.12 (a-m)		
Forms:	Income Determination Form Eligibility Verification Form Homeless Verification Form		
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Early Head Start accepts children according to Federal age/income eligibility criteria.

DEFINITIONS

N/A

PROCEDURE

Overview:

At least ninety percent (90%) of enrolled children will be from those determined to be income or categorically eligible. For the purpose of eligibility, children will be considered categorically eligible and thus income-eligible if the family is:

1. Receiving assistance through Temporary Assistance to Needy Families (TANF), Social Security Income (SSI),
2. If the child is in foster care
3. The family is homeless as defined in the McKinney-Vento Homeless Assistance Improvements Act of 2001.

At least 25 percent of children will receive childcare subsidies through the SC Voucher program.

As allowed by the Federal Head Start Act, homeless children will be allowed to attend EHS classrooms without immunization records and reasonable time will be given for homeless families to collect these and any other required documents.

In communities where there are no children on the waiting list who qualify based on categorical eligibility or federal poverty level, children with a family income of 130% of federal poverty level may be enrolled. Enrollment at the 130% of federal poverty level is limited to 35% of total program enrollment. However, in the instance that children at 130% of federal poverty level are enrolled into a center in which no other age or income eligible children are on the waiting list, these families will be considered to be income-eligible. Ten percent of enrolled children may be from families who exceed the low-income guidelines, but who meet the criteria for selection and would benefit from EHS services.

Procedure:

1. The Child Plus application process will be used to document family information. Enrollment of child/family from wait lists follows Federal and Agency enrollment requirements.

2. Priority is given to 0- 36 month old children from the neediest families in Early Head Start.
3. Enrollment policies are reviewed and updated annually to refocus enrollment according to community needs and federal requirements.
4. The Community Assessment is used to determine the appropriate enrollment of children to best reflect the demographics of the community.
5. The agency monitors all of the above activities.
6. Up to ten percent of the children may be from over-income families who meet the selection criteria and who could benefit from Head Start services. An additional 35 percent of families can be within 101-130 percent.
7. An application is received according to the following procedures:
 1. The Family Advocate processes the initial application and processes the initial application file. A signed statement regarding documents reviewed by staff will be in each child's application file.
 2. Verify attachments and keep with the application:
 - a) Verify the size of the family.
 - b) Families who receive TANF benefits, Supplemental Security Income, are enrolling a foster child, or who are currently homeless, will be categorically eligible.
 - c) Income verification for the last twelve (12) months or prior calendar year. Income will be established using current poverty guidelines, individual income tax form 1040, public assistance information, W-2 forms, pay stubs, written statement from employers, or documentation showing current status of recipients of public assistance. If the family asserts that there is no income in the home, a Verification of Support/ "0" Income Affidavit will be completed.
 - d) Birth date will be verified by birth certificate, medical card, immunization record or hospital verification.
 - e) Immunization status is verified by the South Carolina Certificate of Immunization.
 - f) Information from BabyNet will be used to verify disability information.
8. Application information will be entered into the Child Plus database by the Family Advocate. In addition, a file folder for each child's application will be set up.
9. A waiting list report will be generated from the Child Plus database, listing children's names and the priority points assigned to each child.
10. When an enrollment slot becomes available, the ERSEA Manager will review the Child Plus waiting list to determine which child is next on the waiting list by priority points.
11. The ERSEA Manager will then transfer the child's application file into the appropriate Family Advocate's caseload. The Family Advocate will contact the family and complete the remaining paperwork to verify if there is any medical or dietary needs the child has before entering the program.
12. Once the child begins and is physically present in the classroom, the Family Advocate will complete a Change of Status Form to reflect the child's first day of enrollment. A copy of the form will be given to the ERSEA Manager for tracking and for changing the child's status in the Child Plus database. A second copy of the form will be given to the Education Manager.
13. Application processing staff will receive annual training to ensure that those employees are fully aware of the consequences established by the grantee for employees who knowingly sign a verification form that contains false information.

Over Income:

Over income children will be placed on the waiting list following any income-eligible children, and considered only if no income-eligible children are already on the waiting list. Over income families that fall within 101% - 130% of the poverty guidelines will be prioritized ahead of families who fall within 131%-250% of the poverty guideline.

1. Before enrolling children according to the above stated guidelines, EHS will demonstrate that they have met the needs of the low-income population and annually report to the Office of Head Start.
2. EHS will demonstrate that the needs of the low-income population have been met by on-going reporting of recruitment efforts. Family Advocates will complete recruitment reports on an ongoing basis. Reports will be submitted to the ERSEA Manager.
3. The EHS program bases its recruitment efforts on the findings of the Community Assessment, and on the Census Poverty Statistic.
4. The ERSEA Manager in consultation with the EHS Director and the management team will decide if the needs of the low-income population have been met before serving up to 35% of the program's enrollment with children whose family incomes are between 100-130% above the poverty level.
5. The use of 35% of the slots for over income children whose family incomes are in the 100-130% above the poverty level range will be a last resort of the program to avoid being under enrolled. The SCFS EHS program will make every effort to serve as many low-income families as possible.
6. In addition, children whose family income is above 130% of poverty may be accepted as a part of the 10% over-income.
7. Families with priority issues such as homelessness and children with diagnosed disabilities, whose income falls above 100%, will be given top priority despite their income, with the low-income families with children with disabilities being given priority over the 100-130% of families with children with diagnosed disabilities.

McKinney-Vento Homeless Assistance Act:

The Early Head Start Program will provide homeless families with enrollment opportunities, even when a family does not have the documentation usually required for enrollment, such as proof of guardianship, a birth certificate, immunization, or other health records, and proof of residence.

1. A child applying to the program that is homeless, in accordance with the definition of homeless provided in the McKinney-Vento Homeless Assistance Act, will receive top enrollment priority. They will be enrolled immediately, at the first available vacancy, regardless of program enrollment requirements. A plan must be developed with each individual family to secure all enrollment requirements within specified timelines agreed upon by both program staff and the enrolling child's family.

2. The McKinney-Vento Homeless Assistance Act defines homelessness as:

The term "homeless children and youth" -means individuals who lack a fixed regular, and adequate night time residence...; and includes:

- a. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason and have no income that contributes to the benefit of that family; are living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement
- b. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- c. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing
- d. migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through(j)

2. Homeless verification can be handled in such a way that it does not violate privacy or jeopardize housing arrangements. It is up to the local liaison, enrollment staff, and/or other school personnel to be sensitive and discreet. In summary, the program's attempt to verify a student's eligibility for McKinney-Vento services must be governed by respect, sensitivity, and reasonable limits. When in doubt, the SCFS Early Head Start program will always enroll the student and should seek support from local or state homeless resources.

3. The Early Head Start program;

- a. Will not threaten or harass parents or students, violate their privacy, or jeopardize their housing
- b. Will not contact landlords or housing agencies about a student or family-Such contacts may violate the Family Educational Rights and privacy Act(FERPA) and the McKinney Vento Act and may jeopardize already tenuous housing situations. In addition, these contacts generally do not provide useful information.
- c. Will not conduct invasive surveillance of families, such as following them, observing them from outside their residences, or talking to neighbors about their living situation. The McKinney-Vento Act requires programs to eliminate barriers to enrollment and attendance; acts that may threaten or intimidate create barriers that can frighten parents and students away from the program. EHS staff trained on issues of homelessness and the McKinney-Vento Act can conduct respectful home visits when necessary,
- d. Will not pose barriers to enrollment
- e. Will not require documents like eviction notices, utility bills, occupancy permits, or notarized letters from host families. The McKinney-Vento Act prohibits programs from requiring documents for enrollment.
- f. Will not force caregivers to obtain legal custody or guardianship to enroll youth. The McKinney-Vento Act requires programs to have procedures to enroll unaccompanied youth immediately; legal custody or guardianship will not be prerequisites.
- g. Will not force people into shelters or onto the streets as a prerequisite for McKinney -Vento services.

Early Head Start Procedures for Identifying and Serving Homeless Families

1. If a homeless family is referred from Salvation Army, DSS, Homeless Liaison, etc., they are categorically eligible immediately according to the priority points eligibility grid and any vacant enrollment slots will be filled with these children first. No further referrals to these community

agencies will be necessary in order to prevent duplication of services. Mental Health referrals, etc. may still be utilized to serve these families.

2. Any other families applying for EHS program services that have not been referred from a community agency that has already been identified as homeless will be processed according to the following procedures:

- a. At intake when the application for enrollment is being completed, and the family identifies themselves as homeless in the intake process, or completes a McKinney Vento form in a way that indicates the family could be homeless, the ERSEA Manager will be notified so that the family situation can be reviewed.
- b. Families that are doubled up with another family will be considered homeless UNLESS the family is working or receiving income to support the household, or for the mutual benefit of that family.
- c. Young parents who continue to live at home and have not ever lived elsewhere as a rent-paying tenant are not considered homeless.
- d. If the family is potentially identified as qualifying for homeless status, EHS will then need to accept them as homeless. Before they are enrolled in the program the assigned Family Advocate must make a home visit to determine the family's living situation.
- e. If a family is determined ineligible to receive homeless status, the child's eligibility points will be adjusted accordingly and they will be reassigned to the waitlist if their remaining priority points do not allow them immediate placement in the program compared to other waitlisted children's points.

Procedure Title:	Recruitment		
Procedure Number:	6.3	Effective Date:	August 18, 2016
Policy Title Reference:	Recruitment		
Regulation References:	45 CFR 1302.13		
Forms:	Recruitment Logs Recruitment Flyers Recruitment Checklist		
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS EHS actively recruits eligible children and families within its federally-defined service area. SCFS will develop a recruitment plan each year to systematically identify families whose children may be eligible for EHS services, inform them of services, and encourage them to apply for enrollment into the program.

DEFINITIONS

SCFS: South Carolina First Steps to School Readiness
EHS: Early Head Start

PROCEDURE

1. The EHS ERSEA Manager will develop the annual recruitment plan, outlining specific tasks, responsibilities and duties.
2. The recruitment action plan is reviewed annually by the management team and the EHS Policy Council.
3. Recruitment activities will encompass the entire service area of 12 Counties Dillon, Lexington, Saluda, Berkeley, Georgetown, Allendale, York, Anderson, Newberry, Bamberg, Laurens, and Orangeburg and will include:
 - a. press releases
 - b. surveys
 - c. door-to-door canvassing
 - d. contracting with other agencies who may provide referrals
 - e. distribution of flyers
 - f. distribution of posters
 - g. personal contacts
 - h. setting up tables of information
 - i. community involvement
 - j. EHS-CCP Outdoor Signs
4. EHS parents are requested to inform relatives and friends with eligible children about program recruitment.
5. Applications will be made available at a variety of locations to ensure that interested persons have ready access and agencies can readily refer clients to the program.

6. Announcements are posted in community and local service buildings, businesses, churches, and local newspapers. Community and public service announcements (PSA) are arranged with radio and television stations.
7. Recruitment information will be available in Spanish. Translators will translate materials as needed and provide assistance to families during the recruitment process.
8. The recruitment effort includes recruiting children who have severe disabilities, including children who have been previously identified as having disabilities. Ten percent of enrollment opportunities will be made available to children with disabilities. Twenty five percent of enrollment opportunities will be available to children with SC vouchers.
9. Early Head Start staff will participate in community events to promote and provide information about the program.
10. Recruitment for Early Head Start children and families will take place as needed during the program year to maintain funded enrollment. The initial recruitment and planning process for the upcoming program year is January-April.
11. All staff is responsible for recruiting eligible children and families in continued efforts to promote the program. Staff will recruit in target areas based on the Community Assessment and local community agency information.
12. All recruitment documentation will be kept on file in the EHS Office. A detailed list of where recruitment was done, information left at sites, and the date and person completing the recruitment effort will be maintained by the ERSEA Manager.

SUB - PROCEDURE

1. The Community Assessment will be updated annually to reflect changes in communities within the service area and to ensure that enrollment opportunities will be available where the need is the greatest.
2. Families living and working in the recruitment areas will be informed of the availability of EHS services by posted information in community areas and at local businesses.
3. The EHS program brochure will be periodically updated and made available to interested parents, referral agencies and organizations.
4. Public Recruitment announcements will be made through: newspaper articles and advertisements; local radio station announcements and interviews; public service announcements on local television channels; and recruitment posters.
5. EHS staff will visit local agencies and organizations to describe the EHS CCP program and leave recruitment materials. Staff will target Education Service Districts; Social Service Agencies; Mental Health and Parenting Organizations; County Health Departments; Local Doctors and Dentists; Local School Districts, Preschools and Day Care Facilities; Fraternal and Service Organizations.
6. Referrals will be requested from public and private service providers and families currently enrolled in the local Head Start programs who may have eligible infant/toddlers.
7. Staff recruiters will interview prospective families to collect the initial family data to be considered in the selection process.

Procedure Title:	Selection		
Procedure Number:	6.4	Effective Date:	August 18, 2016
Sub Procedures	Selection Application process		
Policy Title Reference:	Selection		
Regulation References:	45 CFR 1302.14 (a-c)		
Forms:	Selection Criteria		
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will establish and annually review the program selection criteria. Informed by the Community Assessment, the selection criteria will consider all applicants based on the needs of their families and will include the age of the child, and the extent to which his/her family meets the criteria established. Children with the higher needs will be accepted for enrollment. Ten percent of enrollment opportunities each year will be made available to children with disabilities.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

Overview:

The program staff member will complete the Child Plus Application for each family. Families can only receive points for criteria which are documented and verified.

- Income Status:** Families applying for Early Head Start will receive points based on the family percentage below or above the National Poverty guidelines.
- Age Status:** Children who are younger are given priority points for enrollment.
- Disability Status:** Children with a diagnosed disability and a current IFSP will receive priority over a child who has a suspected disability. Once a child is accepted, if a child has a diagnosed disability or the child's parent has suspected that their child has a disability the family will be referred to the Health Manager. The Health Manager will document the child's disability status in Child Plus, and open a disability file for the child. All documentation in the child's file will be kept in a locked cabinet per program policy.

Priority points are also given to families who are categorically eligible, receiving SC vouchers, working and/or in school.

Procedure:

- During intake, EHS staff members will complete application forms by interviewing the parents. Documentation of income, TANF, SSI, foster child status, child's date of birth, child's disability, and child's immunization records will be filed with the application.
- An application will be processed when documentation is complete, and filed with the application.

3. Application information will be entered in the Child Plus system by the Family Advocate.
4. Priority lists of eligible children with completed applications will be ranked by need. The Child Plus system will be used to generate a waiting list. Children in greatest need will be ranked by points, with the larger number of points indicating greater need.
5. At least 10% of the enrollment slots will be made available for children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Act (IDEA).
6. Enrollment slots will be filled up to 100% according to the ranking based on need on the priority list.
7. Parents will be notified of enrollment opportunities.
8. As vacancies occur during the year, enrollment slots will be filled from the priority list within 30 days of the enrollment vacancy.
9. The ERSEA Manager will fill a vacancy immediately using the priority waiting list. Family Advocates will review the application of the child next on the waiting list. After the supporting documentation is checked, the selected family is contacted. The date the EHS family receives services, or leaves a child in the center is the enrollment date to be entered on the application and in Child Plus.
10. Applications are accepted year around, but a concentrated recruitment effort takes place between February and June.

Procedure Title:	Enrollment		
Procedure Number:	6.5	Effective Date:	August 18, 2016
Sub Procedures	Enrollment Fees		
Policy Title Reference:	Enrollment		
Regulation References:	45 CFR 1302.15 (a-f)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will maintain an enrollment level of not less than the enrollment level funded by the grant award with no more than thirty (30) calendar days elapsing before a program vacancy is filled.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

1. In EHS, the transition process to the appropriate placement will begin six months prior to child's third birthday (see [EHS Transition policy](#)).

2. After the request for enrollment has been processed, children may be accepted to the appropriate classroom from the wait list according to the following time lines.

June to August:

- Contact families.
- Confirm classroom preference and interest in program.
- Discuss any possible health concerns.
- Discuss any possible special needs for the child.
- Schedule intake appointment.
- Complete intake process.

Beginning in August

- Enrollment of 100 percent of eligible families.

FOR NEW ENROLLEES (as above): Contact families. Confirm classroom preference and interest in program. Schedule intake appointment. Complete intake process.

FOR RETURNING CHILDREN: Contact re-enrollees to verify continued enrollment. Update any pertinent information.

After program start-up, vacant enrollment slots will be filled as soon as possible, not to exceed 30 days.

- The ERSEA Manager will determine the child who is next on the waiting list, and the appropriate Family Advocate will contact the family by phone to see if they would like to accept the vacant slot.
- In cases where several attempts to reach a family have not been successful, a letter requesting contact will be sent. If there is still no contact with family, enrollment staff will contact the next family on the wait list.

Transfers:

Families who withdraw from the program **and** reapply will not be considered transfers.

Withdrawn status:

If there are attendance concerns, the Family Advocate and classroom staff will attempt to solve it. If the attendance problem is not resolved the ERSEA Manager will contact the family to work toward a solution. If placement is terminated, a letter from the EHS Director will be sent to the family. (See [Attendance Policy 6.6](#))

Once a child has withdrawn from the program, whether by parental request or for another reason, the Family Advocate will complete a change of status form. Copies of this form will be submitted to the ERSEA Manager, The Education Manager and the Health Manager. The child's file will be placed in storage. Documentation will be entered into Child Plus.

When families withdraw from the program for two or more months and return requesting to be enrolled again they must go through the eligibility process again.

The first day a child sits in his/her classroom is considered to be the child's entry date.

Once the program year begins, the child must be seated in the classroom within 10 school days. If the child does not attend school within the 10 day timeframe, and no contact can be made with the family, the child is considered abandoned and will be replaced by another child on the waitlist.

Enrollment Fees:

In accordance with 45 CFR 1302.18, the SCFS Early Head Start Program does not prescribe any fee schedule or otherwise provide for the charging of any fees for participation in program services.

Under no circumstances will the Early Head Start Program require any fees as a basis for enrollment or participation except for the SC Voucher copay that is given to the center.

The Early Head Start Program provides rest cots or cribs for all children and formula as well as diapers for children who need them.

All program services and classroom supplies for children are provided to children at no cost to families.

Procedure Title:	Attendance		
Procedure Number:	6.6	Effective Date:	August 18, 2016
Policy Title Reference:	Attendance		
Regulation References:	45 CFR 1302.16 (a-c)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

All families are encouraged to maintain regular attendance and participation. EHS staff will support families in identifying barriers to regular attendance and will initiate supports as appropriate. If families are not able or willing to participate, another child will be given the opportunity to attend the program.

DEFINITIONS

EHS: Early Head Start

PROCEDURE

Children are best able to benefit from their EHS experience if they attend school on a regular basis. EHS staff will regularly discuss the importance of attendance with parents and encourage their cooperation in bringing their children to school on a regular basis. If children are absent without parent contact for 10 consecutive days, that enrollment slot may be opened up for another eligible applicant. SCFS EHS-CCP makes every effort to maintain a monthly average daily attendance rate of 85%.

1. The ERSEA Manager is responsible for investigating and documenting the causes of absenteeism if the average daily attendance in a center-based classroom falls below 85%.
2. The classroom staff is responsible for ensuring that the Daily Sign In/Out forms are completed accurately and completely.
3. The Center Director/classroom staff are responsible for entering information from the Daily Sign In/Out forms in the Child Plus attendance system by 10AM every morning.
4. The classroom staff and Family Advocates are responsible for follow up and family support on attendance issues and for documenting these activities.
5. Parents are encouraged to call or send a note to account for each day that their child cannot attend class and to explain the reasons for the absence. Attendance will be recorded daily in the classroom and entered into Child Plus each day.

7.0 Student Education and Health Records

- 7.1 Rights of Parents
- 7.2 Prior Consent to Disclose Information
- 7.3 Challenges and Hearings
- 7.4 Record Keeping and Retention
- 7.5 Transfer of Student Educational Records
- 7.6 Attendance

Policy Title:	Rights of Parents		
Policy Number:	7.1	Effective Date:	August 18, 2016
Related Procedures	7.1 – Rights of Parents		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

SCFS will give full rights to either parent, unless the program has been provided with evidence that there is a court order, state statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights.

A "parent" of a student is defined as a natural parent, a legally designated guardian authorized in writing to act as a parent in the absence of a parent or guardian. Parents of enrolled students will be provided with annual written notification of their rights regarding their child's education and health records.

Parents have the right to access the records of their minor children. SCFS will permit the parent to inspect and review the education record of the student, unless the education record contains information on more than one student. In that case, the parent may inspect, review, or be informed of only the specific information about his or her own child.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

7.1 – Rights of Parents

Policy Title:	Prior Consent to Disclose Information		
Policy Number:	7.2	Effective Date:	August 18, 2016
Related Procedures	7.2 - Prior Consent to Disclose Information		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

SCFS will not disclose any personally identifiable information without the parent's prior signed and dated written consent.

SCFS may disclose information from an education record of a student without consent if the disclosure meets one or more of the following conditions:

1. The disclosure is to Head Start staff that has been identified by the program as having legitimate educational interests. This includes, but is not limited to teachers working directly with the child or family, and management or administrative staff with support or monitoring responsibility.
2. The disclosure is to comply with a judicial order or lawfully issued subpoena. SCFS will make a reasonable effort to notify the parent of the order or subpoena in advance of compliance.
3. The disclosure is in connection with a health or safety emergency:
 - a. Information will be disclosed from an education record to law enforcement, child protective services, health care professionals, and other appropriate parties in connection with a health and safety emergency if knowledge of the information is necessary to protect the health and safety of the student or other individuals.
 - b. A "health or safety emergency" includes, but is not limited to, law enforcement efforts to locate a child who may be a victim of kidnap, abduction, or custodial interference and law enforcement or child protective services efforts to respond to a report of child abuse or neglect.
4. The disclosure is to the parent of a student under 18 years of age.

In the case of the exceptions about, SCFS will disclose information from an education record only on condition that the party receiving the information makes no further disclosure without the prior consent of the parent. The information may be used only for the purposes for which the disclosure was made.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

7.2 - Prior Consent to Disclose Information

Policy Title:	Challenges and Hearings		
Policy Number:	7.3	Effective Date:	August 18, 2016
Related Procedures	7.3 – Challenges and Hearings		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

If a parent believes the education record relating to their child contains information that is inaccurate, misleading, or in violation of the student's rights of privacy or other rights, he/she may ask that the record be amended.

DEFINITIONS

N/A

REFERENCED PROCEDURES

7.3 – Challenges and Hearings

Policy Title:	Record Keeping and Retention		
Policy Number:	7.4	Effective Date:	August 18, 2016
Related Procedures	7.4 – Record Keeping and Retention		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

The collection and use of information on children and families will be limited to that required to provide educational and family services. Any information obtained in the performance of official duties is to be considered confidential. This includes, but is not limited to, information gained as a result of conversations, conferences, or staff meetings, as well as written documentation. Records will be retained pursuant to grant requirements and state/federal statute.

DEFINITIONS

N/A

REFERENCED PROCEDURES

7.4 – Record Keeping and Retention

Policy Title:	Transfer of Student Education Records		
Policy Number:	7.5	Effective Date:	August 18, 2016
Related Procedures	7.5 – Transfer of Student Education Records		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

Within ten days of a student seeking enrollment in the SCFS Early Head Start program, the appropriate staff member will ascertain previous school enrollment, if any, and request the child's education records from the former educational agency, if available.

With signed parental consent and upon receipt of a request for student education records relating to a particular student, SCFS Early Head Start will transfer the originals of all requested education records, including the permanent record, to the new educational agency in no less than ten days after receipt of the request.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

7.5 – Transfer of Student Education Records

8.0 Child Abuse and Neglect

8.1 Child Abuse and Neglect

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Child Abuse and Neglect		
Procedure Number:	8.1	Effective Date:	August 18, 2016
Policy Title Reference:	Child Abuse and Neglect		
Regulation References:	45 CFR 1302.90 (1) (ii); 1302.92 (b) (2)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

All EHS employees who are working directly with children shall be considered mandated reporters as regards possible abuse and/or neglect. SCFS and/or its contracted CCPs will provide training on the indicators of possible child abuse/neglect to staff working directly with children.

As mandated reporters, any employee of SCFS EHS, having reasonable cause to believe that any child with whom that employee comes in contact in an official capacity has suffered abuse, shall report or cause a report to be made immediately to the SC Department of Social Services.

DEFINITIONS

SCFS: South Carolina First Steps
 CCPs: Child Care Partners
 EHS: Early Head Start

PROCEDURE

Identification of Child Abuse and/or Neglect and Response

Annual training will be provided to South Carolina First Steps Early Head Start Child Care Partnership employees who are working directly with children about awareness of the following indicators, remembering that these are indicators of possible abuse and/or neglect.

Indicators of Physical Abuse

PHYSICAL INDICATORS:

- Unexplained or repeated injuries (welts, bruises, burns).
- Injuries that seem to take the shape of an object (bruises looking like the shape of a belt buckle, electric cord, wooden spoon, cigarette burns).
- Injuries that don't make sense for the child's age (such as bruises on the legs or bottom of a child too young to walk or climb).
- Unlikely or different explanations of an injury given by parents and child.

INDICATORS OF NEGLECT:

- Child is dirty.
- Child is inappropriately dressed for the weather.
- Child is hungry or poorly fed.
- Child has health problems and is not getting medical or dental care.

SOUTH CAROLINA FIRST STEPS PROCEDURE

- Child is consistently unsupervised.

BEHAVIORAL INDICATORS:

- Behavior problems such as verbal or physical aggression (hitting, bullying), social withdrawal (shy, quiet), non-compliance, impulsiveness, stubbornness.
- Child appears depressed, sad, lonely, cries easily.
- Delinquent behavior, cruelty to others or to animals, destructive to own or another's property; child is teased or teases others, steals.
- Child seems confused or nervous, clings or is overly dependant on adults.
- Child seems afraid of physical contact from parents or other adults, is afraid to go home at the end of the day.

Indicators of Sexual Abuse and/or Sexual Exploitation

AT SCHOOL:

- Insists on going to school, even if ill.
- Shows sudden change in behavior.
- Shows difficulty concentrating.

IN PEER RELATIONS:

- Initiates "sexual games" with peers.
- Shows an unusual interest in private parts.
- Is easily led or influenced by peers.
- Shows unusual anger or aggressiveness with peers.

IN ADULT RELATIONSHIPS:

- Avoids or shows an unusual fear of adults of the opposite sex.
- Touches adults inappropriately.
- Clings excessively to adults (physically).
- Makes inappropriate sexual comments.

PERSONAL HYGIENE:

- Exhibits excessive modesty related to toileting functions.
- Is overly demonstrative about toileting functions.
- Tries to "spy" on others during toileting functions.

BEHAVIORAL/EMOTIONAL INDICATORS:

- Appears unusually nervous or anxious.
- Shows sudden regression in behavior (e.g. thumb sucking, enuresis).
- Shows unusual changes in appetite.
- Demonstrates sexual motions.
- Masturbates excessively for age level.
- Verbalizes sexual content inappropriate for age.

MEDICAL/PHYSICAL INDICATORS:

- Complains of pain during urination.
- Swelling or discharge from genitals.
- Shows bruises or scratches unexplained by normal behavior.
- Have bloodstains on underwear.
- Has pain in anal, gastrointestinal, genital or urinary areas.
- Reacts inappropriately to medical exams.

OTHER INDICATORS:

SOUTH CAROLINA FIRST STEPS PROCEDURE

- Dresses inappropriately, seductively (make-up, jewelry)
- Displays extreme fear of certain place or person.
- Is overly interested in genital areas of dolls during play.

Indicators of Mental Injury or Emotional Abuse

PHYSICAL INDICATORS:

- Speech disorders or developmental delays.
- History of failure-to-thrive, or lag in physical development.

BEHAVIORAL INDICATORS:

- Behavioral extremes or mood swings (compliant and passive or aggressive and demanding).
- Poor peer relationships, lack of trust, social withdrawal.
- Antisocial, destructive, aggressive behavior.
- Child has nightmares, difficulty sleeping.
- Obsessive, compulsive traits, overeating, excessive physical complaints or illness.
- Child lacks vocabulary to express feelings, may be unaware of feelings.
- Depression, suicidal ideation, runaway.

Family Signs of Abuse

Families with the following kinds of problems or characteristics are at greater risk of child abuse, especially if there is change or crisis within the family, such as pregnancy and the birth of another child, separation and divorce, or the death of a family member. Child abuse can also occur in families without these characteristics.

- Families who are isolated; have no friends, relatives, church or other support systems.
- Parents who tell you that they were abused as children.
- Families who are often in crisis (moving a lot, money problems).
- Parents who seem very critical of their child for his/her age.
- Parents who are very rigid in how they discipline their child.
- Parents who have trouble with drugs or alcohol.
- Parents showing either too much or too little concern for their child.
- Parents who have a child they see as difficult (such as mentally or developmentally delayed, handicapped, or a premature infant) may be under a lot of stress, which can lead to abusive behavior.
- Families that have a lot of "secrets" that can't be talked about.

Response to a Child's Injury

Staff response to a child who reports victimization is very important. Give the child reassurance that she/he is okay and safe. Respect the privacy of the child. The child will need to tell his/her story in detail later to the investigators so do not press the child for details. Avoid display of horror, shock, or disapproval of the parent(s), the child or the situation. Avoid placing blame or making judgments about the parent(s) or the child. Tell the child that he/she will be talking to people who will help.

Any investigation will be done by/or through the Department of Social Services (SC DSS) or the Police Department, therefore, South Carolina First Steps Early Head Start Child Care Partnership employees will not do any investigation, and will be careful not to do anything to contaminate or interfere with any investigation that will be conducted by SC DSS staff. A member of the SC First Steps Early Head Start Child Care Partnership team will be present during the interview.

Physical Abuse

SOUTH CAROLINA FIRST STEPS PROCEDURE

In the presence of an observable injury, a South Carolina First Steps Early Head Start Child Care Partnership staff person will first question the child as to what happened. If the injury appears to be at variance with the explanation given for the injury, or if for any other reason abuse is suspected, then the reporting procedures described below will be followed.

Neglect

In the case of possible neglect (i.e., poor hygiene, inappropriate clothing, consistent hunger, lack of supervision, emotional problems, constant fatigue, etc.) a South Carolina First Steps Early Head Start Child Care Partnership staff person will first question the child. Follow-up will include talking to the parents, home visits if necessary, providing emergency assistance, and careful documentation. If the situation does not improve or if the neglect is serious enough to cause actual harm or substantial risk to the child's health, welfare or safety, then the reporting procedures described below will be followed.

Mental Injury or Emotional Abuse

If it is suspected that a child's emotional problems are the result of parental behavior (i.e., scapegoating, ridicule, degradation, threats to health and safety, confinement, etc.) a South Carolina First Steps Early Head Start Child Care Partnership staff person will first question the child. Follow-up may include talking to the parents, a classroom observation by a mental health consultant, referral to mental health agencies, staffing with teachers, parents and other professionals, etc. If the situation does not improve or if the mental injury is serious enough to constitute a handicap to the child's ability to function (to think, to learn, to feel) then the reporting procedures described below will be followed.

Sexual Abuse or Exploitation

If a child should demonstrate any of the sexual abuse indicators listed in this document, or if for any other reason sexual abuse is suspected, the reporting procedures described below will be followed.

Reporting:

As mandated reporters, any employee of SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM, having reasonable cause to believe that any child with whom that employee comes in contact in an official capacity has suffered abuse, shall report or cause a report to be made in the manner required in ORS 418.755.

Anyone participating in good faith in the making of a report, and who has reasonable grounds for making that report, will have immunity from any liability, civil or criminal, that might otherwise result from the making or content of such a report. Such a participant will also have immunity in respect to participation in any judicial proceedings resulting from such a report (ORS 418.762).

Reporting should be considered an expression of concern or a request for an investigation into a suspected incident of abuse or neglect. A report is a request for investigation into the condition of a child; it is the beginning of a helping process for children and families. It is not up to South Carolina First Steps Early Head Start Child Care Partnership employees to decide whether or not abuse has actually occurred.

It is the legal responsibility of any employee of SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM who suspects abuse and/or neglect to adhere to the following procedures:

1. An oral report will be made immediately by telephone to the local office of the Department of Social Services (DSS) or to a local law enforcement agency. It is preferable that the person who has witnessed the suspected abuse or neglect (or indicators thereof) makes the report.
2. Any report made to DSS must be recorded on the *Confidential Reporting Form for Suspected Child Abuse or Neglect*. A copy of this report will then be forwarded immediately to the SCFS EHS Office.

SOUTH CAROLINA FIRST STEPS PROCEDURE

3. Whether or not DSS decides to investigate a report of alleged child abuse or disclosed sexual abuse, the original *Confidential Reporting Form for Suspected Child Abuse or Neglect* will be sent to SC Department of Social Services. The SCFS EHS Office will file the copy.
4. South Carolina First Steps Early Head Start Child Care Partnership staff will not contact the family involved, as this may interfere with the DSS investigation.
5. If follow-up is necessary, meetings will be scheduled with the appropriate people.
6. The staff person who initiated the report will keep the EHS Director informed as to the status of the case. Follow-up documentation regarding the disposition of the case will be sent to the SCFS EHS Office and will be included as part of the record.

Child Abuse Allegations Against a Staff Member

South Carolina First Steps will not tolerate any form of abuse or neglect of a child. Incidents which involve staff are also reported to the required state authorities, Center Supervisor and EHS Director. The Center Director, working in coordination with the EHS Director, will remove the staff person from involvement with children and/or place the individual on leave or suspension until the investigation is completed. In the event that a case of abuse or neglect involving an EHS staff member is determined to be founded by the SC Department of Social Services, the employee will be terminated immediately. In the event that allegations of abuse/neglect are determined to be unfounded by the SC Department of Social Services, staff members named in the abuse/neglect complaint will be required to participate in supplemental training provided – or procured – by SC First Steps.

Immediately following this report, the employee who identified concerns will complete an incident report. The family services staff notifies the Center Supervisor and is responsible for delivering the Incident Report. Incident reports pertaining to reportable events are submitted immediately to the EHS Director. The EHS Director will immediately notify the Deputy Director of any reports or investigations.

Child Abuse and Neglect Training

SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM will provide training on Child Abuse and Neglect for staff and parents.

Staff Training

Annual Pre-Service training will be provided for staff on the identification and reporting of child abuse and neglect. Additional workshops and classes will be accessed as available.

Staff will also be provided with a current *Community Resource Directory*. Training in the use of the directory, available resources, and the South Carolina First Steps Early Head Start Child Care Partnership referral process will take place annually at Pre-Service or during in-service.

Parent Orientation and Training

During the enrollment process, the parent(s) or guardian(s) of enrolled children will receive verbal and written information on the program mandate to report suspected cases of abuse and neglect. This information is included in the *Parent Handbook* in the form of a *Child Abuse and Neglect Statement*. At this time, an orientation will be provided for parents and family members of enrolled children on the need to prevent abuse and neglect, and the need to provide protection for abused and neglected

SOUTH CAROLINA FIRST STEPS PROCEDURE

children. Families will be informed that South Carolina First Steps Early Head Start Child Care Partnership strives to keep families together, to identify family strengths and to build on those strengths to assist families in crisis. Staff will assist the family in its own efforts to improve the condition and quality of family life through the Family Partnership process, individual problem solving, and Parent Committee Meetings.

Parents will be given a copy of the current *Community Resource Directory*. Staff will instruct parents and family members in the use of the directory, the resources available, and in methods of accessing those resources.

On-Site Interview of Alleged Victims of Child Abuse

South Carolina First Steps Early Head Start Child Care Partnership staff must recognize that in sensitive interviews, depending on the age of the child and nature of the child/abuse neglect referral (such as child sexual abuse), the involvement of a staff member may interfere with the investigation and the teacher may not be asked to participate in the interview.

A Department of Social Services caseworker and/or law enforcement officer will conduct the interview.

It is the responsibility of the DSS caseworker and/or law enforcement officer to inform the child's parents/guardian in a timely manner that a site interview has occurred, and inform the parent of the final disposition of the investigation. A "timely manner" shall in most cases, be considered immediately after the child's interview, and/or by the end of that same day, whenever possible. All other questions and inquiries will be referred to the assigned DSS caseworker.

Under South Carolina law, the law enforcement agency or the State of South Carolina Department of Social Services caseworker investigating a report is hereby authorized to photograph such a child for the purpose of providing documentary evidence of the physical condition of the child. It is not appropriate for SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM staff to substantiate abuse or neglect by taking photographs of the alleged child victim.

Procedure

The following guidelines will be observed when an alleged victim of child abuse or neglect is to be interviewed by a State of SC Department of Social Services caseworker and/or law enforcement officer at the South Carolina First Steps Early Head Start Child Care Partnership site.

1. The caseworker or law enforcement officer must contact the appropriate South Carolina First Steps Early Head Start Child Care Partnership staff person, present proper identification, and make known the name of the child to be interviewed.
2. South Carolina First Steps Early Head Start Child Care Partnership will provide a non-threatening setting for the interview.
3. A South Carolina First Steps Early Head Start Child Care Partnership staff person may be invited to attend the interview as a neutral observer, or to provide emotional support for the child.

Removal of Child from the Site

Any alleged victim of child abuse and neglect may be removed from the South Carolina First Steps Early Head Start Child Care Partnership program site and placed in protective custody by a Child Protective Services caseworker and/or a law enforcement officer for the child's protection.

SOUTH CAROLINA FIRST STEPS PROCEDURE

South Carolina First Steps Early Head Start Child Care Partnership will make no attempt to notify the parents. If the child's parents contact South Carolina First Steps Early Head Start Child Care Partnership prior to being located by the investigative team, South Carolina First Steps Early Head Start Child Care Partnership will refer them to the Department of Social Services and will provide no further information.

Procedure

If the investigative team finds reasonable cause to believe that abuse has occurred, the team shall take necessary action to prevent further abuse of the child and to safeguard the child's welfare.

If a child is placed in protective custody by Department of Social Services, an investigative team member and law enforcement officer shall notify the parent or guardian that the child is in protective custody. Parental notification that the child was placed in protective custody will be made as soon as possible.

The DSS caseworker may share appropriate information and facts concerning the alleged abuse with the South Carolina First Steps Early Head Start Child Care Partnership employee who made the report. The South Carolina First Steps Early Head Start Child Care Partnership employee and/or program agree to maintain all such information as confidential. The DSS caseworker shall present appropriate identification to South Carolina First Steps Early Head Start Child Care Partnership staff.

A law enforcement officer shall sign and leave a copy of a legal child removal form before leaving the South Carolina First Steps Early Head Start Child Care Partnership program site with the alleged child victim of abuse or neglect.

Protected Child Status

Definition: A child who is legally in the care of South Carolina Department of Social Services as a Foster Child and/or a child who has a Restraining Order in their files.

South Carolina First Steps Early Head Start Child Care Partnership staff will make every possible effort to prevent the removal of a child from the premises by an unauthorized person. However, a South Carolina First Steps Early Head Start Child Care Partnership employee cannot be expected to put his or her own life or the life of the child at risk by interfering with the forcible removal of that child from the South Carolina First Steps Early Head Start Child Care Partnership site. In the event of a forcible removal of a child, the police will be notified immediately, followed by Department of Social Services, the South Carolina First Steps Early Head Start Director, and the child's Legal Guardian.

Procedure

Any child who is enrolled in the SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM as a PROTECTED CHILD will be required to have the following information in the Child File:

1. Parent Name(s) and Legal Guardian Name(s).
2. If a Restraining Order is in effect, a copy will be in the file. If the status of the Restraining Order changes at any time, the Legal Guardian must notify SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM immediately in writing.
3. A *Protected Child Agreement* will be signed by the child's Legal Guardian and the South Carolina First Steps Early Head Start Child Care Partnership Director and placed in the file.

SOUTH CAROLINA FIRST STEPS PROCEDURE

The appropriate staff will be advised of the child's protected status.

4. If the designated pick-up and delivery person changes at any time, the Legal Guardian will be responsible for delivering, in person, to SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM any change in writing. Copies of the change will be placed in the file and the Center Director will be notified. The child will be released only to authorized individuals as listed on the *Protected Child Agreement* and the *Child Release and Emergency Contact Form*.
5. If the child is in a "Reunification Plan" with the State of South Carolina, SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP must be notified in writing by the DSS caseworker. SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM will be represented in any staffing if the plan includes the parent's involvement in the South Carolina First Steps Early Head Start Child Care Partnership classroom. SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP PROGRAM will prepare the parent for the classroom to assure a positive experience for both the parent and the child.

The staffing review will include the child's teacher, the Family Advocate, and the parent or individual designated by the state as the person to be involved in the reunification. Documentation of this meeting will be reviewed by the Center Director and then placed in the Child File.

9.0 Child Health and Developmental Services

- 9.1 Determining Child Health Status
- 9.2 Screening for Developmental, Sensory and Behavioral Concerns
- 9.3 Dental Hygiene, Screenings and Assessments
- 9.4 Health Emergencies
- 9.5 Emergency Evacuation
- 9.6 Medical Conditions and Short-Term Exclusion Due to Illness
- 9.7 Medication Administration
- 9.8 First Aid Supplies and Emergency Information
- 9.9 Health and Safety Inspections, Injury Prevention
- 9.10 Emergency Preparedness and Closure
- 9.11 Universal Precautions/Blood Borne Pathogens
- 9.12 Classroom Sanitation
- 9.13 Hand Washing
- 9.14 Diapering and Toileting

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Child Health Services		
Procedure Number:	9.1	Effective Date:	August 18, 2016
Policy Title Reference:	Child Health Status		
Subprocedures	<ul style="list-style-type: none"> a. Child Health Services Intake 1302.42 b. Daily Health Assessments 1302.42(c) c. Confidential Health Records d. Parental Refusal of Health Services 1302.41(b)(i) e. Payment for Health Services 1302.42(e)(2) f. Immunization Status 1302.42(b)(i) g. Health Services Advisory Committee 1302.40(b) 		
Regulation References:	45CFR1302.40(b); 1302.42(b)(1)(i)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

EHS Health Services staff will maintain an efficient and effective record-keeping system to provide accurate and timely medical/dental information for EHS children. Initial intake will include documentation of the child's current health and immunization status, with a child physical and oral assessment to follow. Teaching staff will conduct health checks on a daily basis when children arrive each morning. Each enrolled child's growth is monitored, growth charts will be completed on an ongoing basis. Confidentiality of health records will be maintained to protect EHS children and families. All correspondence, discussions, staffing, and case managements and records will remain confidential. EHS will follow Health Insurance Portability and Availability Act (HIPAA) standards and procedures for keeping child and family information private and secure.

Confidentiality of health records must be maintained to protect EHS children and families. All correspondence, discussions, staffing, and case managements and records are to remain confidential. EHS will follow Health Insurance Portability and Availability Act (HIPAA) standards and procedures for keeping child and family information private and secure.

To respect each family's decision whether or not their child should receive suggested health services, parents/guardians have the right to refuse authorization. A written refusal must be signed by the parent/guardian and kept in the child health files.

DEFINITIONS

SCFS: South Carolina First Steps
 HIPAA: Health Insurance Portability and Availability Act

PROCEDURES

a. CHILD HEALTH SERVICES INTAKE

Procedure 9.1 – Child Health Services
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SOUTH CAROLINA FIRST STEPS PROCEDURE

SC First Steps Early Head Start Health Services staff will maintain an efficient and effective record-keeping system to provide accurate and timely medical/dental information for Early Head Start children.

Procedure:

1. Health Services staff will collect medical and dental information for each participant. Health and dental care documentation (including care plan) will be kept in the participant's health file.
2. The Health Services staff will enter results of screenings, medical/dental information, and referrals for children into the data management system (ChildPlus).
3. Health Services staff will monitor the data management system for completion of services and new enrollees.
4. Health Services staff will document health care tracking and follow up services for each program participant. Notation about allergies, special diet, chronic illness or other health related concerns will be filed as well.

Resources:

Physical examination form
Health History screening form
EPSDT screenings recommendations
Dental Screening/Examination Forms
ChildPlus

b. DAILY HEALTH ASSESSMENTS

Teaching staff will conduct health checks on a daily basis when children arrive each morning.

Procedure:

1. The teaching staff will check each child upon arrival using the Good Morning Health Check as a guide. (See page following the procedure). This routine should be accomplished in a non-threatening manner (i.e., greeting games can be used). This check should be done before the parent or guardian leaves the child in the room so those children who appear to be ill can be taken home or to the doctor/clinic as appropriate. *Children who appear to be ill should not remain in the classroom with other children until evaluated.*
2. The following is a list of possible signs/symptoms to check:
 - *General appearance: body, hair, clothing, diaper clean and dry*
 - *Emotions: happy, sad, scared*
 - *Energy level: tired*
 - *Extreme hunger in the mornings: Does the child behave or look differently? Does the child complain of not feeling well?*
 - *Fever may be present if child appears fatigued, or lethargic.*
 - *Hair: Check for lice, check for itchy scalp, and check to see if hair is clean.*
 - *Hands: Check for sores, wounds, or unusual burns or scars.*
 - *Arms and legs: Check for unusual cuts, bruises, burns, rope marks, or new sores or wounds. Talk with the child to find out how the injury occurred and when.*
 - *Face and Head: Check for cuts, bruises, sore spots (may check by lightly rubbing hand over head when greeting child). Check for irritated, red or matted eyes.*
 - *"Hidden" Areas: Watch for obvious signs of physical or sexual abuse during first bathroom break/diaper change (bruising, pain during urination or bowel movement, bleeding).*
 - *Skin: Check for rashes or skin irritations.*
 - *Feet: Check for sores, wounds, or bruises (may check during naptime).*
 - *Obvious signs of illness: Check for lethargy; runny nose; red, irritated, watery, or swollen eyes; upset stomach; warm to the touch.*

Procedure 9.1 – Child Health Services
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SOUTH CAROLINA FIRST STEPS PROCEDURE

- *Does the child appear dehydrated or fail to urinate, fail to eat or drink as much as usual?*
- *Does the child have hard stools or diarrhea? Has the child vomited?*

3. Signs/symptoms observed consistently or which appear severe will be reported to Health Services staff or Center Director.
4. If any signs/symptoms are noted, the teacher should write specific details of the observation on Daily Health Check Sheet, ask the parent to sign and make the Center Director aware of observations.
5. Parents will be empowered to handle the medical needs of their child by staff providing information on community resources for medical services and transportation. Staff will follow up to see if services were obtained for the child.
6. If child abuse/neglect is suspected refer to the Child Abuse policy. Teachers are mandated reporters.
7. Mental Health staff/ Family Advocate will be notified of any developmental or behavioral changes in a child.

Resources:

Daily health check forms

c. CONFIDENTIAL HEALTH RECORDS

Confidentiality of health records must be maintained to protect Early Head Start children and families. All correspondence, discussions, staffing, and case managements and records are to remain confidential. Early Head Start will follow Health Insurance Portability and Availability Act (HIPAA) standards and procedures for keeping child and family information private and secure.

Procedure:

1. Health records must be stored under lock and key and kept away from public access to prevent unauthorized review.
2. Information may not be shared with unauthorized persons without the specific consent of the parent.
3. Telephone requests for information are not acceptable unless the parent has previously authorized the release of this information.
4. Information collected by others and forwarded to the Early Head Start-CCP staff with parental consent becomes part of the child's record and thus becomes the burden of confidentiality for the Early Head Start program.
5. All Release of Information forms requesting a child's health or dental status should be properly uploaded and logged into CHILDPLUS.
6. Parents have a right to see all information in their child's file at any time.
7. On the Release of Information form, parents will be made aware of the nature and type of all information collected and how it will be used.
8. Parents may ask to speak to staff in confidence. Staff must receive this information in a responsible, confidential manner. This is particularly true in relationship to child abuse. The staff's primary responsibility is to protect the child.

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9. A File Access sheet is to be signed by any staff member who accesses the child's folder.
10. Staff health information will be kept in a locked cabinet in Human Resources office.
11. SCFS staff will receive training concerning confidentiality of records and information.

d. PARENTAL REFUSAL OF HEALTH SERVICES

To respect each family's decision whether or not their child should receive suggested health services, parents/guardians have the right to refuse authorization. A written refusal must be signed by the parent/guardian and kept in the child health files.

Procedure:

1. When a parent/guardian refuses health services for their child, Health Services staff will engage and educate the family about the importance of health screening (developmental and sensory), hemoglobin/hematocrit and lead testing, dental care and growth assessment measurements.
2. A Refusal of Services Form will be completed if a parent refuses to give authorization for, or to obtain recommended health and/or developmental services. This documentation will be kept in the child's file.

Resources:

Health Refusal Documentation Form
Written statement from parent/guardian

e. PAYMENT FOR HEALTH SERVICES

SC FIRST STEPS EARLY HEAD START requires that Early Head Start funds be used for exams and treatment only when no other source of funding is available. If a family has private insurance, or is eligible for Medicaid, these sources of funding must be used to their full extent before SC FIRST STEPS EARLY HEAD START can pay for services.

Procedure (Initial Exam)

When a SC FIRST STEPS EARLY HEAD START staff member believes that Early Head Start payment may be required, the staff member will contact the Health Coordinator with the following information: the child's name, date of birth, parent/guardian's name, the suggested treatment, reason for lacking insurance, and the family's health care provider's name and address.

The Health Coordinator will then contact the health care professional and request a reduced fee for health service for the Early Head Start child. If the family has no Health provider, Early Head Start will refer them to a provider that has agreed to accept a reduced fee.

The Health Coordinator will then complete a purchase order form including: the purchase order number; the date; name, and address of the doctor or dentist; the child's name; staff signature; and the number of days the purchase order is valid. Purchase orders will be valid for 30 days, except toward the end of the school year, at which time, any exam or treatment must be completed on or before the last day of class.

The completed purchase order will be sent directly to the health service provider. Following service, the purchase order will be returned to Early Head Start's Fiscal Manager.

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Procedure (Follow-Up Exam)

Parent/guardians (or Doctor's office if Release of Information has been signed) will let the program know the health care provider's recommendation for treatment. The Health Coordinator must then be contacted for approval. Following approval, the Health Coordinator will contact the health care provider for an estimate of treatment cost. A new purchase order will then be forwarded to the health care provider. The health care provider will return the purchase order form to Early Head Start's Fiscal Manager following treatment.

Unless treatment by a specialist is necessary, the family must use their own health care provider or one of the service providers listed as having a reduced-fee agreement with Early Head Start. The Health Coordinator can advise staff and families as to possible service providers and specialists.

f. IMMUNIZATION STATUS

All children in the Early Head Start program will be current on their immunizations. Parents will be assisted in making necessary arrangements to bring the child up-to-date on immunizations. To assist families in the protection from and prevention of childhood communicable diseases, SC First Steps Early Head Start Health Services staff will adhere to immunization requirements set by the South Carolina Department of Health and Environmental Control.

Procedures:

1. SC First Steps Early Head Start will encourage parents to obtain all up-to-date immunizations unless a signed immunization waiver is for medical, religious or other stated reasons.
2. SC First Steps Early Head Start Health Services staff will engage families of enrolled children to ensure timely compliance of all up-to-date immunizations in accordance to current Center for Disease Control guidelines recommended schedule of immunizations
3. If immunization status is not up-to-date, a missing health information letter will be sent to the parents in a timely manner. Center Director will be notified as this is also a state licensing requirement. Parents will be informed of local clinic referral. Health staff will keep record of incomplete immunization and will repeatedly notify parents.
4. In accordance with South Carolina Code of Laws, Section 44-29-180, and State Regulation 61-8, the 2014-2015 "Required Standards of Immunization for Day Care Attendance", all children 3 month and older must maintain a valid Certificate of Immunization.
5. A notice of final date of attendance will be sent to parent/guardian within 30 days of expiration of immunization certificate.
6. All out of state immunization certificates must be converted to South Carolina's Certificate of Immunization form (DHEC 2740).

Resources:

CDC Vaccination schedule
SC Immunization Requirement for School and Day Care
Missing Health Information Letter (Immunizations/Well Check Ups)

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SOUTH CAROLINA FIRST STEPS PROCEDURE

g. HEALTH SERVICES ADVISORY COMMITTEE

In an effort to bring professional experts together periodically to review and evaluate Early Head Start medical standards of practice and local needs and problems, SC First Steps Early Head Start will establish and maintain a Health Services Advisory Committee (HSAC) which will include Early Head Start parents/staff, community professionals, community partners, and other volunteers from the community.

Procedure:

1. Each member is a vital and special person to our health staff. Numerous phone calls and emails are made to keep up the communication between members between meetings as to address any issues that arise as well as get information and guidance from those who specialize in their respective fields.
2. The Health Advisory Committee will meet two or more times yearly.
3. Performance Standards, budgets, timelines, plans, policies and procedures will be discussed and planned.
4. Each member will be welcome to submit any questions, concerns or ideas at any time
5. Each member absent will be sent a copy of all documents and minutes from the missed meeting.
6. Every effort will be made to notify members in advance of upcoming meetings. Each member will be given notification that allows him or her planning time to attend the upcoming meetings.
7. Orientation packets will be distributed at the beginning of the year containing information about the Early Head Start program and guidelines. Updates will be sent as they become available.
8. Each Member of the Health Services Advisory Committee will sign a confidentiality agreement with SCFS.

Resources:

HSAC Commitment letter
SCFS Confidentiality Agreement

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Screening for Developmental, Sensory and Behavioral Concerns		
Procedure Number:	9.2	Effective Date:	August 18, 2016
Policy Title Reference:	Screening for Developmental, Sensory and Behavioral Concerns		
Subprocedures	<ul style="list-style-type: none"> a. Source of Health Care b. Health Screenings (45 Day) c. Health Examinations (90 Day) d. Physical Examination e. EDSDT 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will engage families to ensure all enrolled children have ongoing access to accessible health/dental care and child developmental screenings. Within 45 calendar days of the child's entry into the program, SCFS will receive documentation of age appropriate screening results to identify concerns regarding a child's developmental and sensory (visual and auditory). If these are not available, the SCFS and/or CCP staff will provide applicable screenings. To the extent possible, these screening procedures will be sensitive to the child's cultural background.

SCFS will engage families to ensure all enrolled children have access to ongoing sources of medical and dental care upon entry into child's program. SCFS EHS will determine from health care professionals the health status of each child according to EPSDT.

SCFS will ensure every child entering the program is up-to-date on scheduled preventative health care and that children and families have a medical home. All EHS participants (children and expectant mothers) shall remain up-to-date on scheduled preventative health care and maintain a medical home.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 EPSDT: Early and Periodic Screening, Diagnosis and Treatment

PROCEDURES

a. SOURCE OF HEALTH CARE (30 DAY)

SC FIRST STEPS EARLY HEAD START will within 30 calendar days after the child first attends the program must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.

SOUTH CAROLINA FIRST STEPS PROCEDURE

If the child does not have such a source of ongoing care and health insurance coverage or access to care, SC FIRST STEPS EARLY HEAD START must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

b. HEALTH SCREENINGS (45 DAY)

SC FIRST STEPS EARLY HEAD START will engage families to ensure all enrolled children have access to ongoing sources of continuous accessible health/dental care and child developmental screenings. Within 45 calendar days of the child's entry into the program, SC FIRST STEPS EARLY HEAD START will obtain or perform age appropriate screening procedures to identify concerns regarding a child's developmental and sensory (visual and auditory (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures will be sensitive to the child's cultural background.

Procedure:

1. The Center Staff and SC FIRST STEPS EARLY HEAD START staff will ensure that all enrolled children will obtain the documentation of or perform the following screenings **within 45 days** of program entry date:
 1. Developmental (visual/motor, language and cognition, and gross motor/body awareness)
 2. Behavioral observation/screening
 3. Sensory (hearing and vision)

2. Screenings will be conducted by Health Professionals or Early Head Start staff within 45 days of enrollment. SC FIRST STEPS EARLY HEAD START will make efforts to assist and engage parents to complete screenings prior to start of program year. Information regarding screenings will be provided at intake to obtain consent for services.

3. Health tracking will be reviewed weekly (at least 30 days) from the first day of the program year, to ensure no screenings have been missed. Results will be entered in the data management system as soon as possible after information is obtained or screenings are completed. Results will be found in the child's file and CHILDPPLUS.

4. Multiple resources (physical exams, ASQ results, parent/staff input) will be incorporated in order to determine appropriate follow-up. Results of screening will be shared with parent upon completion to assure appropriate follow-up and/or treatment in necessary.

c. HEATH EXAMINATIONS (90 DAY)

SC FIRST STEPS EARLY HEAD START will engage families to ensure all enrolled children have access to ongoing sources of continuous accessible medical and dental care upon entry into child's program (first 30 days). SC FIRST STEPS EARLY HEAD START will determine from health care professionals the health status of each child according to EPSDT.

Procedure:

1. The Center Staff and SC FIRST STEPS EARLY HEAD START staff will obtain determination if all enrolled children will have the following screenings **within 90 days** of program entry date (as age applicable):
 1. Lead Screening (in according to SC EPDST schedule)

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SOUTH CAROLINA FIRST STEPS PROCEDURE

2. Hemoglobin/Hematocrit Screening (in according to SC EPDST schedule)
3. Documentation of Well Child Check (no medical home, a referral will be provided)
4. Dental Screening/Exam (excluding those with dental home and proof of dental exam)
5. Growth Assessment (Height and Weight measurements from Well Child Check)
6. Health History-As best practice to determine child health status or condition
7. Nutrition Assessment-family history, special dietary requirements & food allergies

SC FIRST STEPS EARLY HEAD START will make efforts to assist and engage parents to complete exams as promptly as possible.

2. Health tracking will be reviewed monthly (at least 30 days) from the first day of the program year, to ensure no screenings have been missed.
3. Examination results will be entered in the data management system as soon as possible after information is obtained or screenings are completed. Results will be found in the child's file and/or CHILDPPLUS.

Resources:

SC FIRST STEPS EARLY HEAD START 30/45/90 Requirement Tracking Form
SC FIRST STEPS EARLY HEAD START Physical Examination/Well Check-up form
Ages and Stages Questionnaire: 3
Ages and Stages Questionnaire: SE 2

d. PHYSICAL EXAMINATION-WELL CHILD CHECK

To ensure every child entering the program is up-to-date on scheduled preventative health care and that children and families have a medical home.

Procedure:

1. All children entering an Early Head Start program must have had a physical examination/well child check upon entry. If not, families have 90-days to accomplish this examination and submit the information to Health Services.
2. If any required test(s) is not included on the child's physical examination or well child check form, such test(s) must be completed and documented within 90 days of a child's first day in attendance.
3. The physical examinations shall be updated in accordance to current EPSDT guidelines. Documentation shall be kept in the child's file. Required exam and testing include:
 - Physical Examination/Well Child Assessment
 - Up-to-date immunizations
 - Growth Assessment: Height and Weight (from Well Child Check)
 - Sensory Screenings: Hearing/Vision
 - Dental Screening/Examination
 - Hemoglobin/hematocrit testing (see details below)
 - Blood lead level check (see details below)
4. Hemoglobin/Hematocrit and Blood Lead tests may be performed either prior to or following program entry.

Procedure 9.2 – Screening for Developmental, Sensory and Behavioral Concerns
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SOUTH CAROLINA FIRST STEPS PROCEDURE

- a. Blood Lead Level for all enrolled children must be tested at 9 to 12 months and 24 months of age..
- b. Hemoglobin/Hematocrit will be performed in compliance with South Carolina's Medicaid EPSDT Recommendations for Preventative Pediatric Health Care (Hemoglobin performed at 9 to 12 months and thereafter based on risk assessment). If not previously tested prior to program entry, then test is required of enrolled children.

It is recommended that the above-cited tests be performed when updating the child's physical exam/well child check in order to accommodate physician scheduling.

5. Centers will make every effort to assist families to accomplish these screenings if the primary health care provider is not able to do them.
6. If parents/guardians fail to complete necessary paperwork/follow-up within the timeline, a letter may be sent indicating the required missing information. SC FIRST STEPS EARLY HEAD START staff will assist parents in making arrangements to obtain necessary health information/follow-up.
7. Parents/guardians are required by Head Start guidelines to follow-up on medical treatment needed by any enrolled child. It is the responsibility of the SC FIRST STEPS EARLY HEAD START staff to follow-up with the parent/guardian about needed treatment and offer assistance as needed, particularly areas determined by their health care provider as "under care." If the parent/ guardian does not wish to pursue follow-up treatment as indicated by the medical provider a note that services are refused should be placed in the child's file.

Resources:

SC FIRST STEPS EARLY HEAD START Physical Examination/Well Check-up form
SC FIRST STEPS EARLY HEAD START Health Referral and Treatment Record form
Health History

e. EPSDT

All Early Head Start (EHS) children shall remain up-to-date on scheduled preventative health care and maintain a medical home.

Procedure:

1. Upon enrollment, all children must be up-to-date on well-child physical examinations as defined by the Early Periodic Screening Diagnosis, and Treatment (EPSDT) schedule. Families have 90 days to obtain an updated examination and submit the form to EHS.
 - a. Parents/guardians should take the SC FIRST STEPS EARLY HEAD START Physical Examination/Well Check-up form to their primary health care provider.
 - b. If any required test(s) is/are not included on the child's physical examination form, such test(s) must be completed and documented within 90 days of a child's first day in attendance.
2. Physical examinations/Well child checks shall be updated according to current EPSDT guidelines. Documentation shall be kept in the child's file.
 - a. SC First Steps Early Head Start Health Services staff and Family Advocates will engage families to accomplish these screenings if the primary health care provider is not able/available to do them.
 - b. SC First Steps Early Head Start Health Services staff and Family Advocates are expected to provide intensive advocacy with the family to make arrangements to obtain necessary paperwork/follow-up.

Procedure 9.2 – Screening for Developmental, Sensory and Behavioral Concerns
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3. Parents/guardians are required by Early Head Start guidelines to follow-up on recommended medical treatment. It is the responsibility of the Health Services staff and Family Advocates to follow-up with the parent/guardian about needed treatment and offer assistance as needed, particularly in areas determined by their health care provider as “under care.” If the parent/ guardian does not wish to pursue follow-up treatment as indicated by the medical provider, documentation that services are refused should be placed in the child’s file.

Resources:

SC FIRST STEPS EARLY HEAD START Physical Examination/Well Check-up form
SC FIRST STEPS EARLY HEAD START Health Referral and Treatment Record form

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Dental Hygiene, Screening, and Assessment		
Procedure Number:	9.3	Effective Date:	August 18, 2016
Policy Title Reference:	Dental Hygiene, Screening, Assessment and Treatment		
Subprocedures	<ul style="list-style-type: none"> a. Dental Screening and Treatment b. Tooth Brushing 		
Regulation References:	45CFR1302.42(b); 1302.43		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS encourages dental health and the development of health skills that will last a lifetime. Tooth brushing is one way to promote basic dental hygiene. Teachers regularly brush and/or supervise children's tooth brushing, provide demonstrations and dental health education and model good tooth brushing techniques and dental hygiene in association with meals.

In order to promote quality oral health care, the program shall ensure that all children have a dental assessment/screening within 90 days. SCFS EHS Staff will determine existence of a dental home, and assist as needed in regards to securing follow-up care and treatment.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURES

a. DENTAL SCREENING AND TREATMENT

In order to promote quality oral health care, the program shall ensure that all children have a dental assessment/screening, need for follow-up examination and/or treatment is determined, determine existence of a dental home, and assist as needed in regards to securing follow-up care, treatment, and/or a dental home.

Procedure:

1. It shall be determined within 30 days of enrollment and documented whether each child has a medical and dental home for ongoing, continuous care. SC FIRST STEPS EARLY HEAD START Health Services shall assist the family in locating a dental home as needed.
2. Upon entry, parents will provide oral health care information and children will have a dental screening or assessment within 90 days of initial entry.

Procedure 9.3 - Dental Hygiene, Screening, and Assessment

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SOUTH CAROLINA FIRST STEPS PROCEDURE

3. Centers will assist families as much as possible to have dental screening/examination completed within 90 days of entry and to procure follow-up treatment. Follow-up assistance will be documented in the child's file.
4. Parents/guardians are required by Head Start guidelines to follow-up on dental treatment needed by any enrolled child. It is the responsibility of SC FIRST STEPS EARLY HEAD START staff to follow-up with the parent/guardian about needed treatment and offer assistance as needed. If the parent/guardian does not wish to pursue follow-up treatment as indicated by the medical provider a statement signed by the parent that services are refused should be placed in child's file.

Resources:

SC FIRST STEPS EARLY HEAD START Dental Screening Report form
SC FIRST STEPS EARLY HEAD START Dental Examination Form
Dental health letter regarding EPSDT

b. TOOTH BRUSHING

To promote and model good dental health practices, Early Head Start centers will integrate dental health education into ongoing classroom activities including tooth brushing at least one time during the day. Dental caries prevention education is introduced in centers and classroom due to communities with varying water fluoridation levels.

Procedure:

1. Each toothbrush will be labeled with the user's name. Soft bristled toothbrushes are recommended.
2. To ensure that the child is brushing properly, adult supervision must be provided. Staff will wear gloves while assisting. Fluoride toothpaste must be utilized when brushing.
3. Staff will ensure each child rinse their toothbrush before and after use. If toddlers are unable to do it alone, Early Head Start staff will rinse.
4. Infant's gums and mouth should be gently wiped with a clean, moist baby wash cloth or gauze pad. After the first tooth emerges, an infant-sized toothbrush can be used without toothpaste.
5. SC FIRST STEPS EARLY HEAD START will follow the following recommended guidelines for infants and toddlers:
 - Infants with no teeth – teachers will continue to clean their gums with gauze and water after every bottle or meal
 - Older infant has teeth until two years of age – teachers brush teeth AT LEAST ONCE DAILY using a smear of fluoride toothpaste and water.
 - At the age of two – AT LEAST ONCE DAILY, teachers will use a pea-sized amount of fluoridated toothpaste on the child's toothbrush having the child spit as he/she is able.
6. Teeth should be brushed in an orderly sequence so no tooth is missed. The following routine is suggested:
 - Brush all outside (cheek side surfaces) of the upper teeth starting on one of the last (back) upper teeth. Clean each tooth around to the front and to the last tooth on the other side.
 - Brush all the inside surfaces of the upper teeth from one side of the mouth to the other.
 - Brush the chewing surfaces of the upper back teeth.

Procedure 9.3 - Dental Hygiene, Screening, and Assessment

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Start brushing the lower teeth on the cheek side of one of the last (back) lower teeth. Carefully brush each tooth around the mouth to the last tooth on the other side.
 - Brush all the inside surfaces of the lower teeth in order.
 - Brush the chewing surfaces of the back teeth and brush any debris off the tongue with a gentle stroke.
 - After brushing, children that can spit, should. The toothbrush should be rinsed thoroughly and put away to air dry.
-
7. Teachers will store toothbrushes in holders to prevent contamination. Toothbrushes **must not touch** each other when stored. Toothbrush holders will **not** be stacked on top of each other when stored. Toothbrush holders will be cleaned with a soap and water solution, rinsed and dried on an as needed basis.
 8. Early Head Start teachers will **not** store toothbrushes in the diaper changing area or the toileting area.
 9. New toothbrushes will be issued to children at least every three months or more often as needed. Toothbrushes will be given out throughout the year if bristles are worn, or a child has a contagious illness, including colds or flu.
 10. Teachers will assess children's teeth during toothbrushing procedure for observable dental concerns.

Resources:

Oral Health revision (2007)-ACF-PI-HS-06-03

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Procedure Title:	Health Emergencies		
Procedure Number:	9.4	Effective Date:	August 18, 2016
Policy Title Reference:	Health Emergencies		
Subprocedures	<ul style="list-style-type: none"> a. Health Emergencies b. Dental Emergencies 		
Regulation References:	45CFR1302.47(b)(4)(i)(j); 1302.47(b)(7)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

In emergency situations, direct service staff members will be prepared to act quickly to ensure the health and well being of each child. All contracted Direct Service staff members are required to maintain current first aid and pediatric CPR certification.

In the event of any health emergency, the CCP will notify the parents and Health Services Manager immediately.

DEFINITIONS

CPR: Cardio-Pulmonary Resuscitation
 CCP: Child Care Partner site

PROCEDURES

a. HEALTH EMERGENCIES

In emergency situations, direct service staff members will be prepared to act quickly to ensure the health and well being of each child. All contracted Direct Service staff members are required to maintain current first aid and pediatric CPR certification.

In the event of any health emergency, teachers will notify the Director, Family Advocate, Education Coordinator and the Health Coordinator immediately. Immediately following the emergency situation, fill out the injury/accident report. Give the parent a copy at once; file one copy in the child's file; and send the original to the Health Coordinator for the Director's signature. The Health Coordinator will direct the form to the appropriate office and retain a file copy.

Procedure

NEVER leave an ill or injured child or staff person alone. Remain calm and reassure the victim. Stay at the scene and give immediate First Aid as necessary. Send someone to bring another adult to the scene. Do not move a severely injured or ill person except to save a life.

Seek medical assistance from:

Emergency Medical Services Dial 9-1-1

- Preferred medical or dental provider listed on the *Child Release & Emergency* form.

Procedure 9.4 – Health Emergencies

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Local Hospital or clinic
- Poison Control Center – 1-800-222-1222
- Give all important information slowly and clearly:
 - Your name
 - Your address
 - The child's age
 - The nature of the problem

To make sure you have given all the necessary information, wait for the other party to hang up first.

Arrange for transportation of the injured person by ambulance, parent, or other such vehicle. Early Head Start employees never transport Early Head Start children. Send the *Child Release & Emergency Contact* form with the child.

Emergency Ambulance Transportation (911) is needed for:

- Respiratory distress - difficulty or lack of breathing
- Choking
- Bleeding - severe
- Burns - serious, or covering a large part of the body
- Heart concerns - deterioration of blood circulation
- Shock - including allergic reaction to insect bites, or food
- Poisoning
- Head, neck, or back injury - also injury to large bones (arms, legs)
- Loss of consciousness
- Seizures - complicated by lack of breathing, or lasting for more than 5 minutes. If a child has a known seizure disorder, refer to his/her Emergency Protocol (*Health Care Plan*).
- Motor vehicle accidents
- Drowning
- Smoke inhalation
- Any other situation that is life threatening

Contact parent/guardian as listed on child's emergency form. For staff, contact the Administrative Office; administrative staff will make notification of emergency contact.

Be sure that a responsible adult from the center stays with the child until a parent takes over. This will require accompanying the child in the ambulance if necessary. Make sure the class ratio is maintained.

Do not give aspirin or other medications unless directed to do so by the Poison Control Center or emergency physician.

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b. DENTAL EMERGENCIES

Type of Injury	First Aid
Toothache	Rinse the mouth vigorously with warm water to clean out any debris. If swelling is present, place towel wrapped cold compress to the outside of the cheek. Do not use heat. Call the parent to take the child to the dentist.
Object Wedged	Do not try to remove the object, call the parent to have child taken to dentist or physician immediately.
Knocked-Out Tooth	Place tooth in clear tap water or wrap in a clean wet cloth. Do not clean the tooth. Call the parent to take the child to the dentist immediately.
Broken Tooth	Try to clean dirt or debris from injured tooth with warm water. Place towel wrapped cold compress on face next to the injured tooth to minimize swelling. Call parent to transport child to the dentist immediately.
Bitten Tongue or Lip	Using protective gloves, apply direct pressure to the bleeding area with sterile gauze. If lip is swollen apply cold compress. If bleeding doesn't stop readily or if bite is severe, call 911 to transport child to hospital emergency room immediately.
Fractured Jaw	If fracture is suspected, immobilize jaw (triangular bandage, handkerchief, towel) and call 911 to transport the child to the hospital emergency room immediately. Suspect neck or spinal injury.

Notify the Family Advocate, Education Coordinator and the Health Coordinator. Fill out the injury/accident report and Insurance Statement. Give the parent a copy immediately; file one copy in the child's file; send one copy to the Health Coordinator for signature. The Health Coordinator will file that copy and will document the injury and staff response on the master injury log.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Emergency Evacuation		
Procedure Number:	9.5	Effective Date:	August 18, 2016
Policy Title Reference:	Emergency Evacuation		
Subprocedures	a. Emergency Evacuation b. Emergency Evacuation of Children with Special Needs		
Regulation References:	45CFR1302.47(b)(4)(i)(G & I); 1302.47(b)(7)(i)-(ii)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Every CCP center will develop a site-specific Emergency Evacuation Plan.

DEFINITIONS

SCFS: South Carolina First Steps

CCP: Child Care Partner

PROCEDURES

a. EMERGENCY EVACUATION PROCEDURE

In the case of a phone call threat, the person answering the call will signal another staff person to call 911.

If emergency personnel notify Early Head Start that the Early Head Start building must be evacuated, staff will immediately begin the evacuation process:

- The program will have an evacuation crib, which will be used during evacuation. Assigned staff will be responsible for infants to be placed in the crib for evacuation.
- Non-mobile infants will be carried by assigned staff while, toddlers/mobile infants who walk well will be guided by assigned staff.
- Infants and toddlers will be comforted as much as possible by the staff.
- A designated staff member will notify all classes to evacuate the building.
- A designated staff member will post a notice on the entrance door indicating the location where the children have been taken.
- Teachers will take the class list and First Aid backpack with student emergency information with them when they leave the center.
- Everyone will leave the building and assemble at a designated place where students, volunteers, and staff will be counted.
- When everyone has been accounted for, teachers will lead the students to a predetermined safe location. This safe location will be within walking distance, but more than 300 yards from the center.
- Teachers will keep students calm by involving them in a quiet activity such as reading or story-telling, coloring, or songs and finger play.

Procedure 9.5 – Emergency Evacuation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- A designated staff member will lock all doors and remain at the school to assist the police or emergency personnel. They will rejoin students and staff as soon as possible after law enforcement or emergency personnel take charge of the building.
- If the evacuation is to last longer than 30 minutes parents will be notified that they need to pick-up their child. (Refer to Emergency Closure Policy)
- Students and staff will return to the Early Head Start building only after receiving permission from law enforcement or emergency personnel.
- A letter will be sent home after class informing parents of the circumstances surrounding the evacuation, the way it was explained to children, and informing parents of any adverse reactions their child may have had during the evacuation. Parents will be offered assistance in working with children's fears by providing access to the Early Head Start Mental Health Consultant.

b. EMERGENCY EVACUATION OF CHILDREN WITH SPECIAL NEEDS

Each program will establish and implement written emergency evacuation procedure for children with disabilities.

Procedure

- In addition to meeting the above requirements, the following must be met for children with special needs:
- The program will have an evacuation crib, which will be used during evacuation. Assigned staff will be responsible for infants to be placed in the crib for evacuation.
- Non-mobile infants will be carried by assigned staff while, toddlers/mobile infants who walk well will be guided by assigned staff.
- Infants and toddlers will be comforted as much as possible by the staff.
- One staff person will be assigned to each child who needs assistance and will be responsible for the evacuation of such child during evacuation.
- Once alerted, the assigned staff will follow the evacuation routes, which will be clearly marked and posted so that the path to safety outside is unmistakable. This is part of the safety checklist.
- One assigned staff will check all available areas for children before leaving the building and a number check will be done to ensure children with special needs as well as all children present are with staff members and safe. The same assigned staff member will collect any necessary equipment needed, such as respirator or other health related equipment for the children with special needs.

Procedure Title:	Medical Conditions and Short-Term Exclusion Due to Illness		
Procedure Number:	9.6	Effective Date:	August 18, 2016
Policy Title Reference:	Medical Conditions and Short-Term Exclusion Due to Illness		
Subprocedures	<ul style="list-style-type: none"> a. Exclusion Due to Illness b. Head Lice c. Contagious/Communal Diseases d. Medical Conditions 		
Regulation References:	45CFR1302.47(b)(4)(i)(a); 1302.47(b)(7)(iii)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Children or adults with symptoms of communicable disease will be excluded from the classroom until they are no longer contagious and there is no risk of disease transmission. If the condition has not been professionally diagnosed, and is suspected, the parent will be asked to come and pick up their child and will be encouraged to contact their primary health care provider for diagnosis. A medical clearance from a health care practitioner may be necessary for the child or adult to return to the classroom.

DEFINITIONS

N/A

PROCEDURES

a. EXCLUSION DUE TO ILLNESS

Children or adults with symptoms of communicable disease will be excluded from the classroom until they are no longer contagious and there is no risk of disease transmission. If the condition has not been professionally diagnosed, and is suspect, the parent will be asked to come and pick up their child and will be encouraged to contact their primary health care provider for diagnosis. A medical clearance from a health care practitioner may be necessary for the child or adult to return to the classroom.

Per SC Statute 44-29-10, "any person or entity that maintains a database containing health care data must report [to SC DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long- term disability." These conditions, indicated on the SC List of Reportable Conditions as *Immediately* or *Urgently Reportable*, must be reported to the local health department. **Diseases do not have to be confirmed to be reported -- actions to prevent further spread of disease may be necessary while confirmatory tests are pending**

Procedure:

In order to prevent the spread of disease, all adults and parents will wash their hands in accordance with the SC FIRST STEPS EARLY HEAD START PROGRAM General Hygiene Policy.

Children and adults will be excluded from the classroom based on the following guidelines:

School and Childcare Exclusion List:

A Quick Reference for Parents of Children

Not an all-inclusive list. For complete list please see attachment Health Care School and Childcare Exclusion List: Official School and Child Care Exclusion List of Contagious or Communicable Diseases-DHEC.

Chicken Pox / Varicella

Children with chicken pox may return with a **parent note** once all of the sores and blisters are dried or scabbed over. If there are no scabs, the child may return to school or childcare when no new sores appear for 24 hours.

Diarrhea

For *most kinds* of diarrhea (defined as 3 or more loose stools in 24 hours):

- **Children in 5th grade or younger** should stay home until diarrhea stops for 24 hours, or until a health care provider clears the child to return to school. Your child can return with a **parent note**.
- **Exclude children of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus:**
unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn's Disease). Return is permitted when symptoms are resolved or medical evaluation indicates that inclusion is acceptable.
- **For diapered children or students of any age who require assistance with personal hygiene:** exclude for 2 or more diarrheal episodes in a school or program day if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children):
- ***Campylobacter*, Enteropathogenic *E.coli* (EPEC), Enterotoxigenic *E. coli* (ETEC), *Cryptosporidium*, *Giardia*, Norovirus, Rotavirus, and most types of *Salmonella*:**
Your child may return with a **parent note** after diarrhea stops for 24 hours.
- ***E. coli* 0157:H7 and other Shiga Toxin Producing *E. coli* (STEC):**
For all ages do not allow recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms stop.
- **Children in childcare and students in kindergarten** must have 2 back to back tests taken at least 24 hours apart test negative for ***E. coli* O157:H7**. If antibiotics were prescribed the stool cultures must be collected at least 48 hours after antibiotic completion. A **health care provider** must clear the child to return to school or childcare.

***Salmonella* Typhi (Typhoid fever):**

Children of any age must be out of school or childcare until the diarrhea stops and 3 lab tests taken at least 24 hours apart test negative for *Salmonella* Typhi. If antibiotics were prescribed the stool cultures must be collected at least 48 hours after antibiotic completion. A **health care provider** must clear the child to return to school or childcare.

***Shigella*: Children of any age are excluded for *Shigella*:**

• **Children in childcare and students in kindergarten** must be removed for 24 hours or more after diarrhea has stopped and at least one stool culture is negative. If antibiotics were prescribed the tests must be collected at least 48 hours after antibiotic completion. A **health care provider** must clear the child to return to school or childcare.

Fever only

Keep your child home for a fever of 101 degrees or higher by mouth or 100 degrees or higher if taken under the arm. Your child can return to school or childcare with a **parent note** when the fever is gone for at least 24 hours without the use of fever reducing medications. Please note: An infant 4 months of age or younger with a fever (100.4 F) should receive medical attention.

Flu, Influenza or Influenza-Like Illness (ILI):

(ILI is defined as an oral temperature of greater than 100° F with a cough and/or sore throat for which there is no other known cause)

A child will be excluded for a fever of 100 degrees with cough and/or sore throat. Your child can return to school or childcare with a **parent note** when the fever is gone for at least 24 hours without the use of any

fever reducing medications.

Hand, Foot, and Mouth Disease:

Children with hand, foot, and mouth disease should be out of school or childcare while they have fever, above normal drooling, trouble swallowing, or are too sick to do normal school or childcare activities. Your child may return with a **parent note**.

Head Lice:

Children with crawling lice or with nits (eggs) 1/4 inch or closer to the scalp may be sent home at the end of the day, if head to head contact with other children can be avoided. Otherwise, they may be sent home immediately. Your child may return with a **parent note** after their first treatment with a facility-approved lice removal product, if there are no active lice crawling on your child's head.

The school or childcare should check your child's scalp for any newly hatched lice 7-10 days after treatment. If any are present, your child will have to be removed and retreated for lice in order to come back to school or childcare. (See Additional Head Lice Specific Policy Elsewhere in this guide (9.6 B.)

***Haemophilus influenzae* Type B (Hib):**

Children with a Hib infection are excluded until cleared by a **health care provider** to return to school or childcare.

Hepatitis A:

Children are excluded until 1 week after the start of illness or jaundice. The child may return with a **medical note** 1 week after the start of the jaundice.

Impetigo:

Your child may return after receiving antibiotics for 24 hours, as long as the sores have stopped oozing and are starting to get smaller, or if the sores can be covered completely with a watertight bandage. A **parent note** is needed to return to school or childcare.

Measles (Rubeola):

Children with measles can return with a **medical note** 4 days after the rash begins, if they have no fever and feel well enough to participate in regular school or childcare activities.

Meningitis:

A child with signs of meningitis (high fever, rash, stiff neck) must remain out of school or childcare until a **health care provider** provides a medical note stating that the child may return.

Mouth Sores:

Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious. A **parent note** is required to return.

Mumps:

Children with mumps can return with a **medical note** 5 days after the beginning of swelling.

Pink-eye / Conjunctivitis:

Exclude symptomatic children who have fever, severe eye pain, purulent drainage or are too sick to participate in routine activities. Your child may return with a **parent note**.

Rash with fever, behavioral changes or other symptoms:

Exclude children with rash until a health care provider has determined that the illness is not a communicable disease. A **medical note** is required to return.

Ringworm:

Children with **ringworm of the scalp** must remain out of school or childcare from the end of the day until they have begun treatment with a prescription oral antifungal medication. Your child may return with a **parent note**.

Children with **ringworm of the body** must remain out of school or childcare from the end of the day until they have begun treatment with a topical antifungal medication. Your child may return with a **parent note**.

RSV (Respiratory Syncytial Virus):

Exclude younger children with RSV if the child has a fever or if the child is too sick to participate in activities

with other children and staff. Your child may return with a **parent note**.

Rubella / German Measles:

Keep your child home until 7 days after rash starts. The child may return with a **medical note**.

Scabies:

Keep children with scabies out of school or childcare until treatment/medication has been completed (usually overnight). A **medical note** is required to return.

Shingles:

Keep children home who have shingles sores or blisters that cannot be covered. Your child may return with a **parent note** once the sores are dried or scabbed.

Skin Infections from Staph or Strep (includes MRSA) or Herpes Gladiatorum:

Children may attend school or childcare if the sores are covered with clothes or dressings, and if the drainage does not come through clothes or dressing.

Strep Throat / Streptococcal Pharyngitis:

Your child with “Strep throat” can return to school or childcare with a **medical note** 24 hours after starting antibiotics, if there is no fever.

Tuberculosis (TB):

Keep children with active TB home until the health care provider treating the TB writes a **medical note** that says that the child is no longer contagious.

Vomiting:

Keep young children home when vomiting has occurred 2 or more times in a 24 hour period, or for vomiting and fever (101 or higher). All children should stay home for any green or bloody vomit. If the child is vomiting and also has not urinated for 8 hours the child should stay home. Your child may return with a **parent note**.

Whooping Cough / Pertussis:

Children with whooping cough can return to school or childcare with a **medical note** after completing 5 days of antibiotics.

If there is an outbreak of disease in your child’s school or childcare, DHEC may change the exclusions found in this document in order to stop the spread of disease. If your child has not received immunizations to protect against diseases like Measles, Mumps, Rubella (German measles), or Chickenpox, your child may need to be removed from school or childcare if there are cases of these illnesses in the school or childcare. Your Health Coordinator will provide more information if there is an exposure or outbreak.

OK to Attend

Children with the following conditions do not have to be excluded from school or out-of home childcare, if they feel well enough to participate in regular activities:

- Canker Sores
- Chronic Hepatitis B or C
- Colds or coughs, without fever or other signs of illness
- Cold Sores
- Croup
- Cytomegalovirus (your child may need to stay out of PE and sports)
- Disease spread by mosquitos: Malaria, West Nile Virus
- Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia
- Ear Infection
- Fifth Disease
- HIV infection
- Mononucleosis (your child may need to stay out of PE and sports)
- MRSA, if child is only a carrier
- Pinworms
- Rash without fever or behavior change
- Roseola, once the fever is gone
- Thrush
- Urinary Tract Infection
- Warts
- Yeast Diaper Rash

SOUTH CAROLINA FIRST STEPS PROCEDURE

Help your child stay healthy and ready to learn.

We hope that your child never has to miss school or childcare because of illness. The best protection from disease is prevention. You can help prevent many illnesses by making sure your child receives immunizations and by making sure your child washes his or her hands often.

**DHEC/Bureau of Disease Control
Division of Acute Disease Epidemiology
2600 Bull Street Columbia SC 29201
Phone: 803.898.0861/Fax: 803.898.0897**

b. HEAD LICE

Procedure:

1. Head Lice should be suspected if:
 - a. Small grayish eggs (nits); about the size of sesame seed are seen close to the scalp. The nape of the neck and the crown of the head are usually the best areas to notice these.
 - b. Tiny bugs (lice) crawling the hair. Bite marks and/or scratch marks on the scalp.
 - c. Intense itching of the scalp leading to frequent scratching.
2. Head lice are contagious. Children should be encouraged NOT to share hats, scarves, combs and brushes. Staff center will not use any headsets, helmets or other headgear that cannot be disinfected. Use of tumbling mats may be curtailed when several cases of head lice are occurring.
3. If there is a problem at a center or in a specific classroom, children should place outdoor clothing in a plastic, drawstring bag. The bag can then be placed on a hook so coats etc., do not touch each other. Alternatively individual containers can be used to place on shelves.
4. Children with head lice may be excluded from school. Students with crawling lice or with nits (eggs) 1/4 inch or closer to the scalp may be sent home *at the end of the day, if head-to-head contact with other children can be avoided. Otherwise, they may be excluded immediately.*
5. Child may return with a **Parent Note** after their first treatment with a school-approved lice removal product, if there are no active lice crawling on your child's head. Children must be "nit free" before returning to the classroom. After treatment, the child can return to the center to be checked, but must be accompanied by a parent or caregiver.
6. SC FIRST STEPS EARLY HEAD START Health Services staff should check your child's scalp for any newly hatched lice 7 days after treatment. If any are present, your child will have to be retreated for lice in order to come back to school.
7. Routine head checks of all children are required and may be completed randomly. Siblings and close playmates of an infested child should also be checked for head lice.

Resources:

South Carolina Department of Health and Environmental Control Exclusion Policy

Procedure 9.6 – Medical Conditions and Short-Term Exclusion Due to Illness

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SOUTH CAROLINA FIRST STEPS PROCEDURE

c. **CONTAGIOUS/COMMUNAL DISEASES**

Per SC Statute 44-29-10, “any person or entity that maintains a database containing health care data must report [to SC DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.” These conditions, indicated on the SC List of Reportable Conditions as *Immediately* or *Urgently Reportable*, must be reported to the local health department. **Diseases do not have to be confirmed to be reported -- actions to prevent further spread of disease may be necessary while confirmatory tests are pending**

Procedure:

1. Health Services Manager will ensure that Center Directors post current SC DHEC List of Reportable Conditions as well as the SC DHEC Child Care Exclusion List.
2. Using various means of communication, SC FIRST STEPS EARLY HEAD START Health Services staff will inform parents/guardians of situations and/or symptoms that would exclude their child from attending class related activities.
3. If a child is in attendance when symptoms are discovered, parents/guardians will be notified immediately and will be requested to remove the child.
4. The child will be excluded from class related activities until symptoms subside or written permission from a medical care provider indicates it is safe for the child to return.
5. SC FIRST STEPS EARLY HEAD START Health Services staff will assist parents/guardians as needed to obtain the necessary information, supplies, and/or services required to ensure the child’s timely return to the classroom.
6. SC FIRST STEPS EARLY HEAD START Health Services staff will consult with SC DHEC regarding outbreaks or clusters of symptoms related to communicable diseases.

Resources:

<http://www.scdhec.gov/health/disease/reportables.htm>

Current South Carolina Department of Health and Environmental List of Reportable Conditions
Parent Handbook

d. **MEDICAL CONDITIONS**

Using information from parents/guardians and health care providers, SC FIRST STEPS EARLY HEAD START Health Services will support each child’s individual medical plan for allergy, asthma or other chronic medical condition.

Procedure:

Allergies, asthma or other chronic medical conditions identified by parent/guardian and verified by primary health care provider will be documented on the physical examination form. The child’s physician will be asked to complete a Child Health Plan form.

Procedure 9.6 – Medical Conditions and Short-Term Exclusion Due to Illness

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SOUTH CAROLINA FIRST STEPS PROCEDURE

1. All children with an allergy, asthma or other chronic medical condition must have written documentation from a health care provider. A Child Health Plan form must be accompanied by the child's Health Care provider's documentation. The center will follow the Health Care provider action plan for that child.
2. If separate instructions are provided, attach documentation to the medical action plan form.
3. If a food allergy is identified, the parent/guardian and Health Services staff will meet to address the allergy and develop plan of action. If the parent/guardian cannot attend a meeting, a phone call to the parents will be made by the Health Services staff to initially complete the Child Health Plan form.
4. A copy of the completed Child Health Plan is placed in child's file.
5. For food allergies forward copy of documentation from health care provider to designated food service personnel.
6. For food allergies forward a copy of the child's current emergency information to the SC FIRST STEPS EARLY HEAD START Health Services.
7. Food allergies and substitutions must be posted in the classroom so that information is readily available to SC FIRST STEPS EARLY HEAD START staff.
8. **REMEMBER EPI PENS HAVE EXPIRATION DATES and should be checked when received by parents and Health Services staff to ensure medication is current. Parents/Guardians should be notified as expiration date approaches so that new medication can be sent to the center.**
9. Food allergies and substitutions will be handled according to the nutrition policy and procedure using the Child Health Plan. Please refer to nutrition procedures for instructions.
10. If medication is needed during class time, SC FIRST STEPS EARLY HEAD START staff is to refer to the procedure for dispensing medication.
11. A classroom staff and one backup center staff member in contact with the child should be trained in emergency procedures (including CPR) and every day care of the child.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Medication Administration		
Procedure Number:	9.7	Effective Date:	August 18, 2016
Policy Title Reference:	Medication Administration		
Subprocedures	N/A		
Regulation References:	45CFR1302.47(b)(4)(c); 1302.47(b)(7)(iv)		
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

No SCFS employee or CCP contractor employee will administer any medication or perform any medical procedure to any child in the Head Start environment without a properly completed Medication Authorization form. In-service training by a qualified health care practitioner may be required.

Whenever possible, medication will be administered, and medical procedures will be performed at the child's home, by the child's parent, before or after school. Medication will be given at school only when the student's health would be compromised by not getting the medication during school hours or medical procedures being performed during school hours.

No staff member will be responsible for administering the first dose of any medication. The child must have already experienced taking the medication at home.

DEFINITIONS

SCFS: South Carolina First Steps
 CCP: Child Care Partner

PROCEDURES

Any medication administered to a child during their care in Early Head Start shall be done in a manner following the procedures set forth below.

Procedure:

These procedures apply to both prescribed and over the counter (OTC) medications (diaper ointments, Neosporin, creams, etc). Medication is defined to mean all drugs, whether prescription or "over the counter".

1. Written, signed, and dated permission is required from the parent/guardian and is to be placed in the child's file.
2. Medication must be sent in its original container and have child protective caps. All prescription medication must be kept in the original container bearing the original pharmacy label and the child's name. A copy of written, signed, and dated prescribed instructions from health care professional must be provided.
3. All medications shall be used only for the child for whom the medication is labeled.

Procedure 9.7 – Medication Administration

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SOUTH CAROLINA FIRST STEPS PROCEDURE

4. All medications (except emergency medications) are to be placed in a locked container under proper conditions of sanitation, temperature, light, and moisture. If refrigeration is required, medications must be kept refrigerated in a locked box.
5. Medications brought in to the center for adult use must be stored separately from children's medications. The storage area should be inaccessible to children.
6. Rescue Medications (Inhalers & Epinephrine Pens) must accompany the child at all times (i.e. playground, study trips, bus, etc.). They also must be readily available in the classroom but out of the reach of children at all times.
7. A medication log is to be filled out by the staff person who is giving the medication to the child. This log must contain the date, time of medication or distribution, staff initials and side effect if any. Any changes in the child that may be a result of the medication must also be noted and reported to the parents or caregivers.
8. A trained staff member and at least one back-up staff member will be responsible to administer, handle, and store all medication. Training for use of special equipment will be arranged for staff on an as needed basis.
9. Parents/guardians shall be encouraged by staff to administer children's medication prior to or after their care in Early Head Start if the prescribed dispensing orders allow for such a schedule.
10. Get instructions from the parent on how the child takes medication at home, perhaps mixed with a small amount of applesauce. If tablet, give a drink of water first to moisten mouth. Do not give medication with essential foods such as milk or orange juice. The child may associate the food with the medication and refuse to drink milk or juice in the future.

AUTHORIZATION TO ADMINISTER MEDICATION

No prescription or over-the-counter medication will be administered at Early Head Start unless written authorization from the child's doctor and parent or legal guardian is on file. This authorization form gives permission for program staff to administer medication as directed to the child listed below.

****All prescription medication must be kept in the original container bearing the original pharmacy label and the child's name.****

FYI**

A Early Head Start Teacher will notify the Health Coordinator whenever a Early Head Start student is required to take a prescription (or nonprescription) medication at school. A Teacher or other staff member will be designated to administer the medication and will go over the procedure with the Health Coordinator. A health care practitioner may be called in to do an in-service training for the classroom staff involved.

Know the five "**R's**" of medication administration:

- The **R**ight child.
- The **R**ight medication.
- The **R**ight dose.
- The **R**ight time.
- The **R**ight method.

Procedure 9.7 – Medication Administration

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	First Aid Supplies and Emergency Information		
Procedure Number:	9.8	Effective Date:	August 18, 2016
Policy Title Reference:	First Aid Supplies and Emergency Information		
Subprocedures	N/A		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Every Head Start classroom will have a well-supplied first aid kit readily available on site. First Aid Backpacks will be available for use on the playground and on outings away from the site and must be taken on fieldtrips and outdoors when children are on the playground. Each kit must be accessible to staff members at all times, but will be kept out of the reach of children. First aid kits will be restocked after use, and an inventory will be conducted at regular intervals.

DEFINITIONS

SCFS: South Carolina First Steps
 CCP: Child Care Partner

PROCEDURES

To adequately prepare for medical and dental health emergency situations, first aid supplies and emergency information must be easily accessible and visible in all classrooms. First aid kits/bags must be restocked after use and an inventory conducted at regular intervals and emergency contact information kept onhand.

Procedure:

1. A readily available well-stocked first aid kit must be present in every classroom and contain at a minimum the following items:
 - Band-Aids
 - Tissue/Paper Towels
 - Non-latex Gloves
 - Plastic bags
2. Portable first aid kits must be taken on all outings that occur away from the classroom.
3. Classroom teachers will indicate any items needed on their Classroom Health & Safety Checklist which is submitted to Center Directors weekly. The Center Director or classroom designated staff will supply items that need restocking.
4. Each classroom will have an Emergency Information binder. The binder will be clearly labeled in a manner that will enable easy identification. Each binder will contain the following information:
 - Current Enrolled Children
 - List of food and medication allergies

Procedure 9.8 - First Aid Supplies and Emergency Information

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Emergency Consent/Contact for Enrolled Children
- Signed Authorization to Pick-up Child
- Child Health Care Plan (If Applicable)
- Other information deemed necessary by center director

6. Teachers will take the Emergency Information binder and First Aid Kits during all emergency evacuations and drills.

7. Early Head Start classrooms' First Aid Kits will be inventoried twice a year by the Health Services staff. Teachers will maintain complete kits at all times by restocking immediately after use.

Resources:

Classroom Health and Safety Checklist
Health & Safety Screener

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Health and Safety Inspection/Injury Prevention		
Procedure Number:	9.9	Effective Date:	August 18, 2016
Policy Title Reference:	Health and Safety Inspection/Injury Prevention		
Subprocedures	N/A		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will “ensure that staff and volunteers can demonstrate appropriate safety practices; and foster safety awareness among children and parents by incorporating it into child and parent activities.” - Head Start Performance Standard 1304.22(d)(1)&(2)

Injuries often are the result of a mismatch between a child’s abilities and activities, unsafe conditions in the environment, or lack of adult supervision. EHS staff will seek to prevent injuries by providing a safe environment, reduce or eliminate hazards, practice consistent adult supervision, and teach children, parents, and staff members about safety.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURES

SC First Steps Early Head Start will ensure the health and safety of children and staff in the classrooms/play yards by conducting inspections of each classroom and play yard.

Procedure:

1. The Health Services staff will perform bi-annually health and safety inspections and note findings on an inspection form. Recommendations for the corrections to the areas of concern, including timeframes for completion, will be noted on the record.
2. Play yards and classrooms are to be inspected on a daily basis by classroom staff to assure safe indoor and outdoor areas are free of hazards.
3. A copy of the completed classroom inspection records will be provided to the Center Director.
4. An Action Plan will be provided for the teaching team to correct areas of concern and issues. Any issue beyond their scope of responsibility, will be referred to the custodial staff.

Procedure 9.9 - Health and Safety Inspection/Injury Prevention

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SOUTH CAROLINA FIRST STEPS PROCEDURE

5. Once all areas of concern are corrected the teaching team will forward the original report documenting correction of the areas of concern to the Health Services staff.

Resources:

Health & Safety Screener
Classroom Health and Safety checklist
Playground Safety checklist

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Security, Emergency Preparedness and Closure		
Procedure Number:	9.10	Effective Date:	August 18, 2016
Policy Title Reference:	Security, Emergency Preparedness and Closure		
Subprocedures	N/A		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

CCP staff will ensure that the school premises are secured from unauthorized access. All classrooms will be locked during class time and playground gates will be latched. One door in each classroom will be accessible while children are being dropped off and picked up before and after class; a staff person will monitor the entry and exit of children and parents during this period of time. Parents and other authorized individuals may knock at the door and will be admitted to the classroom after being identified by a staff member.

Under extraordinary circumstances, the center and playground may be completely locked down, with children and adults kept inside the locked building. This would happen when local circumstances require extra precautions or if notified by local police departments of hazardous circumstances that could jeopardize the safety of children and adults during school hours.

Each CCP center will establish procedures for canceling class in an emergency situation and assign responsibility for notifying children's parents/caregivers, and for notifying the EHS Director.

The decision to cancel class and/or close the center may be made based on weather conditions, problems with the building that would make occupancy unsafe or uncomfortable, or other unforeseen circumstance.

DEFINITIONS

SCFS: South Carolina First Steps
 CCP: Child Care Partner

PROCEDURES

To ensure the safety of children, staff and volunteers, the program will observe the building emergency preparedness plans.

Procedure:

1. The emergency preparedness plan is reviewed with all staff at the beginning of each year.
2. Practice drills are performed and documented by center director.
3. Volunteer content training covers the emergency preparedness plan.
4. Parents are informed about emergency preparedness policy/procedures during the year.
5. Health Services staff and Center Directors are responsible for ensuring that the inventory of emergency preparedness items is maintained and that the items are replenished when used or the expiration date is reached.

Procedure 9.10 – Security, Emergency Preparedness and Closure

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Fire Safety and Emergency Preparedness

1. All centers shall comply with the regulations and codes of the State Fire Marshall.
2. In the event of natural disaster or unscheduled closing of a center, the capacity maybe exceeded temporarily to accommodate the displaced children. The Center Director shall notify the Department of Social Services of the situation and maintain appropriate staff-to-child ratio at all times.
3. The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan.
4. Staff orientation shall include training on the evacuation plan. The plan must include a posted evacuation route, the procedures followed during evacuation, and an alternative destination.

Fire Safety Drills Procedures:

1. Required once a month for each classroom in a center
2. Each center will use fire detector alarm during fire drills
3. Evacuate building to a consistent meeting location
4. Take first aid and attendance record with you.
5. Have a system for knowing that all children and staff are out of the building.
6. Have a signal to return to the building.

Earthquake/Tornado Emergency Preparedness

1. Drills should be conducted throughout the year.
2. The basics of earthquake responses are:
 - If staff and the children are indoors, everyone should move away from windows and glass areas. Everyone should get under a table or other solid object and cover their heads.
 - *Staff must consider how infants will be moved and protected in the event of an earthquake.
 - If staff and the children are outdoors, stay outdoors. Move to an area clear of trees, buildings, and power lines.
 - When the shaking stops, stay alert. Aftershocks are common. If you notice gas, fire, or exposed electrical wiring, move the children to safety. Take the first aid backpack and attendance record out with you.
 - Be prepared to access the Disaster Kit, if necessary.
3. The basics of tornado responses are:
 - Move away from windows and glass doorways
 - Go to the innermost part of the building
 - Move away from materials and furniture that could fall
 - Account for all the staff and children by taking attendance
 - Use head tuck position to protect from flying objects/debris
 - If using evacuation crib, cover children with a blanket for protection against flying objects/debris

Bomb Threat

If you receive a bomb threat:

- Keep the person talking as long as possible (pretend to have difficulty hearing, or to not understand what they are saying).
- If possible, make notes of everything that is said. Write a note to another staff person to call 911 while on the phone. Try to gather as much information from caller as possible.
- Do not touch, or move a suspicious package or suspicious device.
- Begin Evacuation Procedures.

Evacuation

Procedure 9.10 – Security, Emergency Preparedness and Closure

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Evacuate only if it is the safest option (fire/explosion) - or if there has been an evacuation order from authorities:

- Evacuate in a safe and orderly manner:
- Attempt to bring emergency contact forms, first aid kit and disaster kit - **if there is enough time**
- Move away from the building a distance of at least 500 feet.
- A team member must assure that they have a list of all children in your care. If possible - place name tags on children.
- Close, but do not lock doors.
- Turn off all electronics, including computers.
- As you evacuate, check store rooms, break rooms, etc. to ensure no one is left behind.

Electrical Outrage

- **NEVER** touch a fallen power line. Call the power company to report fallen power lines.
- If electrical circuits and equipment have gotten wet or are in or near water, turn off the power at the main breaker or fuse on the service panel. In those cases-- do not turn the power back on until electrical equipment has been inspected by a qualified electrician.
- Do not burn candles for light during a power outage. Always use flashlights or other battery-operated lights in-stead of candles.
- **Food storage during power outage:** limit access to refrigerator and freezer during power outage to assure that the temperatures stay within safe zone for food storage. *IF TEMPERATURE GOES ABOVE 45 DEGREES FOR 2 HOURS- THE FOOD IS NO LONGER SAFE AND MUST BE DISCARDED.*

Active Shooter/Violent Person

Active shooter incidents usually start quickly and without warning

Happening Now:

- The more distance you can put between yourselves and the shooter, the better.
- Try to be a moving vs a non-moving target.
- You may try and secure the room you are in or go to a near-by room that can be secured. Close blinds, turn off all radios, etc. Your goal is to keep the shooter from entering the room.
- Quietly discuss with others in the room what you will do if the shooter enters the room. If that happens, do not "duck and cover", and become a passive target. If possible, try to get away.

Lock Down:

- Staff may initiate a shelter in place. Teams should be aware of their shelter in place and "lockdown" procedures.
- Do NOT set off the fire alarm in a lock down.
- If fire alarm goes off while in lock down, assess situation before leaving shelter.

Medical Emergency

Examples of a medical emergency are: loss of consciousness, difficulty breathing, lack of breathing, chest pain, severe bleeding, Seizures (if no underlying seizure disorder), confusion, head injury, chemical or heat burn, poisoning, head or eye injury, broken bones, or spinal injuries, choking.

In the case of medical emergencies - staff must always Call 911 First.

- Once 911 has been contacted- follow 911 dispatcher instructions.

Procedure 9.10 – Security, Emergency Preparedness and Closure

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Do not move person unless he/she is in danger. If needed, move the unaffected children- rather than moving the injured person- especially if there is risk of spinal cord injury.
- Render first-aid or CPR until EMS personnel arrive.
- After EMS has arrived:
- Notify emergency contacts for affected children or staff.
- Refer to Childhood Emergencies Guide (posted with this plan) as needed.

Flood

FAMILIARIZE WITH THESE TERMS TO IDENTIFY A FLOOD HAZARD

Flood Watch: Flooding is possible. Await further information and guidance from management.

Flash Flood Watch: Flash flooding is possible. Be prepared to move to higher ground; listen to NOAA Weather Radio, commercial radio, or television for information.

Flood Warning: Flooding is occurring or will occur soon; if advised to evacuate, do so immediately.

As part of Disaster Planning it is very important to know whether there are any Flash Flood risks at your site: Is this site near a river or stream that has potential for Flash Flooding?

If you must prepare to evacuate due to a Flood, you should do the following:

- Tune in to Radio or TV for information.
- Secure your building. If you have time, bring in outdoor furniture. Move essential items to tables or shelves.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

If you have to leave your building, remember these important Flood Evacuation tips:

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your vehicle, abandon it and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Driving Flood Facts

The following are important points to remember when driving in flood conditions:

- Six inches of water will reach the bottom of most cars causing loss of control and stalling
- A foot of water will float many vehicles.
- Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pickups.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.

Kidnapping

If a child is taken from your care without the authorization of their custodial parent or guardian, staff must call 911 immediately and report a possible kidnapping. Staff then must follow the directions of law enforcement on how to proceed.

If a child is missing from center, staff must call 911 immediately. **After 911 has been called administrative staff must be contacted as soon as possible.**

Procedure 9.10 – Security, Emergency Preparedness and Closure

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Hazardous Materials/Accidents

Programs that are close to an Interstate highway or an active railway are at increased risk of Hazardous Materials incidents

Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully.

IF THERE IS A HAZARDOUS MATERIALS INCIDENT - FOLLOW THIS GUIDANCE:

- If you are asked to evacuate, *do so immediately*.
- If you are caught outside stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits.
- If you are requested to stay indoors
- Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible.
- Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off.
- Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside.
- Seal the room by covering each window, door, and vent using plastic sheeting and duct tape.
- Use material to fill cracks and holes in the room, such as those around pipes.

Severe Weather

- If transportation warnings happen rapidly and result in an inability to transport children safely home, teaching staff should be prepared to provide “shelter-in-place” until the weather has improved enough to allow for safe transport of children.
- Staff should — inventory shelter supplies and assure that there is enough food, water and blankets to make it through the night. If not — staff should immediately communicate with administrative managers to make arrangements to have supplies delivered to the site.
- Open flames must not be used for lighting or heat. Flashlights and blankets are available for those purposes.
- Refer to electrical outage section as needed.

Resources:

SC FIRST STEPS EARLY HEAD START Site Emergency Preparedness Plan

FIRE PLAN

1. Remain calm
2. Evacuate anyone in immediate danger
3. Sound alarm-call out “**CODE RED**” and location.
4. Report the fire to fire officials stating, “fire at cdc.”
5. Use a portable fire extinguisher if it is safe to remain in building

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SOUTH CAROLINA FIRST STEPS PROCEDURE

6. Close all doors and windows
7. Evacuate children and staff to nearest exit away from the fire to an area well away from the building
 - A. As soon as the fire is discovered, start evacuating the children out the building. All children and staff should exit through the doors leading outside. Once outside, exit out the gates and into the parking lot away from the building.
 - A. The Director will check the building for any children who may have strayed from the group.
 - B. Teachers will take attendance log, first aid kit and emergency files out.
 - C. Director will take the staff time sheets as well as visitors' sign in/out sheet.
8. The director will account for children, visitors, and staff by checking attendance log, time sheet and visitors' sign in/out.
9. Reassure children of their safety and administer first aid if needed.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Universal Precautions – Blood Borne Pathogens		
Procedure Number:	9.11	Effective Date:	August 18, 2016
Policy Title Reference:	Universal Precautions – Blood Borne Pathogens		
Subprocedures	N/A		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
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POLICY

SCFS recognizes that staff and students incur risk of infection and illness each time they are exposed to blood and/or other potentially infectious materials. While the risk to staff and students of exposure to body fluids due to casual contact with individuals in the school environment is very low, SCFS regards any such risk as serious.

Consequently, SCFS directs adherence to universally recognized precautions. Universally recognized precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV, and/or other blood borne pathogens.

All EHS employees will receive annual blood borne pathogens training. These employees, the child's own parent(s), and qualified emergency personnel are the only people authorized to deal with situations involving blood or bodily fluids in the Head Start classroom, on CCP property or on field trips.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURES

SC First Steps Early Head Start Program will provide a safe environment for children and staff members through use of an Exposure Control Plan. The plan is based upon OSHA Blood Borne Pathogen Standard, 29 CFR 1910.1039 and CDC recommendations. Potential exposure to blood products exists to some degree due to the risk for accidents along with greater exposure to infectious diseases. Therefore, all body fluids are harmful and Universal Precautions will be used regardless of lack of evidence of infection.

All Early Head Start Staff members will be trained on Blood Borne Pathogens/Universal Precautions annually.

Definitions:

Blood Borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include the Hepatitis B virus (HBV) and the Human Immunodeficiency virus (HIV).

Engineering Controls: Controls that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Incident: Direct exposure (contamination) to the eye, mouth, other mucous membrane, non-intact skin or needle/lancet stick with blood or other potentially infectious materials that may result during the performance of an employee's duties.

Occupational Exposure: The potential that exists to have an exposure incident as a result of performing an

Procedure 9.11 - Universal Precautions – Blood Borne Pathogens

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SOUTH CAROLINA FIRST STEPS PROCEDURE

employee's duties.

Potentially Infectious Materials: One of the following:

- Body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid amniotic fluid, saliva, sputum, urine, blood
- Any unfixed tissue or organ (other than intact skin)
- Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Procedure:

1. It has been determined by the Occupational Health and Safety Administration (OSHA) that child care workers who render first aid or medical assistance as part of their job duties are covered by the Blood Borne Pathogens Standard. In addition, the Dept. of Health and Human Services, Administration of Youth and Families memorandum dated 8/27/93 states that all Head Start staff including volunteers, who are in direct contact with children, are covered by the standard.
2. Employees considered being at special risk for occupational exposure will be identified as the situation demands. For instance, staff who supervises a child who is an aggressive biter, could, depending on circumstance, be considered at special risk. Likewise, a diabetic child needing daily finger sticks to test blood sugar levels would also be considered at special risk. Children whose behavior increases the exposure risk will be incorporated into a classroom plan for that child.
3. The Exposure Control Plan will be reviewed regularly. Modifications to the plan will be made as situations and legislation warrant.
4. Training will be performed and engineering controls will be enforced in an effort to reduce employee exposure in the workplace.
 - SCFS Early Head Start employees will receive Blood Borne Pathogen training upon assignment and annually thereafter, with exception of the Administrative staff and their assistants. Administrative staff and their assistants will be trained upon assignment and will be retrained only if the job description should change or legislation deems it necessary.
 - All center based staff will be required to have successfully passed infant and child CPR and First Aid Training.
 - The employer will provide hand washing facilities that are readily accessible to employees. When this not feasible, employees will be provided with antiseptic hand cleaner and paper towels or antiseptic towelettes. Disposable gloves will also be made available and discarded when contaminated, torn or punctured.
 - Food and drink will not be kept in refrigerators, freezers, cabinets, or on countertops where blood or other potentially infectious materials are present. In addition, applying cosmetics or lip balm and handling contact lenses are also prohibited in work areas where there is reasonable likelihood of exposure to potentially infectious materials.
5. If an employee is accidentally exposed to a child's blood the following actions should be taken.
 - Promptly cleanse exposed skin areas with soap (antimicrobial) and water. If not available, the employee should use an antimicrobial gel with paper towels or an antibacterial towelette. The employee should get to an area with soap and water as soon as possible.

Procedure 9.11 - Universal Precautions – Blood Borne Pathogens

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Immediately wipe up blood spills and clean surface areas with a multi-surface disinfectant/decontaminate. Gloves must be worn.
- If the exposure was direct contact as per the definition of exposure incident, an appointment with the employer's designated physician or clinic needs to be scheduled for an assessment of need for further action. This assessment will be completed within 48 hours. It will be at the physician's discretion and judgment, based on details of each individual exposure incident, as to whether further testing for HBV or HIV will be performed. The employee may choose to have the evaluation and testing performed by their personal physician, but should get approval from the Executive Director or HR, prior to scheduling the appointment.
- Identify which child was the source of the blood exposure (if known).
- The employee must then complete an Employee Injury/Exposure Report and turn it in immediately to Human Resources.
- The employee must also report the exposure to the Center Director.
- The Health Services Manager will make a determination whether the exposure is to be declared an exposure incident, and if this is the case, contact HR to schedule the medical appointment for the employee. (See complete post-exposure procedure under #9.)

6. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Early Head Start Program the following job classifications are in this category:

Category I	Exposure anticipated in normal routine of job: nurse, nurse practitioner, family advocate/family services assistants, and health services
Category II	Only occasional exposure anticipated in normal routine of job: teacher, instructional aide, and disability assistant
Category III	No exposure anticipated in normal routine of job, however, exposure may occur if emergency is encountered: administrative staff, volunteer, and business office personnel

7. Multiple procedures have been developed to minimize or eliminate occupational exposure.

- Universal Precautions: Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious **Blood Borne Pathogens** regardless of the perceived status of the source individual. (Refer to the Policy: Universal Precautions.)
- Engineering Controls: One of the primary purposes of this plan is the use of engineering controls to minimize or eliminate employee exposure to blood borne pathogens. The following engineering controls are utilized in the Early Head Start Program:
 - a) Hand washing facilities are readily available for use by the staff.
 - b) Where hand washing facilities are not readily accessible, antimicrobial hand cleanser and clean towels or towelettes may be used and hands should be washed with antibacterial or antimicrobial soap and water as soon as possible.
 - c) Employees will carry "fanny packs" or have their classroom First Aid Kits with them when on field trips and playground activities, as well as any activities which require leaving the immediate area of the classroom. Fanny packs and First Aid Kits will contain paper towel and/or tissue, antimicrobial hand cleanser and other protective equipment.
 - d) Sharps containers will be made available at any time finger stick procedures are performed. Containers for contaminated sharps will be leak and puncture resistant and properly labeled with

Procedure 9.11 - Universal Precautions – Blood Borne Pathogens

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SOUTH CAROLINA FIRST STEPS PROCEDURE

biohazard warning signs. The sharps containers will be placed in adult accessible locations and never in a location where a child can easily reach it.

e) The above controls will be monitored and maintained on a regular schedule by the Health Services Staff.

- **Work Practice Controls**

SC FIRST STEPS EARLY HEAD START will implement necessary work practice controls to eliminate or minimize staff exposure. Controls will be examined and maintained or replaced as appropriate on a regular schedule to ensure their effectiveness. The Health Services Advisory Committee and the Policy Council will review control effectiveness.

Controls will include but are not limited to the following:

a) Gloves:

1. Nonporous gloves are to be worn in the following situations:

- When coming into contact with blood, skin and mucous membrane, cuts or any open skin lesion.
- When changing diapers or other clothing soiled with urine or feces.
- When examining a child's mouth and teeth.
- Anytime it is necessary to clean a spill of blood, urine, feces or vomit.

2. Nonporous gloves are to be used for only one child or one procedure, then discarded. Gloves are to be removed from the inside out.

b) Hand washing: Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. (Refer to hand washing as described above and Policy: Hand washing)

c) Removal of contaminated personal protective equipment: Any employee wearing personal protective equipment shall remove the equipment upon leaving the work area and shall place the equipment in the area or container designated for storage, washing, decontamination or discard. This equipment or clothing will be double-bagged while wearing gloves and disposed of per Universal Precautions Policy.

d) Handling disposable sharps: Contaminated sharps are not to be recapped, manipulated, or removed by hand unless no alternative is feasible or is necessary for a specific medical procedure. Any recapping of needles shall be performed with a one-handed technique. As long as product availability allows, lancets will be individual, self-enclosed, safety lancets. Contaminated needles and lancets will be immediately disposed of in an approved sharps container.

e) Eating, drinking, and hygiene: Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur. Smoking is also prohibited.

f) Minimizing splashing, spraying: All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing or splattering of droplets.

g) Clean up of spills: Blood or other body fluid spills will be promptly wiped up. The surface area will then be cleansed with a multi-surface disinfectant/ decontaminate per product directions for use. Gloves must be worn..

h) Handling clothing: Contaminated clothing, which includes items that have been soiled with blood or other potentially infectious materials, shall be handled with caution, and gloves must be worn. Contaminated clothing will be promptly placed in a plastic bag, sealed and placed in a second plastic bag.

i) Overseeing work practice controls: The family services assistant, health services, licensed vocational nurse, registered nurse and safety inspector.

j) All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. Micro-shields will be provided for CPR. Nonporous gloves will be provided for use prior to any first aid exposure. They will also be stocked in each classroom First Aid Kit. Extra gloves may also be obtained from the Center Director/Health Services staff if any employee feels that extra gloves need to be available in their area.

SOUTH CAROLINA FIRST STEPS PROCEDURE

- Housekeeping Controls: Maintaining the schools/centers in a clean and sanitary condition is a critical part of minimizing and eliminating occupational exposure. A regular cleaning schedule will be maintained by classroom staff. Toys, tables, cots and cribs will be cleaned on a regular basis. All Early Head Start staff will follow the policies for Universal Precautions and Infection Control.
8. All employees who have been identified as having a potential for exposure to blood or other potentially infectious materials will be highly encouraged to receive the Hepatitis B vaccine. Employees are referred to their physicians or Eau Claire Cooperative Clinics. The vaccination program is presented during orientation.
- OSHA will consider it a *de minimis* violation carrying no penalties if employees who administer first aid as a collateral duty to their routine work assignment are not offered the Hepatitis B vaccine until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccines to certain employees within 24 hours of a possible exposure rather than offering pre-exposure vaccination. The Early Head Start Programs have determined to offer the Hepatitis B vaccine as follows:
 - a) Category I and II employees will be offered the vaccinations pre-exposure (See #6 for definition)
 - b) Category III employees will be offered the vaccinations post-exposure (See #6 for definition)
9. Post-Exposure Evaluation and Follow-Up: If an employee incurs an exposure incident, it should be reported immediately to Human Resources and Health Services staff. The employee must complete an Occupational Exposure Incident Report and the incident is to also be reported as a work-related injury and recorded on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA STANDARD. If the employee is already **covered under the Hepatitis B vaccination series**, he/she is not required to complete a first aid incident report. The follow-up is to include the following:
- Documentation of the route of exposure and the circumstances related to the incident.
 - If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
 - Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - The employee has the right to refuse either or both. An accredited laboratory shall perform the blood testing at no cost to the employee. The designated accredited laboratory this facility be determined by Human Resources and Health Services.
 - The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
 - The employee will be given appropriated counseling concerning precautions to take during the period after the exposure incident. The employee will be given information on what potential illnesses to be aware of and to report any related experiences to appropriate personnel. The exposed employee will be offered a medical evaluation within 12 weeks of the exposed incident.
 - The employer shall provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. Such evaluation shall be included in the employee's medical record, and in keeping with confidentiality, the opinion shall be limited to the following information:
 - a) The healthcare professional's determination of administering the Hepatitis B vaccination and whether or not the employee has received such vaccination.
 - b) Confirmation that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Confidential medical records are kept on an employee involved in an exposure incident. Human Resources shall be responsible for setting up and maintaining these records. The records shall include the employee's name, Social Security number, copy of the employee's Hepatitis B vaccination status (including dates of the

Procedure 9.11 - Universal Precautions – Blood Borne Pathogens

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SOUTH CAROLINA FIRST STEPS PROCEDURE

vaccinations, and signed consent or declination forms), copies of the evaluation of the examination, medical testing and follow-up procedures which took place as a result of the exposure incident and a copy of the healthcare professional's opinion. Medical records regarding an employee's exposure incident shall be kept for the length of employment, plus 30 years. Employee medical records are confidential and are not to be release except with the employee's written consent or in accordance with federal and state law. The medical records shall be maintained separately from the employee's personnel file.

10. Signs and Labels: The most obvious warning of possible exposure to blood borne pathogens is biohazard labels. SCFS Early Head Start uses appropriate biohazard labels on sharps containers and red bags to identify contaminated waste.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Classroom Sanitation		
Procedure Number:	9.12	Effective Date:	August 18, 2016
Policy Title Reference:	9.12 – Classroom Sanitation		
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POLICY

Regular cleaning and disinfecting will occur to reduce germs and the spread of disease in the classroom. Limited assistance with janitorial services will be provided for every center, however it is the responsibility of CCP classroom staff to ensure that sanitation of the classroom and bathrooms occur prior to children entering the classroom each day, and that toys and other surfaces are cleaned and disinfected on a regular basis. It is likewise the responsibility of the CCP to ensure that all food service equipment and surfaces are maintained appropriately.

DEFINITIONS

SCFS: South Carolina First Steps
 CCP: Child Care Partner

PROCEDURES

Regular cleaning and disinfecting will occur to reduce germs and the spread of disease in the classroom. Each classroom Teaching Team will observe and ensure that daily/weekly sanitation of the classroom occurs through the use of a daily/weekly checklist. It is the center staff's responsibility to ensure general cleaning of classrooms and bathrooms at end of each day. In the event that it appears that the classroom/bathroom has not been thoroughly cleaned/sanitized, **teaching teams are responsible for ensuring that sanitation of the classroom and bathrooms occurs prior to children entering the classroom each day.**

Definitions

“**Clean**” means to remove surface dirt using a product suitable for the surface being cleaned.

“**Disinfect**” means to kill surface germs using a disinfecting cleaner, chlorine bleach solution, or other disinfectant.

Procedure

1. Staff will dispose of waste, trash, and garbage in containers specifically designated for that purpose.
2. Toys used by infants and toddlers must be disinfected and sanitized daily. It is recommended for preschool children toys be disinfected and sanitized weekly.
3. More frequent disinfection is necessary whenever there is an outbreak of illness or when toys become dirty or have been placed in child's mouth.
4. Throughout the day, any toys to be cleaned need to be collected in separate containers.

Procedure 9.12 – Classroom Sanitation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

5. Toys can be disinfected and sanitized using one of the following methods:
6. Cloth toys and play clothing can be placed in washing machine with detergent and hot water and machine dried.
7. Use of bleach water to sanitize, wash toys first with soapy water, rinse thoroughly and dipped in sanitizing solution then air dry.

All classroom toys and other materials (non-mouthed) that are used on a daily basis should be disinfected at least once a week. Small plastic toys should be cleaned with hot soapy water and rinsed with plain water, then sprayed with the bleach-water solution, let stand for ten (10) minutes, and wiped clean.

Do not mix cleaners such as bleach and ammonia; doing so will release harmful fumes.

Post Guidelines for Cleaning and Disinfecting Surfaces in the Kitchen and Classroom.

Toys

- Washable toys will be selected for the classroom whenever possible.
- Small toys that go into a child's mouth will be gathered up and cleaned and disinfected at least daily.
- Larger toys will be cleaned weekly. If obviously dirty they will be cleaned immediately.
- Dress-up clothes will be washed and dried by machine weekly. Hats will be washed and/or disinfected weekly (daily if necessary).
- Cloth or stuffed toys will be washed twice a year or as needed by machine, using hot water and laundry detergent. Toys may be dried in a hot dryer or air-dried. Do not return toys to the play area until they are completely dry. Cloth or stuffed toys may require occasional surface cleaning
- Small toys will be cleaned by submerging in warm, soapy water and scrubbed as needed; rinsed; disinfected by submerging in tested chlorine bleach solution; air dried.
- Toys that can't be submerged, either because they are too large or have parts that will retain water, will be cleaned with warm soapy water and scrubbed; then sprayed to disinfect with tested chlorine bleach solution between washings.

Dishes, Kitchenware and Kitchen Surfaces

- Three sinks of water will be used when washing dishes, and kitchen implements. Dishes will be washed in hot, soapy water, rinsed in clear hot water, and placed in a solution of approximately 1 tablespoon bleach in 1 gallon water or run through mechanical dish sanitizer.
- Use chlorine test paper to determine strength of the solution. The test strip should indicate 50 to 100 parts per million.
- Dishes will be air dried in rack; do not use towel to dry dishes or cover dishes. Dishes must be dry before storing.
- Use glass or acrylic cutting boards for all cutting and slicing. Clean as for dishes and soak 2 minutes in chlorine solution or run through mechanical dish sanitizer.
- Food preparation areas will be cleaned and disinfected before and after preparing and/or serving food.
- Cupboards where food is stored will be cleaned regularly, at least weekly, and spoiled food, discarded immediately.
- The refrigerator will be cleaned on the inside and the outside at least weekly, and spoiled food discarded immediately.
- Range tops will be disinfected before and after use and washed as needed during food preparation. Ovens and overhead hoods should be cleaned at least weekly, more frequently if needed.
- Tables and other eating surfaces will be cleaned and disinfected before and after each meal.

Other Surfaces

- Clean Toothbrush Storage Units regularly in accordance with Dental Hygiene Policy.

Procedure 9.12 – Classroom Sanitation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Counter tops, shelves and toy storage areas will be cleaned when soiled, at least weekly.
- Garbage cans will be cleaned and disinfected at least weekly.
- Other surfaces will be cleaned and/or disinfected as indicated in the following chart

Guidelines for Cleaning and Disinfecting Surfaces

Dishes and Kitchen Area				
	Clean	Disinfect	Frequency	Comments
Dishes and Kitchenware	X	X	After every meal	Wash in hot, soapy water, rinse in hot water, rinse in chlorine solution.
Toothbrush Storage Units	X	X	Weekly	Allow toothbrushes to air dry in individual storage drawers.
Food Preparation Areas	X	X	Before and after food preparation	Use chlorine solution.
Food Storage Areas	X		Weekly	Dispose of spoiled food.
Refrigerator	X	X	Weekly, at least	Inside and outside; dispose of spoiled food.
Range Top	X	X	Before and after use	Clean as needed during use.
Oven and Overhead Hood	X		Weekly, at least	
Filters	X		Quarterly	Replace as needed.
Tables and Eating Surfaces	X	X	Before and after each meal	Use chlorine solution.
Toys and Dramatic Play Props				
Small toys that go in to the mouth	X	X	Daily weekly and as soiled	Submerge to clean. Rinse. Submerge to disinfect Rinse and air dry
Larger toys	X	X	Weekly	
Dramatic play clothes	X		Weekly	Machine wash and dry. Can harbor eggs from head lice.
Hats	X	X	Weekly or as needed	Use plastic or washable hats. Wipe with chlorine bleach solution or machine wash and dry.
Cloth or stuffed toys	X		2 x a year or as needed	May require surface cleaning between washing. Wash in machine, air dry or dry in dryer.
Other Surfaces (Custodial Duties)				
Counter tops, toy shelves & storage	X		Weekly	
Hand washing sinks	X	X	Daily, between classes	
Faucets and handles	X	X	Daily, between classes	Clean then disinfect or use disinfectant cleaner.
Surrounding	X	X	Daily, between	

Procedure 9.12 – Classroom Sanitation

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counters			classes	
Toilet bowls	X	X	Daily, between classes	Use disinfectant toilet bowl cleaner.
Toilet seats	X	X	Daily, between classes, if soiled, immediately	Clean, then disinfect or use a disinfectant cleaner.
Flushing handle	X	X		
Door knobs	X	X		
Bathroom floors	X			
Changing table	X	X	After each use	
Garbage cans	X		Weekly or when soiled	
Floors	X		After each class or when soiled	Wash.

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Procedure Title:	Hand Washing		
Procedure Number:	9.13	Effective Date:	August 18, 2016
Policy Title Reference:	9.13 – Hand Washing		
Subprocedures	N/A		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

EHS staff, parents and volunteers working in the classroom will teach and model excellent preventative hygiene practices in order to lower the risk of spreading communicable diseases.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURES

In an effort to prevent the spread of illness and disease by using effective hand washing methods, Early Head Start staff, parents and volunteers working in the classroom will teach and model preventative hygiene practices. Staff and children’s hands should be washed many times throughout the day, especially before and after meal times, before and after water and messy play, after diapering/ toileting, after outdoor play, after wiping noses or anytime hands look or smell unclean. Hand washing is the single best way to cut down on the spread of germs.

Procedure:

1. Children, staff and volunteers will wash their hands with liquid soap and running water, and using friction.
2. Children, staff and volunteers will wash the palms, back of hands, between fingers, wrists, and under the fingernails.
3. Hands will be rinsed off with a stream of running water and dried with disposable paper towels.
4. Infants with no head control will have their hands washed by staff or a volunteer using a wipe. The staff will clean between the fingers, back of hands, palms, and wrists and rinsed off with a stream of running water. Disposable paper towels will be used to dry hands and then discarded.
5. Children, staff, parents and volunteers must wash their hands with soap and running water, at a minimum, during the following times:
 - a. After diapering, toilet use or assisting a child in changing soiled clothing;
 - b. Before and after eating, handling foods, or any other food related activity;
 - c. Whenever hands are contaminated with blood or other bodily fluids;

Procedure 9.13 – Hand Washing

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- d. After handling pets or other animals;
 - e. After outdoor play;
 - f. After wiping noses and mouths.
 - g. Upon completely entering classroom
6. Staff and volunteers must also wash their hands with soap and running water, at a minimum, during the following times:
- a. Before and after giving medication or before and after medical procedures;
 - b. Before and after giving first aid;
 - c. After wiping noses, mouths, bottoms, or sores;
 - d. After cleaning surfaces soiled with body fluids (blood, mucus, vomit); and
 - e. After taking off disposable gloves.
7. If necessary staff may use antibacterial gel, but it is not encouraged as a routine procedure and must be kept away from children.
8. Clear, simple hand washing procedures will be posted in all classrooms, including these steps.
- Step 1** Wet hands with warm water and then add soap.
 - Step 2** Use friction to work up lather and wash hands for at least 20 seconds.
 - Step 3** Rinse well under a stream of warm water.
 - Step 4** Pat dry hands with a single use paper towel.
 - Step 5** Turn off faucet with a paper towel, if possible.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Diapering and Toileting		
Procedure Number:	9.14	Effective Date:	August 18, 2016
Policy Title Reference:	9.14 – Diapering and Toileting		
Subprocedures	<ul style="list-style-type: none"> a. Diapering b. Toileting 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Diapering and toileting will be implemented in a manner that is safe, secure, respectful of the child, and that enables the child to learn self help skills.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURES

a. Diapering

Sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served will be observed. Diapering procedures are based upon *Caring for our Children*, American Academy of Pediatrics.

Procedure:

1. Diapers shall be checked for wetness and feces, visually inspected (with gloves) at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers shall be changed when they are found to be wet or soiled.
2. Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.
3. Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. Changing tables should be cleaned and sanitized **after every use**.
4. All diaper checks and changes completed on site will be documented.
5. Prepare for Diapering:
 - a. Gather enough wipes to be used on the child's bottom, child's hands and staff hands. (Wipes are to be removed from the container.)
 - b. Gather a clean diaper (and change of clothes if needed)
 - c. If diaper cream (with doctor's prescribed use) is needed, place some on a paper towel to be used and do not use the tube during the diaper change.
 - d. A plastic bag if needed for soiled diaper/clothes.

Procedure 9.14 – Diapering and Toileting

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- e. Place the materials near the diaper changing table and not on the table because of contamination.
- f. Gloves, if desired. Wash hands before putting on gloves.

6. Diapering Procedures

- a. Talk to child about where you are taking them and why.
- b. Place the child on the diaper changing table.
- c. Remove the child's clothes as needed.
- d. Open the soiled diaper. Use wipes to clean the child's bottom. Dispose of soiled diaper and wipes in hands-free trash can with lid. **(If wearing gloves, remove them at this time.)**
- e. Use a wipe to remove soil from staff's hands and dispose.
- f. Use another wipe to remove soil from the child's hands and dispose.
- g. Put on a clean diaper and redress the child.
- h. Bring the child to the sink and wash child's hands. (If they have head control and if they do not, use a wipe to clean the child's hands).
- i. Put the child back to play without touching anything else.
- j. Spray the changing table surface with soapy water solution and dry with a paper towel. (Be sure spray bottles emits a fine mist, rather than a stream.)
- k. Spray the changing table surface with bleach/water solution at a disinfectant strength and let stand for 2 minutes and then dry with a disposable paper towel, (or let air dry). (Be sure spray bottles emits a fine mist, rather than a stream.)
- l. Wash your own hands with soap and water.

- 7. Diaper rash should not be excluded from attendance as long as a child can participate. Meticulous hygiene practices are critical to reducing incidences of diaper rashes
- 8. Parents should be advised to seek health care provider's advice if child has had a raised, red raised rash for three (3) days or when the skin is broken.

b. Toileting

Bathrooms will be kept sanitized and visibly clean throughout the day and accommodations will be made for each child's individual toileting and hand washing needs.

Procedure:

- 1. Bathrooms with urinals will be free of odor absorbing devices that are within reach of children because they are toxic.
- 2. All surfaces in bathrooms must be easily cleaned and must be sanitized on an as needed and daily basis. (See Classroom Sanitation policy)
- 3. Bathrooms will be supplied with paper towels, toilet paper and liquid soap.
- 4. Accommodations will be made for any children with special needs.
- 5. Adaptations will be utilized to assist with the toileting needs of children with physical disabilities and when necessary an assistant will be designated to aid in this process. To prevent disease transmission portable potty chairs will not be used unless a child's condition is such that other

Procedure 9.14 – Diapering and Toileting

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adaptations will not safely accommodate the child. In the event that other portable potties or other adaptations are used, they must immediately be sanitized by staff following use.

6. Contents in porta-potties must be placed in toilet and flushed. Bleach and disposable gloves will be used in sanitizing adaptive toileting devices. After usage portable potties or other adaptations will be stored in the bathroom out of reach of children.
7. Teachers must have a system in place where children check in with teacher before and after going to the bathroom.
8. Toilet paper and holders, paper towels and soap dispensers will be available within easy reach of *all* users.
9. When a child cannot reach the sink and/or soap dispenser without assistance of an adult, non-slip stools will be provided to accommodate the child.
10. Staff will monitor toileting areas to insure that proper hand washing and safety is maintained in bathrooms.
11. In the event that a child has an accident and visible body fluids are present in the bathroom, staff must wear disposable gloves and wash hands after sanitizing toilets, floors and sinks soiled with any body fluids. If a child needs assistance with cleaning themselves after an accident involving a bowel movement, baby wipes may be used and discarded into a bag and secured with tie. Mops and mop buckets (limited to use in toileting areas only) are to be clean and stored outside of the classroom or in a locked closet after use.

10.0 Education and Early Childhood Development

10.1 Child Development and Classroom Education Approach

10.2 Social and Emotional Development

10.3 English Language Acquisition

10.4 Curriculum Development

10.5 Individualization and Transition

10.6 Child Guidance and Behavior Management

10.7 Family Role, Family-Teacher Conferences and Home Visit Philosophy

10.8 Attendance, Transportation and Child Release

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Child Development and Classroom Education Approach		
Procedure Number:	10.1	Effective Date:	August 18, 2016
Policy Title Reference:	Child Development and Classroom Education Approach		
Subprocedures	<ul style="list-style-type: none"> a. Classroom Approach b. Classroom Celebrations c. Screen Time 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Interactions between children and adults provide opportunities for children to build trust and trusting relationships, to develop an understanding of self and others, and to encourage respect for the feelings and rights of others. All interactions between children and adults will be respectful and supportive of each child's gender, culture, language, ethnicity and family composition

SCFS will seek to optimally nurture each child's cognitive, language, physical and social-emotional development through the establishment of environments and schedule of activities that include opportunities for experimentation, inquiry, observation, play, exploration, self-expression and pro-social interactions with both peers and adults.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURES

a. CLASSROOM APPROACH

SCFS EHS CCP staff will do the following:

- Will greet each child to acknowledge their presence.
- Will demonstrate respect and caring for children in all interactions.
- Will offer reinforcement for children's efforts.
- Will actively listen to children and observe non-verbal communication.
- Will physically place themselves at the child's eye level while interacting.
- Will encourage children to talk about their feelings.
- Will use language and materials free from ethnic and gender bias.
- Will stimulate critical thinking skills and cognitive concepts by using open-ended questions.
- Will use questioning, modeling and other appropriate communication strategies.
- Will make every effort to include persons at the site who speak the primary language of each child and are knowledgeable about their heritage.
- Will provide opportunities for each child to explore a variety of sensory and motor experiences.

Procedure 10.1 - Child Development and Classroom Education Approach

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Will practice primary caregiving.
- Will use *The Creative Curriculum* for planning meaningful, developmentally appropriate, and individualized lesson plans.
- Will provide a print-rich environment and encourage children's emerging interest in writing (e.g. scribbling, drawing, copying, writing and inventing their own spelling).
- Will use wall photos to share information using pictures and words.
- Staff will be intentional in planning activities and will extend childrens' thinking and learning by:
 - adding new materials
 - asking open-ended questions
 - offering ideas or suggestions
 - joining in their play
 - supporting children in problem solving
- Will read from a variety of literature sources daily.
- Will share stories with children about experiences and expand on their learning.
- Will dictate drawings, and experiences of the children. (e.g. "tell me about your picture")
- Will use flannel board, puppets, songs, finger plays, books and poems.
- Will provide opportunities for children to learn new vocabulary.
- Will plan activities for labeling, classifying, sorting objects by shape, color, size.
- Will observe and discuss natural events such as seeds growing, life cycle of pets and other animals.
- Will provide a variety of hands on science and exploration activities allowing children to discover, create, and learn about problem solving and cause and effect.

b. CLASSROOM CELEBRATIONS

SC FIRST STEPS EARLY HEAD START PROGRAM believes that individual family traditions strengthen the family and the community. Early Head Start values the diversity of traditions and beliefs practiced by enrolled families. Children will be encouraged to talk about family celebrations to teachers and other children. This is a way to share the children's culture and traditions with their classmates.

Because there is such diversity in tradition and beliefs already being celebrated in the home, Early Head Start has chosen to celebrate seasonal and cultural events, rather than the more traditional religious-based holidays. Parents can be involved in planning these celebrations and will be provided with guidelines for planning.

Any foods involved in classroom celebrations will be provided by the child care center and will be in keeping with program guidelines limiting salt, sugar and fat.

To ensure that the classroom is an inclusive and safe environment for all children, any exchange of gifts, cards or invitations must happen outside of the classroom or center environment.

Procedures:

Parent's involvement in curriculum and classroom activities provides parents with an opportunity to contribute to what their child learns in the classroom (or what activities are used to provide learning opportunities) and to help parent learn what is developmentally appropriate

SOUTH CAROLINA FIRST STEPS PROCEDURE

for very young children to be doing in the Early Head Start classroom. This is a valuable contribution to the program.

The teaching staff is responsible for ensuring the appropriateness of all activities and to help parents modify their suggestions, taking into consideration developmentally appropriate practices, safety, health, nutrition, social-emotional appropriateness and program policy.

Special projects may be done as one of many choices for children during free choice and may be delivered as a "thank you" or special gift to some organization or to a family member. As a literacy activity, cards can be made and letters sent throughout the year for any reason - seasons, good for you, get well, we miss you, thank you. The focus is not on a religious or non-religious holiday, but on creative expression, doing something for others, etc. The activity should be designed to enhance fine motor skills, cooperation, sharing of ideas and materials, problem solving, etc.

Parent's desire to celebrate holidays is often a reflection of their desire for their children to have parties and celebrations.

Find "common ground" issues to celebrate – changing seasons, children's achievements both individually and collectively, baby animals in spring, children's growth, the natural loss of teeth, reading books, developmental milestones... help parents come up with creative things to celebrate.

- Explain the program's approach for handling celebrations to parents at the beginning of the year. Early Head Start will provide materials for classroom activities; parents can contribute their time and energy.
- Explain to parents how children's birthdays will be celebrated – perhaps a "Special Person Day" for each child. Activities like posters, crowns, etc. will be included in the classroom curriculum – parents will be asked not to bring sugary treats or balloons, but would be very welcome to participate in classroom activities.
- Determine if you have any families who do not celebrate any events...find out what the boundaries are about that belief/practice to determine if celebrating common events would be a problem. Look for ways to make it work.

Explain to parents the difference between "dramatic play" and "costumes".

- Children will have opportunities to dress up throughout the year in the dramatic play area. Themes and props will change regularly, and parents are welcome to make suggestions and contribute ideas.
- Costumes, on the other hand, are not universally accepted, may be scary for some children, can leave some children feeling "left out" or competitive, and tend to promote inappropriate social interactions.
- Find events and opportunities for children to dress up throughout the year. Some examples are "blue day", "backwards day", or a "pajama party".

Explain Early Head Start's philosophy and regulations with regard to food served and used in the classroom.

- Early Head Start requirements limit the use of salt, sugar and fat in foods served to children. This program has decided to also serve healthier foods to adults.
- Regulations also prohibit serving foods that have been prepared and brought from home.

SOUTH CAROLINA FIRST STEPS PROCEDURE

c. SCREEN TIME

SCFS will limit screen time during all activities, including classroom time, home visits and at child care for Early Head Start meetings and events. We prohibit the use of passive and non-interactive technology for any children.

The American Academy of Pediatrics discourages media use by children younger than age 2 and recommends limiting older children's screen time to no more than one or two hours a day. Too much screen time has been linked to obesity, irregular sleep, behavioral problems, impaired academic performance, violence and less time for play and learning. Most children spend about 3 hours a day at home watching TV. When you add in other screen time activities, it is closer to 5-7 hours a day.

Procedure

Screen time includes all electronic media such as television, video/DVD, electronic games, computers, tablets, smart phones, digital cameras, or any other screened electronic devices. It does not include audio only media used for music or stories such as MP3 players, radios, CDs, records, or tapes.

Classrooms and Home Visits:

In all classrooms and on home visits the teacher will support limited screen time:

- Screen content must be appropriate for the ages of children, nonviolent, and culturally sensitive
- At least one alternative activity is available for children while electronic media is used
- Program's use of screen viewing encourages active child involvement
- Electronic media is not on during non-viewing time and not allowed during meals or snack time
- When electronic media is used, it is used intentionally to promote learning
- Lesson plans clearly show connection between intentionally planned screen time activities and the curriculum topic as well as individual goals for children
- Adults do not use electronic media for personal use during class time
- Staff may use electronic media for purposes of documentation for TSGold, urgent communication with school staff or parents and other reasonable intentions
- Staff encourages families to limit screen time to fewer than 2 hours/day and model appropriate use of technology with families. Staff use technology with families that strengthens the staff-family relationship.

Procedure 10.1 - Child Development and Classroom Education Approach

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Social and Emotional Development		
Procedure Number:	10.2	Effective Date:	August 18, 2016
Policy Title Reference:	Social and Emotional Development		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Classroom staff will support the social and emotional development of children through the design of the physical environment and a schedule of activities that builds trust; fosters independence; encourages self-control and respect for the feelings and rights of others; and supports each child’s home language, culture, and home composition.

DEFINITIONS

N/A

PROCEDURES

SCFS EHS staff will provide training and technical assistance on best practices for social and emotional development for children, *Creative Curriculum*, *Conscious Discipline*, and ASQ: SE.

Classroom teacher teams will set clear, consistent limits and have realistic developmentally appropriate expectations based on the accepted principals of child development and based on the individual needs of the child.

Staff will implement curricula and practices through lesson plans that include *Conscious Discipline* strategies, concepts, and environmental set-up that links social emotional learning and classroom management to achieve center wide success. Activities teach self-regulation and social skills.

The EHS teachers will complete the *Ages and Stages: Social Emotional (ASQ:SE)* with families to identify strengths and growth areas through ongoing assessment of social emotional development.

Build trust: Classroom teachers will build trust by establishing primary caregiving practices in the EHS classroom. Primary caregiving is established when the EHS teacher assigns herself to four of the children in the classroom. Temperament, arrival and departure times, and family connections will be the criteria for establishing primary care groups. PLEASE NOTE PRIMARY CAREGIVING IS NOT EXCLUSIVE CARE. Continuity of Care is practiced to allow children and teachers time to establish trust and attachment. Whenever possible, children remain with the same teacher for the duration of their time in the EHS program.

Foster independence: The classroom teacher will establish consistent, classroom routines that facilitate predictability for the child and promote independence. Examples: Family style meals are implemented where children serve themselves while seated at the table with the teacher. In diapering, children will

SOUTH CAROLINA FIRST STEPS PROCEDURE

actively participate during the diaper process-holding their diaper, lifting their legs, attempting to pull up their own clothes. The teacher will assist children in brushing their teeth daily, explaining steps and supervising to make sure it is completed successfully.

Encourage self-control: Classroom teachers will provide clear and consistent expectations for children. Using Conscious Discipline strategies, teacher will use daily class experiences as learning tools to model self-control.

Encourage respect: Classroom teachers will model respect in how they speak with children, interact with children, and encourage children to use language and actions that are respectful and inclusive of people and their environment.

Be culturally sensitive: Classroom teachers will promote cultural sensitivity by inviting and including families in the classroom. They will include photographs of families and will use a variety of materials that reflect the cultures of the children represented in the classroom to promote and teach acceptance and sensitivity.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	English Language Acquisition		
Procedure Number:	10.3	Effective Date:	August 18, 2016
Policy Title Reference:	English Language Acquisition		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS EHS program supports the home language and culture of every child and family. In addition, SCFS EHS actively promotes English language acquisition for those children for whom English is not their first language, while at the same time providing books, materials, and activities that positively reflect the child’s home language and culture.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURES

Home language support is the foundation for developing English language skills. While working with families and children who are dual language learners, classroom teacher teams will engage families in planning of activities and approaches for the child. Teachers will incorporate culturally relevant books, songs, games, and toys to help the child adjust to the learning environment. Families will be encouraged to actively participate in classroom activities to foster and promote their cultural practices.

Classroom teachers will design classroom activities to provide exposure to English language usage in an effort to increase comprehension of the English language and to provide opportunities for children to practice vocabulary in a safe and supportive setting. The activities will be individually based on the child’s development.

Classroom teachers will provide labels for materials and items in the classroom using both English and the home languages of the children enrolled in the classroom as a tool for promoting comprehension and English language acquisition.

Classroom teachers will provide opportunities for group involvement in repetitive word games, rhymes, and songs in both English and the child’s home language.

SCFS EHS staff will provide ongoing training and technical assistance to support SCFS EHS teachers in cultural sensitivity towards English language acquisition.

Procedure 10.3 – English Language Acquisition

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Curriculum Development		
Procedure Number:	10.4	Effective Date:	August 18, 2016
Policy Title Reference:	Curriculum Development		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS EHS will follow a curriculum that is consistent with the Early Head Start Program Performance Standards and is based on sound child development principles about how children grow and learn.

SCFS EHS shall utilize the Creative Curriculum for Infants, Toddlers and Twos® as the basis for written educational plans. Teachers will use supplemental curriculum resources such as Conscious Discipline® to enhance learning experiences. Supplemental curriculum resources and materials will be made available for staff use in planning and developing specific activities and goals for children.

DEFINITIONS

Curriculum is defined in the Performance Standards as a written plan that includes:

- 1) The goals for children’s development and learning;
- 2) The experiences through which they will achieve these goals;
- 3) What staff and parents do to help children achieve these goals; and
- 4) The materials needed to support the implementation of the curriculum.

Written plans consist of:

- 1) Specific goals and objectives;
- 2) Developmentally appropriate indoor and outdoor activities for acquiring basic cognitive, social emotional, and physical skills; and
- 3) A system for documenting children’s progress in all areas of development.

PROCEDURE

Teaching staff will receive training to ensure full implementation of the *Creative Curriculum for Infants, Toddlers and Twos®* and Conscious Discipline® .

Curriculum planning is an ongoing creative process in which specific activities are adapted and developed as program staff interacts with individual children and families. The curriculum is responsive to the emergent interests and needs of children, families and the community and is used as a framework to develop activities as program staff:

- 1) Learn about the developmental levels of each child;
- 2) Identify each child’s individual learning style;
- 3) Identify individual needs and interests; and
- 4) Attempt to understand each child’s and family’s culture and value system.

Procedure 10.4 – Curriculum Development

Page 1 of 2

SOUTH CAROLINA FIRST STEPS PROCEDURE

Teachers will intentionally plan a balance of child initiated and adult directed activities daily including individual and small group activities. Daily activities are designed to be:

- 1) Comprehensive and reflective of each child's developmental level;
- 2) Reflective of the community and cultures represented in the group;
- 3) Clear in recognizing and promoting the role of the parents;
- 4) Child focused;
- 5) Built on each child's individual skills and knowledge; and
- 6) Diligent in promoting every child's self-awareness and positive self-concept.

Teachers will post weekly lesson plans in prominent spaces for families to access. This will provide an opportunity to gain families' input regarding their children's learning.

On a daily basis, teachers will intentionally plan and implement activities to support children in all areas of development:

Cognitive Development: Teachers will provide intentional learning opportunities to support cognitive development through developmentally appropriate materials (manipulatives, books etc.) and activities (building, reading etc.). Teachers will capitalize on children's natural curiosity to plan themes and lessons. Teachers will provide opportunities for hand-on learning throughout the day and build in opportunities for sensory exploration of materials.

Social-Emotional Development: CCP staff will facilitate trust building and emotional security for every child in their care by following primary caregiver and continuity of care models. Having a primary caregiver during the infant-toddler years will strengthen attachments.

Physical Development: Teachers will plan for routines and activities to support both gross and fine motor development. CCP staff will provide sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play.

Communication Development. Teachers will support the emerging communication skills of infants and toddlers by providing daily opportunities to interact with others and to express themselves freely. Teachers will plan for respectful, nurturing, meaningful language rich routines and experiences throughout the day.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Individualization and Transition		
Procedure Number:	10.5	Effective Date:	August 18, 2016
Policy Title Reference:	Individualization and Transition		
Subprocedures	<ul style="list-style-type: none"> a. Individualization b. Transition 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

EHS services will be individualized to meet each child’s unique strengths and patterns of development. Individualization will take place based on classroom observations, ongoing developmental assessment, and/or consultation with the family.

SCFS will work in collaboration with families and preschool providers to ensure a smooth transition from EHS to the child’s next preschool placement.

DEFINITIONS

EHS: Early Head Start

PROCEDURE

a. INDIVIDUALIZATION

SCFS EHS CCP sites use mixed age classrooms. Teachers organize the curriculum to support the individualized needs of each child based on their age, developmental level, interests, learning styles and familial/cultural values.

Gathering Information: Teachers will gather information about each child’s interests, developmental level, language, cultural background, learning style and temperament in order to individualize instruction.

Materials and Environment: Information gathered about individual children will be used to create learning environments appropriate for each child that promotes individual growth. Choice of materials in the classroom will reflect individual differences amongst children.

Instruction: Individualized teaching may occur during one-on-one sessions with a child, or in small groups. Individualized instruction will be embedded throughout the day during child initiated and adult directed activities.

Modifications: Teacher will modify classroom instruction based on the individual needs of each child. Modifications may include providing environmental support, modifying materials, modifying activity, providing peer support, and/or providing adult support.

Goals/Progress: EHS teachers write goals and objectives for each child using information gathered through observations, developmental screening and parent report. If a child has an Individual Family Service Plan (IFSP), the IFSP goals and objectives will be integrated into the child’s classroom goals. Each weekly lesson

Procedure 10.5 – Individualization and Transition

Page 1 of 2

SOUTH CAROLINA FIRST STEPS PROCEDURE

plan will include several child goals to be targeted during the week. Teachers will use observations, child work samples, photos and reports to monitor progress on identified goals. Information from *GOLD™* by Teaching Strategies® will be used to develop goals and objectives and to assess progress in all developmental domains.

b. TRANSITION

Transition from Early Head Start to Head Start /PreSchool Overview

SC FIRST STEPS EARLY HEAD START PROGRAM, in an effort to build continuity and consistency into the educational approach for young children in our communities, endeavors to maintain open lines of communication with Early Childhood Special Education, Head Start, and School District personnel. To ease the transition of children through the Early Head Start program and into Head Start or other early childhood preschool programs, activities are planned to address the specific needs of individual children and families. Appropriate records are transferred from Early Head Start to the new school or school district in accordance with (see *Student Education Record Policy*).

Procedure

Children and families are introduced to the new educational environment and personnel with the support of familiar Early Head Start staff, and individual assistance is provided on request to parents as they enroll their child in the new early childhood program.

1. Teaching teams will plan transition activities during the year. Activities may include: scheduling a parent group and inviting Head Start/Early Childhood program teachers to talk about their programs; helping parents make a list of questions to ask their child's preschool teacher; encouraging parents to visit the new school; or helping families set up visits for themselves as a home visit activity. Completion of activities and other relevant information will be documented.
2. On the second home visit of the program year, the teacher will verify with the family of children approaching 30 months of age which preschool each child will be attending. Transition issues will be discussed with parents during the second parent conference. The Transition Form may be completed with the parent to share child and family information with the new school.
3. For children on an *Individual Family Service Plan* (IFSP), an Early Head Start Family Advocate will arrange to attend all multidisciplinary team (MDT) meetings, *Individual Education Plan* (IEP) meetings, and other transition related meetings for children with disabilities.
4. Transition meetings, or more informal meetings, can be set up with the teacher and parent if it is believed that the transition into another setting may be difficult for a particular child or family.
5. Parents may receive copies of requested child records prior to registration in another program. Education records will be forwarded to the new program with parental permission.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Child Guidance and Behavior Management		
Procedure Number:	10.6	Effective Date:	August 18, 2016
Policy Title Reference:	Child Guidance and Behavior Management		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Child guidance and classroom behavior management will promote positive social skills, foster mutual respect, strengthen self-esteem, and support a safe, nurturing environment.

DEFINITIONS

N/A

PROCEDURE

Child Guidance and Behavior Management Overview

Young children will exhibit challenging behaviors as they learn to act appropriately in different social settings. SC FIRST STEPS EARLY HEAD START PROGRAM will employ a system of child guidance and behavior management that is clear and consistent, and that promotes the development of positive social skills, encourages mutual respect, strengthens self-esteem, and supports a safe and secure environment for all children and adults.

Federal Head Start Performance Standards prohibit the use of corporal punishment or isolation as a child management tool. The withholding of food, basic needs, or participation in special events; name-calling, threats, ridicule, or any form of demeaning, harsh or frightening treatment is strictly forbidden. SC FIRST STEPS EARLYHEAD START recommends immediate termination of employment for any child care center staff who resort to corporal punishment.

PROCEDURE:

Positive Behavioral Strategies

Positive behavioral strategies are proactive, and serve to teach children skills to manage their own behavior. Individual and cultural factors will be considered when planning for and providing guidance. The following guidelines will be followed in classrooms:

1. Teachers will set up a safe and appropriate classroom environment that supports pro-social behavior.
2. All adults will interact with children in a positive, friendly, and socially supportive manner, modeling pro-social behavior with each other and with the children.
3. Children will be provided with alternative choices and will be directed away from inappropriate behavior without engaging in power struggles between child and adult.

Procedure 10.6 – Child Guidance and Behavior Management

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SOUTH CAROLINA FIRST STEPS PROCEDURE

4. Schedules and routines will promote predictability and security for children; adequate time and preparation will be allowed for children to transition from one activity to another.
5. Children will be taught positive social skills through direct teaching, modeling, and using practice with competent peers.
6. Expectations for appropriate behavior will be clearly and consistently stated and appropriate behavior will be recognized through praise and encouragement.

Implementing Additional Behavioral Strategies

Occasionally, a child may exhibit behavior that has the potential to injure him/herself, or others. In this case additional strategies may be called for, including, but not limited to:

Use of Natural Consequences Help children understand that mistakes are opportunities to learn, and natural consequences help children reflect on choices and motivate them to make changes in their behavior. Teachers will help students understand the connection between that behavior, which will help children learn how to be responsible for their choices.

Use of Safe Place. The teachers will set boundaries and teach skills around self-regulation and will create a safe place in the classroom that is out of the way but not isolated. If a child is exhibiting behaviors that are calling for help (unsafe, strong, upset, violent, etc.) then the teacher will provide the structure to help the child voluntarily enter the safe place. Children will be encouraged to use the safe place to calm themselves. The child will have the opportunity to identify feelings and make choices to regain control. The teacher will then help to solve the problem with a plan for how to re-enter play or classroom activity.

Problem Solving Teachers will help children reflect on their actions and then to make choices that bring successful outcomes by using problem solving strategies.

Response to Unsafe Behavior. Potentially dangerous behaviors may occur quickly and with little warning. Each center will develop an action plan for handling unanticipated behavioral outbursts that pose a threat to children or adults. This plan will enable staff to take immediate action to ensure the safety of the child and others in the environment. For the safety of the child and staff, crisis intervention will involve gently yet firmly removing the child from the situation, holding the child only long enough to get him/her to a safe place to quiet down.

The plan will include the following steps, to be used as appropriate, depending on the situation: 1) identify a safe, quiet place in the classroom where the child can be alone (safe place) 2) develop a procedure of quickly removing the child from the classroom so the child can be alone with an adult; 3) identify a quiet place outside of the classroom where the child can be alone and still under the supervision of an adult; and 4) determine a system for quietly communicating to other staff members the need to intervene, without disrupting the rest of the classroom.

Should such a situation occur, The EHS Education Coordinator and the child's parent will be contacted to discuss the incident. If need for further support is indicated, the parent, coordinators, and mental health consultant will be involved in the decision to develop a Child/Family Support plan. Consistent communication with the child's parent and the appropriate program coordinator must be maintained throughout implementation of a Child/Family Support plan. Ongoing documentation and reports of the child's progress will be maintained in the child's file and shared with the parent and appropriate program coordinators.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Family Role, Family-Teacher Conferences, and Home Visit Philosophy		
Procedure Number:	10.7	Effective Date:	August 18, 2016
Policy Title Reference:	Family Role, Family-Teacher Conferences and Home Visit Philosophy		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Parents will be actively involved in helping to develop the program’s curriculum, provided with opportunities to help plan learning experiences, and in regular home visits and teacher conferences.

SCFS believes that a partnership between families and staff best supports children in their development. Family-teacher conferences and home visits will be planned to provide a natural link between the child’s family, home, and school.

DEFINITIONS

N/A

PROCEDURE

SCFS believes that a partnership between parents and staff best supports children in their Early Head Start experience. Regular collaboration between the program and families is an expectation, to include day-to-day communication and collaboration, family-teacher conference and home visits, each of which creates a natural link between the two most powerful influences in a child’s life, home and school. These also support the development and achievement of personal and family goals.

Teaching teams will schedule regular planning time together and will go on every home visit and conduct every parent-teacher conference together, except under extraordinary circumstances. This requirement is intended to ensure that the teaching teams regularly and consistently communicate essential information and together form a working, supportive relationship with the family. In the classroom with a Teacher and Family Advocate when home visits are not done together, the teacher and FA will meet regularly to share information.

Based on the Community Assessment and parent preference, SCFS will operate a Center-Based program option that provides Early Head Start services primarily in the classroom setting, five days a week with a minimum of 240 days of school, two Home Visits and two Parent Teacher Conferences.

Prior to acceptance, an Early Head Start staff member will schedule a visit with the family in their home or in the Early Head Start center or will spend time with a parent on the phone. This is an opportunity to explain the purpose and philosophy of the Early Head Start program, answer any questions parents may have, and complete the initial paperwork to help determine eligibility for the program.

Home Visits must be completed in the home unless the family situation or safety of the staff is an issue, or if parents expressly forbid home visits. In such cases, staff will continue to work on building a trusting relationship, which over time may provide opportunities for meeting families in their homes. In exceptional circumstances, visits may be conducted outside the home; however, every effort will be made to conduct the visit in the home.

Procedure 10.7 - Family Role, Family-Teacher Conferences and Home Visit Philosophy

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Parent Teacher Conferences provide an opportunity for staff and parents to discuss each child's growth and development, and plan an individualized education program to meet the child's needs.

Procedure 10.7 - Family Role, Family-Teacher Conferences and Home Visit Philosophy
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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Attendance, Transportation, and Child Release		
Procedure Number:	10.8	Effective Date:	August 18, 2016
Policy Title Reference:	Attendance, Transportation, and Child Release		
Subprocedures	<ul style="list-style-type: none"> a. Attendance b. Transportation c. Child Release d. Class Closure 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Children are best able to benefit from their EHS experience if they attend school on a regular basis. EHS staff will regularly discuss the importance of attendance with parents and encourage their cooperation in bringing their children to school on a regular basis. If children are absent without a parent contact for 10 consecutive days, that enrollment slot may be opened up for another eligible applicant. SCFS will make every effort to maintain a monthly average daily attendance rate of 85%.

South Carolina First Steps does not provide transportation to Early Head Start students.

South Carolina First Steps Early Head Start staff will release children only to the custodial parent(s)/guardian(s) or those individuals listed on the *Child Release and Emergency Contact Form*.

DEFINITIONS

N/A

PROCEDURE

a. Attendance

EHS center staff will take regular attendance and communicate regarding absences with the Family Advocate daily.

b. Transportation

SCFS does not provide daily transportation for children to and from the Early Head Start classroom, and neither funding, nor appropriate buses are available for field trips.

In cases where self-transport is an extreme financial hardship on a family, SCFS will attempt to find a source of financial subsidy with the family to facilitate regular attendance of the child.

Procedure 10.8 – Attendance, Transportation, and Child Release

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SOUTH CAROLINA FIRST STEPS PROCEDURE

c. Child Release

South Carolina First Steps Early Head Start staff is authorized to release children only to the custodial parent or those individuals listed on the *Child Release and Emergency Contact Form*. If a staff member is unfamiliar with the individual attempting to pick up a child, they must ask that person to present photo identification. If in doubt, staff will always check the *Child Release and Emergency Contact Form*.

Although Early Head Start staff is expected to do everything in their capability to protect the children in our care, it is neither reasonable, nor expected that anyone put themselves in physical danger trying to prevent an unauthorized person from forcibly taking a child. Staff will be aware of potential conflicts and conduct the classroom in such a way as to limit opportunities for unauthorized access to a child. If an individual is violent, it is in the best interest of the child and the program to let the child go and immediately call the police, giving them as much information as is available.

Procedure

If, in the opinion of a staff member, a parent's functioning appears to be impaired due to drugs or alcohol, and the parent is attempting to pick up and transport a child:

1. The staff member will try to dissuade the parent from driving and suggest that they find alternative transportation.
2. If the parent insists on driving with the child, the staff member will note the condition and behavior of the parent, the automobile's make, and color and license number and will call the police.
3. The incident will be documented and a copy of the report sent to the Family Advocate.

If a child is not picked up after class, the procedure will be as follows:

1. A staff member will remain at the center with the child.
2. The staff member will attempt to locate the parent, or one of the emergency contact people listed in the child's file.
3. If, after one hour, the child has not been picked up and/or the parent has not been located, DSS will be contacted directly or through the police department.
4. The staff member will continue to attempt to contact the parent and let them know that the child is in the care of DSS.
5. The incident will be documented and a copy of the report sent to the Family Advocate.

d. CLASS CLOSURE

SCFS will make every effort to keep to the annual calendar as provided to parents at the beginning of the school year. Early Head Start programs are required to provide a specified number of class days each year. All classrooms are scheduled for 240 class days, 2 home visits, one enrollment appointment that can take place either in the center or in the family home, and two parent-teacher conferences. If classes must be cancelled beyond the scheduled days, make-up class days may be scheduled.

Procedure

Each center will establish a system for canceling class; responsibility will be assigned to the Center Director for making the decision to cancel class, notification of all parents and notification of the Education Coordinator and the EHS Director.

Procedure 10.8 – Attendance, Transportation, and Child Release

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Class may be closed for the following reasons:

Weather. Class may be cancelled due to adverse weather conditions, or unsafe road conditions. Follow the closures for your local school district.

Facility Issues. Class may be cancelled due to temporary lack of basic services such as heat or water in the center.

Scheduled Staff Training. Training is generally scheduled for days when class is not in session. Staff may attend training on a regular class day if approved by the Education Coordinator. Finding a substitute is preferable to canceling class. Parents will be notified of any change in schedule at the earliest opportunity.

Personnel Issues. Early Head Start requires that at least two teachers be present in the classroom when class is in session. (See the Teacher Job Description for teacher qualifications.) If, due to circumstances beyond our control, teachers or substitutes are not available, class must be canceled.

11.0 Disability Services

- 11.1 Parental Rights
- 11.2 Transition of Children with Disabilities
- 11.3 IDEA Part C Participation and Cooperative Agreements
- 11.4 Coordination of Services
- 11.5 Coordination of Mental Health Services
- 11.6 Family Services and Attendance of Children with Disabilities
- 11.7 Disabilities Service Plan
- 11.8 Recruitment, Selection and Enrollment
- 11.9 Evacuation of Children with Disabilities
- 11.10 Staffing and Training
- 11.11 Monitoring
- 11.12 Environment
- 11.13 Personnel
- 11.14 State and Federal Records Retention
- 11.15 Children with Disabilities and Developmental Delays

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parental Rights		
Procedure Number:	11.1	Effective Date:	August 18, 2016
Policy Title Reference:	Parental Rights		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS ensure that the legal guardian(s) of all enrolled children with special needs will be informed of their legal rights regarding services for their children.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS will make every effort to ensure that the legal guardian(s) of enrolled children with special needs is/are informed of their legal rights regarding services for their child.

Procedure

1. The program will determine a parent or legal guardian by one of the following:
 - A. A natural parent who retains guardianship.
 - B. A person who has legal documentation of being responsible for the child's welfare (guardianship, power of attorney, custody agreement).
 - C. A grandparent, stepparent or foster parent with whom the child lives and who is acting as a parent that can provide legal documentation as indicated above.
2. All documentation of parental identification will be located in the family file and in the system management database.
3. Any changes in guardianship will be communicated to the Center Director who will then electronically communicate to all team members.
4. This policy conforms to the Federal IDEA regulations.
5. Parents will be notified of upcoming IFSP meetings or reviews and these notifications will be documented.

Procedure 11.1 – Parental Rights

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Transition of Children with Disabilities		
Procedure Number:	11.2	Effective Date:	August 18, 2016
Policy Title Reference:	Transition of Children with Disabilities		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will foster smooth and positive transitions into and out of the Early Head Start program for children with disabilities.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

The SCFS staff will foster a smooth and positive transition into and out of the Early Head Start program for children with disabilities.

Procedure

1. Planning for transition from Baby Net and/or other infant and toddler programs to Early Head Start will begin through the Individualized Family Service Plan (IFSP).
2. Collaborative agreements will be in place to facilitate transition between agencies. Parent permission to exchange information with other agencies shall be obtained in writing and if needed, a meeting will be held for all appropriate staff and volunteers to prepare for service to children with disabilities according to the individual child's needs.
3. Early Head Start will cooperate and coordinate with all other agencies providing services for children with disabilities. The classroom teacher, center director, Family Advocate, and Health Coordinator if appropriate, will attend IFSP and transition meetings.
4. Infants and toddlers with a current IFSP when entering Early Head Start will be provided services no later than 30 days (in compliance with Baby Net policy) after notifying the appropriate professionals, such as physical therapist, speech therapist, occupational therapist, nutritionist or dietitian. Together with Early Head Start staff, consultation with parents will take place and parents will be invited to observe the classroom of the child.
5. The ERSEA Manager will notify the Family Advocate if a child with special needs is a candidate for filling an enrollment slot. The Family Advocate will present the child's information and current diagnosis to the Health Coordinator. The EHS Teachers will include the IFSP goals in their overall goal planning with parents.
6. Transition from Early Head Start to Head Start or other agencies will begin before the child reaches 30 months. At that time a transition form will be completed by center director and include transition plans and activities, including timelines and persons responsible.
7. The Early Head Start program will forward records, as permission is granted by the parent/legal guardian. Teachers will discuss transition plans and address transition concerns with parents in the last parent conference and/or home visits.

Procedure 11.2 – Transition of Children with Disabilities

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SOUTH CAROLINA FIRST STEPS PROCEDURE

The transition from Early Head Start into Head Start, LEA, or other community-based preschool programs will involve the following steps:

1. Early Head Start staff will provide information to parents on the availability of Head Start services in the community, if needed.
2. For BabyNet eligible children, a referral to the LEA (Local Education Agency) will be sent by the Early Interventionist or BabyNet Service Coordinator no later than 6 months prior to the child's third birthday. With the parent's permission, pertinent records will be shared with the LEA. If agreed upon by the parent, Early Head Start staff along with parents and/or Early Interventionist will meet with the LEA no later than 3 months prior to the child's third birthday to discuss/plan transitioning activities for BabyNet eligible children. Those attending this meeting will be the parent, the Early Interventionist, the classroom teacher and an LEA representative.
3. Early Head Start staff will communicate with parents, Early Interventionist and preschool Head Start/other community-based program to discuss specific needs of the child transitioning, when necessary.
4. Family Advocates may plan a visit to Head Start for parents and children, where transitioning children will be oriented to the new environment, by participating in activities and meeting Head Start teachers.
5. Family Advocates will distribute flyers, newsletters, reminders, and information for parents, etc. related to transition issues.
6. Family Advocates will meet with parents and Head Start staff to discuss the process for transitioning from Early Head Start to Head Start as well as similarities and differences between the two programs.
7. The BabyNet Service Coordinator, Early Interventionist will update the IFSP with transition related information.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	IDEA Part C Participation and Cooperative Agreement		
Procedure Number:	11.3	Effective Date:	August 18, 2016
Policy Title Reference:	IDEA Part C Participation and Cooperative Agreement		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure close collaboration between EHS and state and local early intervention agencies, and actively seek to connect children to the BabyNet (IDEA, Part C) services for which they may be eligible. The SCFS EHS program will enter into a cooperative agreement with BabyNet to ensure the provision of these services.

DEFINITIONS

SCFS: South Carolina First Steps

EHS: Early Head Start

BabyNet: South Carolina's early intervention program for infants and toddlers with disabilities and disabilities under Part C of IDEA.

IDEA: Individuals with Disabilities Education Act

PROCEDURE

SCFS EHS in collaboration with Early Intervention agencies, will participate with BabyNet to provide services to children with special needs under Part C of Individual Disabilities Education Act. (In 34 CFR Part 300.125 Child Find, each state must identify, locate, and evaluate each child with special needs.)

Procedure

1. The EHS-CCP program will participate in Baby Net efforts by planning at regular meetings.
2. The EHS-CCP program will refer children and families to Baby Net and local therapy agencies.

Procedure 11.3 - IDEA Part C Participation and Cooperative Agreement

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Coordination of Services		
Procedure Number:	11.4	Effective Date:	August 18, 2016
Policy Title Reference:	Coordination of Services		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure that the needs of EHS children with special needs are met and appropriate services are provided in coordination with state and local early intervention agencies.

DEFINITIONS

SCFS: South Carolina First Steps

EHS: Early Head Start

PROCEDURE

The Education Coordinator(s) will work with the Health Coordinator and teaching staff to ensure that the needs of children with special needs are met and appropriate services are provided.

Procedure

1. For children who enter the program with developmental concerns/documented diagnosis, the Education Coordinator will be responsible informing/training staff of those children entering the program, as necessary. If there are children with health concerns and training is necessary, the Health Coordinator and teaching staff will meet with the appropriate professional.
2. The individual as assigned will track all meetings, communications, etc. in system management database.
3. Developmental screenings will be completed within 45 days of entry and any re-screens will be completed as directed by the Education Coordinator, but no later than thirty days from prior screen. Parent consent for screens will be signed and dated prior to screens. A sign in/out system will be used to access confidential information.
4. Children's individualization will be supported through IFSP goals and teacher lesson plans. These plans will indicate consistent evidence of individualization according to the goals.
5. The daily schedule will be established and posted, showing alternative periods of quiet and active play. Daily activities will include individual instruction (centers), small group instruction (read-alouds, reading extensions, and curriculum activities, etc.) and large group instruction (music and movement, greeting, morning message, etc.)
6. Children will be provided ample time for learning center play and given a signal to prepare them for transitions. Children are not required to move as a group from one activity to another.
7. Staff will adjust schedule to changes in weather or other unexpected situations in a relaxed way. Staff will be flexible to change planned or routine activities to follow needs or interests of the children. "Waiting" time between activities will be short and well managed.

Procedure 11.4 – Coordination of Services

Page 1 of 2

SOUTH CAROLINA FIRST STEPS PROCEDURE

8. Children with special needs will be provided adaptive techniques and utensils and will be included in all classroom activities and events. Activities, plans, and/or materials will be developmentally appropriate. Activities will provide time for children to talk to each other. Planned activities will allow adults to introduce new and interesting vocabulary and concepts to children.
9. All special procedures and dietary needs, though confidential, will be prominently posted and followed.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Coordination of Mental Health Services		
Procedure Number:	11.5	Effective Date:	August 18, 2016
Policy Title Reference:	Coordination of Mental Health Services		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

The SCFS EHS Mental Health Consultant will coordinate with teaching staff to ensure that children with mental health needs receive the services they may require.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

PROCEDURE

SCFS EHS' Mental Health Consultant will coordinate with teaching staff to meet the needs of children with disabilities by providing the necessary services.

Procedure

1. The Family Advocate will review applications and notify Education Coordinator and of any applications that indicate there is a mental health concern or need that is being addressed by an outside agency.
2. Mental Health Consultant will complete observations on-site as needed and include a written report and recommendations. When the consultant conducts a general classroom observation in a classroom, strengths and needs in the classroom environment will be assessed and reported in a written report with recommendations. The consultant will meet with staff throughout the year, which may include group, individual or phone consultations to discuss supportive strategies for families.
3. Mental Health Consultant will share information relating to any specific children from his/her initial classroom observations. In addition, she/he will review IFSP's, which have behavioral concerns for consultation and strategies. The Mental Health Consultant will be available to conduct in-home observation upon request by staff and provide follow up support.
4. At the time of enrollment or home visit, Family Advocates and teaching staff will solicit information from parents about their child's mental health. The following means will be used: interview, home visits, daily contact, IFSP, observations, Ages and Stages Questionnaire (ASQ), ASQ-SE with parent involvement, and family partnership agreement development. This information will be discussed and appropriate responses to child behaviors will be discussed with the parents. Resources and mental health information will be given to parents to better understand and support their child and family.
5. When a mental health referral is received for a child who is already on an IFSP or a referral is received for a child without an IFSP where there are concerns about additional delays the referral

Procedure 11.5 - Coordination of Mental Health Services

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SOUTH CAROLINA FIRST STEPS PROCEDURE

will be taken to Mental Health Staff. The Mental Health Consultant may participate in assessment, planning and providing support to the teaching staff as deemed appropriate by the team.

6. The program will utilize the Ages and Stages (ASQ)-SE as the behavioral screening for children. The ASQ-SE will be administered at a home visit or in the classroom setting by the parent and teachers; the teacher will compile and assess the data, which will be maintained in the child's folder.
7. The results of the assessment will be maintained in the children's folders and shared with the parent. Re-screens will be conducted within in timely manner as directed by the Education Coordinator, but no later than 30 days from time of first screen.
8. The Mental Health Consultant will provide group and individual training as needed in the areas of identifying mental health concerns and working with children and families with mental health concerns.
9. Outside training to parents and staff may also be provided as determined necessary and/or beneficial.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Family Services and Attendance of Children with Disabilities		
Procedure Number:	11.6	Effective Date:	August 18, 2016
Policy Title Reference:	Family Services and Attendance of Children with Disabilities		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will work with the families of children with disabilities (or other special health considerations) to ensure that their children are enrolled, attending and receiving BabyNet services (as identified) within natural environments. It is the intent of SCFS that each child and family receive the full benefit of the program while accommodating for individual needs as appropriate.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

It is the policy of SCFS EHS to work with families to ensure their child is enrolled and receiving services under the guidance of an Individualized Education Plan (IEP), Individual Family Services Plan (IFSP), or other special health considerations, the child and family receive the benefit of the program to the fullest extent possible while having their individual needs met. This policy further defines the SC FIRST STEPS' effort and intent to meet the requirements of the Head Start Act and Performance Standards regarding attendance.

Procedure

When a child is enrolled in the program and has an IEP, IFSP, or special health considerations, the following will apply:

1. If a child has an IEP, IFSP, or special health consideration, the Family Advocate will document known and/or anticipated absence – whether a brief absence or an extended period – and will continue to work with the child and family as possible and appropriate during the time the child is not able to attend.
2. No child shall be excluded as a result of his or her health care needs or medication requirements. Exclusion will only occur if keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and when the risk cannot be eliminated or reduced to an acceptable level. However, this exclusion would be classified as an absence as described in #3 and #4.
3. Absences related to the child's developmental/medical needs will be given a special documentation code in the attendance record. This will ensure the child's attendance is not recorded in our tracking system as a concern, nor will this individualization have an undue negative impact on the overall attendance reports.

Procedure 11.6 – Family Services and Attendance of Children with Disabilities

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SOUTH CAROLINA FIRST STEPS PROCEDURE

4. If a family notifies us of an unexpected illness or appointment that results in a necessary absence due to the needs identified on the IFSP, or other special health consideration, we will treat this as noted above in #3.
5. If the program determines a family is abusing this policy, the program may, at the discretion of the EHS Director, require documentation by a physician for any future absence, as necessary. Failure to comply will result in the full implementation the attendance policy of SCFS EHS.
6. Parents will be informed at intake that they are expected to notify the Center if their child cannot attend the program on a school day. The notification will include why the child cannot attend and when the child will return (if known). This is a requirement.
7. Attendance will be documented and a monthly attendance report will be sent to the SCFS EHS-CCP Director .
8. If a parent does not call in to report an absence, the absence will be considered unexcused until the parent provides the teaching staff with an explanation. This parent contact will be considered an excused absence, regardless of the reason given. However, if related to the disabilities, it will not be tracked for attendance
9. The Family Advocate will review absence patterns weekly. Parents will be contacted when a child's attendance is considered irregular. Irregular attendance is defined as a child missing four class days in any two-week period.
10. The Family Advocate will contact the parent(s) to determine the cause of the absences. The importance of regular attendance and notification of absences will be stressed to the parent(s). Appropriate family support measures will be discussed and initiated if indicated as necessary. The classroom team will develop an action plan with the parents, listing strategies and timelines, and record this plan in the child's folder.
11. If contact cannot be made with the parent(s) or cooperation cannot be elicited from the parent, regarding attendance, an internal referral will be made requesting an attendance staffing.
12. The staffing will be scheduled with the parents (if possible) and staff members. The parents will be notified of the place and time of the meeting.
13. At the meeting, staff members and the parents, if present, will explore strategies to improve attendance. On a case-by-case basis an attendance agreement may be developed. The attendance agreement will specify the amount of class days the child can miss for the enrollment year. Exceptions may be made to this agreement in emergency situations at the discretion of the Early Head Start Director.
14. If attendance does not improve within the time limit set, the ERSEA Manager will recommend termination of enrollment to the EHS Director with documentation of the reasons for the drop. The EHS Director will review all pertinent information and make a final determination of the child's enrollment status. In the event that the decision is to drop the child from the program the EHS Director will instruct the Family Advocate to inform the parents by mail of the decision.
15. All documentation of absences, contacts with parents, and results of conferences are kept in the child's folder. The Family Advocate will ensure this information is entered correctly and completely.
16. Vacancies will be filled according to the enrollment and selection policy.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Disabilities Service Plan		
Procedure Number:	11.7	Effective Date:	August 18, 2016
Policy Title Reference:	Disabilities Service Plan		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will establish a disabilities service plan, updated annually, to guide the program's efforts to meet the needs of children with disabilities and include them and their families in the full range of EHS services. SCFS will support and participate in the implementation of IFSPs for all children with identified special needs.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 IFSP: Individualized Family Service Plans

PROCEDURE

The program will establish a disabilities service plan, updated annually, to guide the program's efforts to meet the needs of children with disabilities and include them and their families in the full range of Early Head Start services. The program will participate in the implementation of an individual plan for all children with special needs.

1. EHS teachers along with participation from each child's family will complete The Ages & Stages Questionnaires®, Third Edition (**ASQ-3™**) and Ages & Stages Questionnaires®: Social-Emotional, Second Edition (**ASQ:SE-2™**) within 45 days of enrollment. Should concerns come up related to a child's development using these screening tools, teachers will discuss the developmental concerns with EHS staff (Education and/or Health Coordinator) and families. Teachers will obtain signed written consent from families to make appropriate referrals in the community for further evaluation.
2. **ASQ-3™** and **ASQ:SE-2™** may be administered at any time during a child's enrollment should the teacher, parent or any SCFS EHS CCP staff have concerns about a child's development.
3. For children that are enrolled into the program with existing Individualized Family Service Plans (IFSP), teachers will establish professional working relationship with the child's IFSP team members to work towards common goals. Teachers will incorporate IFSP goals into the child's lesson plan. Teachers will actively participate in IFSP team meetings when invited by the family to discuss child's development and goals.
4. Teachers will include children with disabilities into all classroom activities and routines. Teachers will seek assistance from EHS staff (Education and/or Health Coordinator) to adapt the classroom environment and activities to meet the special needs of children with disabilities.

Procedure 11.7 - Disabilities Service Plan

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SOUTH CAROLINA FIRST STEPS PROCEDURE

5. The Education Coordinator and Health Coordinator will establish the plan and disability budget and will ensure that the plan includes all necessary components of the Head Start Performance Standards. All staff will be involved in the integration of services to children with special needs and the children will have the same access to services, as their typically developing peers.
6. EHS staff member(s) will participate in IFSP meetings whenever possible. EHS staff will attend IFSP meetings, upon parent permission and with invitation from BabyNet.
7. The plan will be used as a working document, which guides all aspects of serving children with special needs, including small group activities, modifications of large group activities and any individual help. The IFSP and/or IEP will be used in developing the teacher's lesson plans. It will be the responsibility of the teacher with input from the Education Coordinator to develop strategies and make accommodations based on the goals of the IFSP/IEP.
8. The Ages and Stages (ASQ) and Ages and Stages-SE (ASQ-SE) will be utilized as developmental screeners and will be administered within 45 days of entry by the parent and/or teacher. Parent consent forms will be signed and dated prior to screenings. Screenings will be completed during home visits or in classroom settings with results recorded immediately. Interpreters will be available in the family's preferred language to assist in the screenings. The Education Coordinator and/or teachers will review completed screenings to determine potential referral and/or re-screens. Re-screens will be completed as directed by the Education Coordinator, no later than 30 days from prior screen.
9. As a result of ASQ and ASQ-SE scores, teacher input, parent input and doctor recommendation, in-house referral forms will be submitted to BabyNet upon parent permission. The parent permission will include a signed and dated consent/permission form for referral to and evaluation (when appropriate). An IFSP should be in place within 45 days of the referral to Baby Net. Measures will be taken to coordinate private therapy (OT, PT, ST) in the event that Baby Net services do not take place within expected timelines.

When determined, the following will be provided:

- a. Audiology services: The local health department, physician or Early Head Start staff will screen and identify hearing loss and referral for medical or other professional attention. The Education Coordinator/Health Coordinator will coordinate services.
- b. Physical therapy: The Education Coordinator will coordinate physical therapy at the center or child's home. Communication will be maintained between teaching staff, parents, and Education Coordinator by phone, face-to-face, or correspondence.
- c. Occupational therapy: The Early Interventionist will coordinate occupational therapy at the center or child's home. Communication will be maintained between teaching staff, parents, and Education Coordinator by phone, face-to-face, or correspondence.
- d. Speech or language services: The Early Interventionist will coordinate speech therapy at the center or child's home. Communication will be maintained between teaching staff, parents, and Education Coordinator by phone, face-to-face, or correspondence.
- e. Psychological services: See Disabilities 11.5.

SOUTH CAROLINA FIRST STEPS PROCEDURE

10. As determined by goals of the IFSP, the program will comply with the Americans with Disabilities Act regulation and ensure facilities, materials, equipment, toys, and furniture meet requirements. The Education Coordinator will document all modifications and/or adaptations needed and completed for services. If a purchase is necessary, the Education Coordinator will follow the fiscal procedure for purchasing assistive technology services or devices to meet the objectives of the IFSP.
11. As a strength-based program, services will include options to meet the needs of each child based on the IFSP and availability of resources. The options include joint placement with other agencies, shared provisions of services, and shared personnel to supervise services, administrative accommodations, increased staff, and use of volunteers.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Recruitment, Selection and Enrollment of Children with Disabilities		
Procedure Number:	11.8	Effective Date:	August 18, 2016
Policy Title Reference:	Recruitment, Selection and Enrollment of Children with Disabilities		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will actively recruit and enroll children with special needs and ensure that at least 10% of enrolled children are receiving BabyNet services under Part C of the Individuals with Disabilities Education Act.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will actively recruit and enroll children with special needs to maintain the required percentage (10%) of enrolled children with special needs. The program will follow the same Policy and Procedure for Recruitment, Selection, and Enrollment for children without disabilities.

Procedure

1. The program will take the following factors into account when planning disabilities enrollment procedures:
 - Funded enrollment
 - Number of children with disabilities in EHS service area including types of disabilities and severity
 - Resources provided by other agencies and State laws.
2. The Education Coordinator and Center Directors will establish relationships with local early intervention providers for the purpose of recruitment and will collaborate with the state early intervention agency (Baby Net).
3. The program will provide EHS recruitment materials to the State early intervention agencies, hospitals, health centers, and school districts for potential enrollees throughout the year. Recruitment will be ongoing. In order to meet the 10 percent actual enrollment of children with disability requirements, the program will collaborate with various agencies within the local community that provide services to children with special needs. The Education Coordinator will be asked to provide professional resources and guidance to recruitment teams.
4. At least 10 percent of the total number of children actually enrolled during an enrollment year will be children with disabilities who are determined to be eligible for special services, or early intervention services by a state or local agency providing services under section 619 or Part C of the Individual with Disabilities Education Act [*IDEA*] (20 U.S.C. 1419, 1431 et seq.). An exception to this requirement can be granted only if the responsible EHS Official determines, based on such supporting evidence as he or she may require and that SC FIRST STEPS EARLY HEAD START has made reasonable effort to comply with the requirement, but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate

Procedure 11.8 - Recruitment, Selection and Enrollment of Children with Disabilities

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SOUTH CAROLINA FIRST STEPS PROCEDURE

placement based on their IFSP, with services provided directly by Early Head Start or in conjunction with other providers. Children with disabilities in the Early Head Start Program shall receive services appropriate to their needs. SC FIRST STEPS EARLY HEAD START will work with BabyNet in implementing the Individuals with Disabilities Education Act to assure provision of the coordinated delivery of services to infants and toddlers with special needs.

5. In compliance with the provisions of 45 CFR Part 84, "Nondiscrimination on the Basis of Disabilities in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the American with Disabilities Act of 1990," children who are enrolled are identified in one of these categories:
 - No Disability:** Child has no disabling conditions either diagnosed or suspected at time of registration/enrollment.
 - Suspected Disability:** Child has not been professionally diagnosed prior to enrollment and/or diagnosed; supporting documents are not given at the time of registration/enrollment. Disability will be noted as "suspected" until such time that the supporting documents are received. Criteria points revisited based on supporting documents. Parents report suspected disability during intake process.
 - Diagnosed Disability:** Child with one or more professionally diagnosed disabling condition(s) at the time of registration /enrollment; support documentation on file.
6. Staff will communicate with diagnosticians through telephone calls and/or personal contacts as needed, for recruitment.
7. Returning Intent Letters will be sent to parents of currently enrolled children with disabilities. Parents will be asked to acknowledge their intent to re-enroll their children for the upcoming year. Family Advocates will make contact with those parents who have not responded by designated time; either by phone or home visit to determine their intent.
8. Notices will be sent to parents of eligible children who were placed on the waiting list. Parents will be asked to acknowledge their intent in enrolling their children in Early Head Start for the upcoming year. Family Advocates will follow up.
9. The recruitment process will continue throughout the year to ensure that all families with eligible children in the targeted service area are aware and have access to Early Head Start services.
10. Child Protective Service agencies and foster homes will be contacted to recruit children in their care. In addition, agencies providing statewide supervision and assistance services, i.e., Department of Education, Department of Human Services, Health Clinics, and Department of Mental Health will be asked to share relevant data, which contributes to the successful recruitment of all eligible children.
11. The ERSEA Manager, with the FA, will have the delegated responsibility to assure compliance of all recruitment, selection, and enrollment of Early Head Start eligible children, disabilities regulations and procedures; for example, assurance that all funded slots are filled according to federal guidelines and this plan.
12. Recruitment documents (Application for Enrollment, Enrollment Intent Statements, etc.) are maintained at the Central Office level. Statistical data will be prepared at the Central Office level.
13. During the application process, questions will be asked and priority points will be assigned to the application. Selection will be based on the compilation of selection criteria ratings. A worksheet is completed for each application received. The data on the worksheet is entered into the child tracking system. Subsequently, a ranked listing of all applicants is produced from the child tracking system. This ranked listing is used to select children for enrollment in each Early Head Start Center. Waiting lists will be maintained throughout the program year at all centers and at the grantee level for EHS in order to promptly fill vacancies as they occur. The lists will be ranked by children with the highest points listed first.
14. Children with documented or suspected disabilities will be given extra priority points based on the priority grid used for enrollment.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Evacuation of Children with Disabilities		
Procedure Number:	11.9	Effective Date:	August 18, 2016
Policy Title Reference:	Evacuation of Children with Disabilities		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will actively recruit and enroll children with special needs and ensure that at least 10% of enrolled children are receiving BabyNet services under Part C of the Individuals with Disabilities Education Act.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will establish and implement a written emergency evacuation procedure for children with disabilities.

1. Each site will have a disaster preparedness plan, which will be recorded with DSS. The plan will include assignments, emergency locations and their telephone numbers, roster of children in the classroom and their home addresses and telephone numbers.
2. Each classroom will have an evacuation crib, which will be used during evacuation if needed. Teaching staff will be responsible for infants to be placed in the crib for evacuation.
3. Non-mobile infants will be carried by assigned staff or placed in the evacuation crib, while toddlers/mobile infants who walk well will be guided by teachers.
4. Infants and toddlers will be comforted as much as possible by the staff.
5. One staff person will be assigned to each child who needs assistance and will be responsible for the evacuation of that child during evacuation.
6. Once alerted, the teachers will follow the evacuation routes, which will be clearly marked and posted so that the path to safety outside is understood.
7. One teacher will check all available areas for children before leaving the building and a head count will be done to ensure all children present are with staff members and safe. The same assigned staff member will collect any necessary equipment needed, such as a respirator or other health related equipment for the children with special needs.
8. Teaching staff will carry the class roster and children's information to contact parents, if needed.
9. Upon returning to the classrooms, the Center Director will record the evacuation on an evacuation form.
10. The center will ensure that each site has a working smoke detector and exits are clearly marked and visible.

Procedure 11.9 – Evacuation of Children with Disabilities

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Staffing and Training		
Procedure Number:	11.10	Effective Date:	August 18, 2016
Policy Title Reference:	Staffing and Training		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will provide the staffing and training necessary to meet the needs of the children with special needs. To increase the abilities of staff and parents to meet the needs of children with disabilities, training and technical assistance will be provided.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will provide the staffing and training to meet the needs of the children with special needs. To increase the abilities of staff and parents to meet the needs of children with disabilities, training and technical assistance will be provided.

Procedure

1. The Health Coordinator will be responsible for managing, coordinating, and monitoring functions of disabilities services.
2. The Education Coordinators will be responsible for evaluating children, when necessary, that are referred with potential disabilities as outlined in the Collaborative Agreement and defined by South Carolina IDEA. If additional evaluations are needed, all local and state resources will be accessed to provide funding.
3. The program will provide opportunities for ongoing training and development for all staff that provides services to children with special needs. Training will include, but is not limited to: consultation with Education Coordinator, Health Coordinator, Mental Health Consultant, school district, and other appropriate agencies, adaptations to environment and special equipment, dual enrollment, and developing strategies based on IFSP goals. The training and technical assistance will allow staff to become knowledgeable about a variety of special needs and eliminate misconceptions and apprehensions. Staffing patterns will allow for continuation of classroom services while teaching staff attend training and technical assistance events.
4. Staff training regarding disabilities & mental health will be arranged or presented by the Education Coordinator and/or Health Coordinator.
5. The Education Coordinators and Teacher Mentors will provide consultation with the teachers to discuss IFSP goals, lesson plans, classroom environment, etc.

Procedure 11.10 – Staffing and Training

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Monitoring (Disabilities Services)		
Procedure Number:	11.11	Effective Date:	August 18, 2016
Policy Title Reference:	Monitoring (Disabilities Services)		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will establish and implement ongoing monitoring of disabilities services to ensure compliance with federal regulations.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will establish and implement ongoing monitoring of disabilities services to ensure compliance with federal regulations.

1. The Health Coordinator will be responsible for monitoring of disabilities services through manual and electronic tracking, observation, and reports including the maintenance of 10% disabilities enrollment and reviewing the ERSEA Plan to ensure it includes children with disabilities in recruitment and selection.
2. Recruitment contacts will be documented by the ERSEA staff and monthly reports submitted to the SCFS EHS-CCP Director.
3. The Education Coordinator will take the lead in ensuring the developmental screenings are completed. Completed developmental screenings will be tracked, indicating child's name, date of entry, date of screening. Monthly reports of the number of completed screens will be submitted to the SCFS EHS-CCP Director. In addition, to ensure all screenings are completed within the required 45 day time period, the Education Coordinators will inform teachers of incomplete screenings and request that screenings be completed within the required time frame.
4. Through ongoing staff meetings the Health Coordinator will discuss progress, strengths and needs of children & families, review program calendar, other relevant data and discuss financial designations for disabilities services, as needed.
5. The Health Coordinator will review the Disabilities Service Plan annually, update and submit for approval with the Policy Council.
6. The ERSEA Manager will track the number of children with disabilities and work closely with the Family Advocates to ensure compliance of obtaining 10 percent of disabilities enrollment. If this number cannot be obtained, recruitment efforts will be documented and a waiver request will be submitted to the Regional Office. All documentation will be maintained in the SCFS EHS-CCP Office under lock and key.

Procedure 11.11 – Monitoring (Disabilities Services)

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Environment (Disabilities Services)		
Procedure Number:	11.12	Effective Date:	August 18, 2016
Policy Title Reference:	Environment (Disabilities Services)		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will provide classroom and playground environments that are conducive to learning and appropriate for children with special needs.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will provide classroom and playground environments that are conducive to learning and appropriate for children with special needs.

Procedure

1. The classroom and playground of sites with enrolled children with special needs will meet the ADA requirements for such disabilities.
2. The classroom will adequately reflect special needs awareness through posters, pictures, books, toys, etc.
3. The playground surfacing will support mobility and shock absorbance.
4. There will be adequate adaptive furniture and classroom materials when necessary.
5. There will be adequate adaptive outdoor equipment available when necessary.
6. Teachers will reasonably adapt their classroom arrangement to allow children with significant disabilities to participate in the full range of classroom activities.
7. The center will provide parent information on disability referrals.
8. The center will provide adequate adaptive equipment and utensils available for meal times when necessary.
9. The center will maintain a written emergency evacuation procedure for all children.

Procedure 11.12 – Environment (Disabilities Services)

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Personnel (Disabilities Services)		
Procedure Number:	11.13	Effective Date:	August 18, 2016
Policy Title Reference:	Personnel (Disabilities Services)		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will hire qualified staff and consultants and provide services to children with disabilities.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SC FIRST STEPS EARLY HEAD START CHILD CARE PARTNERSHIP will hire qualified staff and consultants and provide services to children with disabilities.

Procedure

1. The program will hire qualified Mental Health Consultants and Education Coordinators.
2. The Mental Health Consultant will be part of the disabilities budget planning process with the SCFS EHS-CCP Director. The budget must include line items for salaries, evaluation of children, services, reasonable alterations, special equipment, materials (when all other means are exhausted.)
3. Duties of the Education Coordinator, Health Coordinator, Mental Health Consultant- will include: Developing, monitoring and coordinating the Disabilities Service Plan with appropriate involvement of the Health Services Advisory Committee and Policy Council; monitoring, facilitating and reporting on services for enrolled children with special needs; sharing disability information at monthly management team meetings; participating in the development of Individual Family Service Plans, if applicable; tracking referrals, assessment results and attending IFSP meetings to support parents; maintaining liaison relationships with other agencies, school districts, infant toddler programs, organizations and groups providing services to children with disabilities; corresponding with LEAs and maintaining current agreements; providing training for staff on inclusion, transition, referral procedures and forms; participating in annual self-assessment.

Procedure 11.13 – Personnel (Disabilities Services)

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	State and Federal Records Regulation (Disabilities Services)		
Procedure Number:	11.14	Effective Date:	August 18, 2016
Policy Title Reference:	State and Federal Records Regulation (Disabilities Services)		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will maintain confidentiality in accordance with state and federal requirements.

DEFINITIONS

SCFS: South Carolina First Steps

PROCEDURE

SCFS EHS will maintain confidentiality in accordance with grantee, state, and federal requirements.

Procedure

1. Children's disabilities records will be kept under lock and key at SCFS Early Head Start Child Care Partnership Office and log in/out forms will be implemented for access.
2. Confidential information will be shared with other programs only with parent's written permission.
3. IFSP goals and modifications are the only part of the IFSP that is allowed in a child's classroom folder.

Procedure 11.14 - State and Federal Records Regulation (Disabilities Services)

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13.0 Child Nutrition

- 13.1 Identification of Nutritional Needs
- 13.2 Meal Service
- 13.3 Child and Adult Care Food Program
- 13.4 Food Safety and Sanitation

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Identification of Nutritional Needs		
Procedure Number:	13.1	Effective Date:	August 18, 2016
Policy Title Reference:	Identification of Nutritional Needs		
Subprocedures	A. Nutritional Screenings & Assessment B. Child Nutrition Assessment C. Food Allergy D. Special Dietary Needs E. Food/Nutrition Experiences F. Infant & Toddler Nutritional Needs G. Nutrition On-Going Monitoring H. Family Assistance with Nutrition		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will, in partnership with the Child Care Partner sites, assess the nutritional needs of children within the first 45 days of enrollment. Staff and families will work together to identify each child's nutritional needs including, but not limited to, eating patterns, cultural preferences, special dietary requirements, and/or any nutritional-related health problems. Children will be provided regular, nutritious, age-appropriate meals and snacks based on identified needs and serve meals in a "family style environment."

SCFS will support the Child Care Partners in participating in the CACFP which includes the application, implementation, and reimbursement processes. SCFS, in partnership with the CCPs, will support the provision of all nutrition and safety requirements in sites enrolling EHS children. SCFS will maintain an efficient and effective record-keeping system to provide accurate and timely nutrition services and information.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 CCPs: Child Care Partner sites
 CACFP: Child and Adult Care Food Program

PROCEDURE

OVERVIEW: Nutrition Assessment will be completed in the first 45 days after enrollment into the SCFS EHS-CCP Program and evaluated by a Registered Dietitian after collection of heights and weights and calculation of BMI (Body Mass Index.) by center staff and Family Advocates. SCFS EHS-CCP staff and families shall work in partnership to assess and identify the nutritional needs of enrolled children in EHS.

DEFINITION OF TERMS:

EHS Registered Dietitian (RD)

PROCEDURE: Nutritional Assessments

Procedure 13.1 – Identification of Nutritional Needs

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SOUTH CAROLINA FIRST STEPS PROCEDURE

1. At the initial meeting with the parent, teachers will ask the parent if their child is currently enrolled and receiving services from the WIC program.
 - a. If the answer is YES, have the parent immediately sign the *Release of Information* form.
 - b. If the answer is NO, and the child is under 5 years of age, teachers will explain the benefits of the WIC program, provide information, and encourage the parent to apply for WIC assistance.
2. If the child does not qualify for WIC, or if the parent does not choose to apply for services, teachers will complete the *Child Nutrition Assessment* with the parent. Height and weight measurements will be taken by staff when the child is first enrolled, 6 months thereafter, and annually at enrollment anniversary.
3. Teachers will send completed *Child Nutrition Assessment* and WIC Participant Summaries to the Health Coordinator for evaluation. Teachers will retain copies of WIC releases, WIC Participant Summaries and *Child Nutrition Assessment* in the child's file.
4. After reviewing the assessments, the Center Staff or Family Advocate will gather the required information and discuss the assessment and accompanying information with the parent on the next home visit or parent-teacher conference.
5. The Health Coordinator, contracted Registered Dietician and/or WIC personnel will be available for assistance in the event of continuing nutritional concerns of the child or family.

A. SUB-PROCEDURE: Nutritional Screenings & Assessment:

1. The SCFS EHS-CCP Health Services staff shall conduct a nutritional screening on each child upon enrollment in Head Start and EHS within 90 days of enrollment. Also the staff will conduct or partner with community organizations to provide a nutritional screening of expectant and postpartum women enrolled in EHS.
2. The following information as applicable in conducting the nutritional screening: a nutritional questionnaire, children's and women's health/medical records, the family's feeding patterns, cultural preferences, community nutritional data, participation/enrollment in WIC, etc.
 - a. For infants and toddlers, their unique nutritional needs shall be reviewed. Such issues include current feeding schedules and amounts and types of food provided, including whether breast milk, formula, and/or baby food is used, meal patterns, newly-introduced foods, food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition.
3. Upon assessing each child's nutritional status, a nutritional assessment will be done as needed based on the results of the nutritional screening. The same process flow shall be utilized for expectant and postpartum women enrolled in EHS.
4. The EHS Registered Dietitian (RD) shall assess every enrolled child by reviewing their completed Nutrition Information Form to determine whether the assessment is "normal" or "referred."
 - a. If the assessment is "normal", a copy of the completed Nutritional Information Form is filed in the child file
 - b. If the assessment determines a "referral" is necessary, the following actions will occur:
 - i. The Nutritional Information is returned to the center with nutrition-related concerns noted by the EHS RD.
 - ii. The EHS RD will provide recommendations and resources for actions/interventions to help the family address the concerns noted.
 - iii. The ERSEA, Family & Community Partnership Coordinator, Teacher, and/or EHS RD will work with the family to establish goals to address the noted concerns. Progress shall be regularly noted in the child's file.
 - iv. The EHS RD may be called upon to assist in providing parental education to address the noted concerns.
5. Different nutritional questionnaires shall be utilized depending on age of child and/or expectant and postpartum women status.

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6. Any identified nutritional related disabilities, food allergies, special diets as ordered by medical professionals, or any other suspected nutritional risk factors shall be immediately referred to the EHS RD for review.
7. If it is noted that the child is not enrolled in WIC the ERSEA, Family & Community Partnership Coordinator will work with the family to establish a goal of WIC enrollment if eligible. Progress will be noted in the child's file.

B. SUB-PROCEDURE: Child Nutrition & Assessment

1. ERSEA/FCP Coordinator or FA will discuss and complete a nutritional assessment using the ChildPlus database during the intake process. Parents will fill out the form completely and identify any special needs or accommodations needed, and indicate these needs on the form as well as in ChildPlus.
2. Health Services staff will review assessments to ensure the special needs or accommodations required are provided.
3. If the Health Services staff will track and monitor the services using ChildPlus and any other tracking system currently being used, and will communicate with the teaching team and food service staff of the status of the child.
4. If there are any menu accommodations needed, a note from the doctor or religious leader is required. The ERSEA/FCP Coordinator or FA must work with families to acquire this documentation and give it to the Health Services staff to file for review and application.
5. The Health Services Staff will measure the children for height/weight twice a year, once within 90 days and again in Spring (beginning March). He/she will record the measurements in ChildPlus for each child and provide assessment report to parents.
6. The Health Services staff will also review the growth charts. If a child is above the 95% or below the 5% for height, weight or height-to-weight ratio, the child's parents will be notified and it will be recommended to meet with the Nutrition Consultant.
7. If necessary, the Health Services staff will send a follow-up letter with suggestions for weight maintenance or weight gain to the parent.
8. The Health Services staff will review and apply any recommendations the doctor may suggest.

C. SUB-PROCEDURE: Food Allergy

1. Modification of meal menus for children with special medical or dietary needs must be performed by the program's Registered Dietitian in consultation with the child's primary health care provider.
2. A "Child Health Plan for Food Allergies/Intolerances" form must be completed by a child's parent to specify food allergy or intolerance, what to do if child ingests the food, the child reactions, and how to respond to the reactions. Primary health care provider in order for the Registered Dietitian (RD) to modify center menus. The parent/guardian will receive the form from SCFS EHS-CCP staff to present to their medical provider. The form will prompt the medical provider to include specific food allergy, what to do/medication prescribed if the child ingests the food, and what food to substitute for the food the child is allergic to as well as the medical provider's name, signature, and phone number.
3. Upon return of the "Medical Condition Action" form to the EHS program from the child's parent/guardian or health care provider, staff shall place a copy in the child's file and forward the completed form to the EHS Registered Dietitian and the food service provider. The RD will consult with the food service provider immediately to restrict any potential harmful menu items on the immediate period between receiving the "Medical Condition Action Plan" and issuing a revised allergy-specific menu if needed.
4. The SCFS EHS-CCP Registered Dietitian shall complete the "Registered Dietitian Consult Form". A copy will be given to the Center Director /and or child's teacher to place in the child's nutrition file.

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5. The SCFS EHS-CCP Registered Dietitian will revise center menus for the individual child, i.e., create a specific “allergy menu,” as needed per the “Medical Condition Action Plan.” The RD shall consult the child’s medical provider and parent/guardian as needed when revising menu. The RD shall use professional judgment in taking into account parental input beyond what is stated in writing from the child’s medical provider.
6. Food Service provider will follow procedures for consideration of EHS classroom(s) and/or centers being declared free of a specific food item due to allergy concerns. EHS is a peanut free zone.
7. In absence of a local policy, EHS must have orders/instructions from a medical professional in order to restrict particular food item(s) from a classroom or building due to allergy or other medically-related issues.

D. SUB-PROCEDURE: Special Dietary Needs

OVERVIEW: Special diets will be provided for all children that require any dietary restrictions or modifications. A special diet is defined as any diet prescribed by a physician or dietitian. A special diet requested for religious restrictions will also be considered but not necessarily approved. Staffs that require a special diet will be accommodated.

1. The Health Coordinator will review the health and nutrition history form of each student for special dietary needs or restrictions prior to enrollment. If a special diet is requested, the Health Coordinator should then notify the Family Advocate of the students’ dietary needs.
2. The Health Coordinator will review the request and inform the Family Advocate Manager and Teaching Team that a statement signed by a physician, dietitian or religious leader, depending on the reason for the special diet request, must support the special diet request. The Health Coordinator will follow up with the parents to ensure the request is obtained.
3. A statement signed by a medical doctor or dietitian must support a diet requested due to medical conditions/disabilities. The statements must verify that special meals are needed due to a medical condition/disability, identify the medical condition/disability, the alternate food to provide, and the form of food needed to meet the child’s special dietary needs.
 - a. A statement signed a by religious leader must support a diet requested due to religious reasons.
 - b. This information must be obtained within 2 weeks of ordering a special diet for any child or the accommodations will be discontinued.
 - c. If approved, the Health Coordinator will make the necessary changes to the menu.
4. The Health Coordinator will then notify the food services of the change and record the change in the students health file.
5. Staff who require special diets will need to provide a physician’s order and will be expected to provide their own food and eat with the children; and, will not participate in the planned EHS meal. This will provide consistency for children and for food service record keeping procedures.

E. SUB-PROCEDURE: Food/Nutrition Experiences

OVERVIEW: In order to broaden children’s’ food experiences and to enhance the curriculum, staff will provide food/nutrition experiences in all EHS classrooms.

1. Food/Nutrition Experiences and/or cooking activities will be offered in all classrooms weekly. Teachers will include food-related activities within the weekly lesson plan.

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2. Food/Nutrition Experiences can be part of or the whole snack for the day, part of the breakfast meal, or part of the lunch meal. Children will participate in food preparations as appropriate.
3. Families will receive educational materials to continue the learning process at home.

F. SUB-PROCEDURE: Infant & Toddler Nutritional Needs

OVERVIEW: Staff and families will work together to identify each child's nutritional needs.

SCFS EHS-CCP staff and families' discussions about nutrition needs will be taken into account concerning:

1. Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a).
2. Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20).
3. For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preference; voiding patterns; and observation related to developmental changes in feeding and nutrition.
4. Infants who are formula fed will remain on the same brand of formula that they are currently being served at home to provide continuity of care. This is to be provided by the EHS Center at no cost to the parents as the center will seek reimbursement through the CACFP for the formula.
 - a. If the child is on a specialized formula due to health issues or allergies, the parent will provide or sign a release of information for the center to seek a Doctor's prescription/note for the formula in order for the center to provide the formula and seek reimbursement through the CACFP. A few examples of these are low-iron formula, formula for premature infants, Alimentum, and Nutramigen. The entire list is of all of the exempt formulas are listed on the CACFP website.
5. EHS Registered Dietitian to be available for nutrition assessments and education as needed.

G. SUB PROCEDURE: Nutritional Events

1. Food and beverages for all EHS sponsored functions will demonstrate optimal nutrition practices and maintain the following general guidelines:
 - a. Be flexible in meeting the needs of the families served (take in to consideration special needs, cultural preferences and personal preferences);
 - b. Provide nutritionally balanced meals (Breakfast, Lunch, snack) when children are included.
 - c. When children are eating follow CACFP guidelines.
 - d. Serve a variety of foods.
 - e. Refer to meal count policy.
2. Healthy snacks/food for all EHS sponsored functions will be supplied by stores, local restaurants or other authorized food service kitchens. Foods prepared at individual's homes cannot be used for parent events that are sponsored by EHS.
3. Food handling and preparation policy must be followed when preparing food for family functions.
4. Staff must be present and supervising the preparation, storage and service of food at all EHS functions.

H. SUB-PROCEDURE: Nutritional On-Going Monitoring

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OVERVIEW: SCFS EHS CCP CACFP Administration and Health Services staff will maintain an efficient and effective record-keeping system to provide accurate and timely nutrition services and information.

1. Staff will use ongoing monitoring to assure the nutrition services and education is comprehensive and timely for required children and families.
2. Nutrition tracking form and ChildPlus reports pertinent to expectant mothers will be submitted monthly to Executive Director.
3. Tracking will be used to follow-up with families to make sure appointments are kept, services needed are provided, and problems/issues are addressed early as possible.
4. Monitoring of CACFP will take place at least three times per year with no more than 6 months between visits and new centers will be visited within 4 weeks of operation. Two of the three visits will be unannounced. The Five Day Reconciliation PROCEDURES and form will be used.
5. SCFS EHS-CCP will use EHS attendance and ChildPlus attendance records for CACFP for household contact PROCEDURES.
6. Cycle menus approved by a Registered/Licensed Dietitian will be maintained on file in central office.

I. SUB-PROCEDURE: Family Assistance with Nutrition

OVERVIEW: SCFS EHS-CCP Direct staff will identify, through a family assessment process, parents with nutritional needs or concerns.

1. FA will determine, through the family assessment, if there are unmet nutritional needs in the family. Direct staff will discuss possible food supplement agencies and encourage families to utilize them.
2. FA will receive annual training on how to refer parents to local food banks, WIC, commodity foods distribution, Salvation Army, and food stamps.
3. FA staff will also offer training opportunities for parents to assist individual families with food preparation and nutritional skills, selection and preparation of foods and menus, money management and smart consumer techniques. Monthly newsletters will contain pertinent, useful nutritional information, and information on local food banks.

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Procedure Title:	Meal Service		
Procedure Number:	13.2	Effective Date:	August 18, 2016
Policy Title Reference:	Meal Service		
Subprocedures	<ul style="list-style-type: none"> a. Meal Development b. Feeding Children c. Family Style Dining d. Milk and Water e. Breast Feeding 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

EHS CCPs will provide children with regular mealtimes and nutritious foods comprising 1/3 of a child's daily nutritional requirements at each meal. Children and adults will eat together "family style" in a pleasant conversational environment. Menus will be developed to meet specific cultural, ethnic and age-appropriate preferences while introducing new foods. Children will be allowed to serve themselves and determine which foods they will eat, and how much they will eat. Children will receive food appropriate to their nutritional needs, developmental readiness, and feeding skills, as recommended by the USDA/CACFP meal pattern or nutrient standard menu planning requirements. SCFS will provide parents/guardians with information on the benefits of breast feeding.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 CCPs: Child Care Partners
 USDA: United States Department of Agriculture
 CACFP: Child and Adult Care Food Program

PROCEDURE

Meal Service Overview:

SCFS will provide children with regular mealtimes, and nutritious foods that make up 1/3 of a child's daily nutritional requirements are offered to children at the table. Children and adults will eat together "family style" in a pleasant conversational environment.

Menus will be developed to meet specific cultural, ethnic and age-appropriate preferences while introducing new foods. Children will be allowed to serve themselves and determine which foods they will eat, and how much they will eat.

Procedure:

Children and adults will eat in small groups facilitate conversation and social interaction. Adults will encourage interesting and pleasant conversation around children's total experiences, not limiting discussion topics to food and nutrition. Policies cannot be put in place which forbid classroom staff or assigned volunteers from eating

Procedure 13.2 – Meal Service

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with the children or which charges for meal cost. Staff and children cannot bring in outside food. Teachers may have outside food in the break room.

Teachers and other adults will model good eating habits and table manners and will set a good example by their positive attitudes toward, and acceptance of food served. Talk about personal dislikes of food will be discouraged. Children will be served all components from the menu. Appropriate tableware will be provided at all meal and snack times.

As developmentally appropriate children will have a variety of opportunities to pour liquids and pass food at meal and/or snack times. When children and adults have finished their meal, they will be expected to clear their own place. Children will then brush their teeth and find a quiet activity to do until everyone has finished eating. (See Steps for Monitoring Tooth Brushing instructions.)

The adult's role is to make sure that adequate amounts of nutritious foods are available (according to USDA/CACFP regulations). The child's role is to serve him/herself and ALL food components must be served to the child, although the child may decide which of these component he/she actually eats. Experimentation with new foods is encouraged, but not forced. Food is not used as a reward or punishment.

A. Menu Development:

SC FIRST STEPS EARLY HEAD START classroom menus will reflect low fat, low salt, low sugar foods using the ChooseMyPlate.gov guidelines for infants and toddlers children. Sources of Vitamin A and Vitamin C will be clearly identified. Beverage choices will be 100% fruit juice, whole or low fat white milk and/or water.

Early Head Start children will receive food appropriate to his/her nutritional needs, developmental readiness, and feeding skills, as recommended by the USDA/CACFP meal pattern or nutrient standard menu planning requirements

Procedure:

1. Menus will be created with the assistance of the Health Coordinator. Menu items will reflect seasonal fruits and vegetables and culturally diverse foods.
 - a. Every child in the center classroom shall receive at least 1/3 of the child's daily nutrition requirements; full-day attendees shall receive 1/2 to 2/3 of the child's daily nutritional requirements. Children shall receive a nourishing breakfast if they have not had one prior to arrival.
 - b. Group socialization activities for Early Head Start events shall have a snack/meal option as appropriate.
2. Menus will be posted with date, month and year. Menu change suggestions will be considered for the following month's menu.
3. Special diets for individual children will be written with the assistance of the ABC nutrition services.
4. Menu substitutions will be indicated on each monthly menu. Substitution will be crossed out and new items will be written in and posted.
5. Cow's milk will **not** be served in the first 12 months of life unless they have a doctor's statement allowing whole milk. Children 12-24 months of age shall be served whole milk. Children over 2 years old will be served 1% milk.

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6. The introduction of solid foods will follow USDA/CACFP guidelines for child's nutritional and developmental needs. If child has special nutritional needs child must have written documentation from primary health care provider.
7. Toddlers will be served age appropriate types of foods. Early Head Start staff will cut toddlers foods into small pieces.
8. Early Head Start staff will share the CACFP infant and toddler meal patterns with parents as a guide for parents to serve appropriate quantities and varieties of food at home.
9. Early Head Start staff will help toddlers become independent at meal times by encouraging them to select from a variety of acceptable foods, including those that represent cultural preferences.

B. Feeding Children Overview:

Children enrolled in SC FIRST STEPS EARLY HEAD START centers shall receive age- and nutritionally-appropriate food which meets the feeding requirements of each child.

Procedure:

1. Menus shall be available to be reviewed by the SC FIRST STEPS EARLY HEAD START Registered Dietician (RD) to ensure that each infant and toddler with special dietary needs receives food appropriate to his/her nutritional needs, developmental readiness, and feeding skills as recommended in the USDA/CACFP meal pattern or nutrient standard menu planning requirements.
2. In order to promote bonding, an adult shall hold infants while feeding. Infants are not to be laid down with a bottle.
3. Infant feeding schedules will be documented by staff and shared with parents using the "Daily Sharing Information Sheet. Infants and young toddlers shall be "fed on demand" to the extent possible.
4. Infant formula is to be provided by the program in accordance to parent instructions. Special formula is to be utilized under physician orders only.
 - a. Formula utilized will be in powder form.
 - b. Formula may be warmed using warm water, never via a microwave.
 - c. Bottles/nipples must be washed according to sanitary guidelines.
 - d. Staff must abide by sanitary guidelines in preparing the formula/bottles.
 - e. Prepared bottles must be stored on a daily basis in a refrigerator at proper temperature. Opened and unused formula shall be labeled as to date and time opened and is to be discarded within 48 hours.
5. Introduction of solid foods at EHS centers will be made in partnership with parental instructions/input.
6. Toddlers shall eat meals in family style dining (see Family Style Dining Policy).

C. Family Style Dining Overview:

Meal times will provide a range of opportunities that support meaningful conversations with adults and support the development of social relationships. Meals shall be served family style with developmentally appropriate children, classroom staff, and assigned volunteers eating together and sharing the same menu to the extent possible.

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Procedure:

1. Meals will be served in a pleasant, well-lit, and ventilated area that encourages socialization.
2. Classroom staff and assigned volunteers shall eat with the children to the extent possible, recognizing that individual dietary concerns, allergies, and multiple meal times during different class sessions may prevent the adult(s) from eating. If for some reason the classroom staff and assigned volunteer(s) cannot eat the meal, the adults shall be seated with the children facilitating the meal and socialization activities.
3. Classroom staff and assigned volunteers will sit with the children during mealtime modeling appropriate table manners and social conversation.

D. Milk & Water:

A sufficient quantity of milk (as per USDA/CACFP requirements) will be served and kept readily available to children for each meal served at the time of meal.

Procedure:

If a child has a *Medical Statement for Food Substitutions* form in place, that child will be served a non-dairy beverage nutritionally equivalent to milk that meets the same nutritional standards.

Should the physician recommend serving other than the above, that child's meal will not meet USDA/CACFP meal component requirements and therefore will not be eligible for reimbursement.

If a child, who does not have a medical exemption for milk, would prefer water instead, the teacher is encouraged to say something similar to: "We are having milk with lunch, but if you are thirsty for water, you may have some after lunch." If the child does not then serve themselves milk, the teacher will pour a small serving of milk into the child's glass.

Adults will model drinking milk at mealtime. Water may be served at other times during the day, such as after outside play, to encourage the habit of drinking water for re-hydration. Mealtime at SC FIRST STEPS EARLY HEAD START is a modeling and educational opportunity.

E. Breast Feeding: Breast Milk Storage & Handling Overview:

SC FIRST STEPS EARLY HEAD START staff will provide parents/guardians with information on the benefits of breast feeding. Parents and staff will be provided with the proper guidelines for safe breast milk handling and storage for infants. Proper care must be taken for all stages of collection, storage, and administration of breast milk.

Procedure:

1. Storage of fresh breast milk:
 - a. Check that milk is labeled with child's name, date and time pumped. If not, ask mother to label it.
 - b. Place bottles in refrigerator or freezer.

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- c. Discard any defrosted unused milk after 48 hours. Keep fresh, unrefrigerated milk at room temperature for up to 2 hours, or refrigerate. Whenever possible, use fresh, not frozen, breast milk to retain maximum nutritional and infection fighting properties.
- 2. Storage of frozen breast milk:
 - a. Store frozen breast milk at or below 32 degrees Fahrenheit until thawed for infant feeding.
 - b. Discard if not used in 6 months.
 - c. Store in refrigerator after thawing.
 - d. Discard any unused thawed milk after 24 hours
 - e. Rotate stock using oldest frozen milk first.

NOTE: Frozen breast milk retains many important antibodies, is nutritionally superior to commercial formula for feeding of premature infants, and should be used when fresh milk is not available.

- 3. Preparation for feeding:
 - a. Check label to verify baby's name and that milk has not been stored longer than the recommended time. Label bottle with time and date thawed.
 - b. Warm the milk to body temperature in warm water bath. Do not use microwave to warm milk.
 - c. Shake milk vigorously to redistribute the cream layer.
 - d. Discard any unused milk from a feeding. Do not refreeze milk once thawed.
 - e. When handling breast milk wear gloves.

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Procedure Title:	Child and Adult Care Food Program		
Procedure Number:	13.3	Effective Date:	August 18, 2016
Policy Title Reference:	Child and Adult Care Food Program		
Subprocedures	<ul style="list-style-type: none"> a. CACFP Application b. Enrollment Form & Application for Free & Reduced Meals c. Master Roster of Enrollees d. Submitting Claims e. USDA/CACFP Meal & Snack Funding/Reimbursement f. Meal Count g. Training Requirements 		
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS EHS centers will enroll in - and utilize - the United States Department of Agriculture's (USDA/CACFP) Child and Adult Care Food Program (CACFP) as their primary source of funding meals and snacks. SCFS EHS will not reimburse individual centers for daily meals and snacks as the CACFP program will be utilized for this purpose. CACFP is a nutrition education and reimbursement program for licensed family child care homes and centers. CACFP materials will be used to teach and help establish healthy eating habits. Centers will abide by all the rules and regulations of the CACFP in providing quality meals to enrolled children. Programs participating in the Child and Adult Care Food Program will follow all application procedures, renewal processes, and paperwork requirements.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start
 CACFP: Child and Adult Care Food Program
 USDA: United States Department of Agriculture

PROCEDURE

A. CACFP Application

SCFS center programs will use United States Department of Agriculture (USDA/CACFP) Child and Adult Care Food Program (CACFP) for the main source of funding meals and snacks. SCFS will not reimburse individual centers for daily meals and snacks as the CACFP program will be utilized for this purpose. CACFP is a nutrition education and reimbursement program for licensed family child care homes and centers. CACFP material will also be used to teach and help establish healthy eating habits early in life.

SCFS will abide by all the rules and regulations of the USDA Child and Adult Care Food Program in providing quality meals to SCFS enrolled children.

SCFS programs participate in the Child and Adult Care Food Program will follow the application procedures, renewal process and adhere to paperwork requirements.

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Procedure:

The grantee will compile and submit the CACFP initial application/renewal application to the Department of Social Services by the date requested.

B. Enrollment Form & Application for Free & Reduced Meals:

Enrollment Forms will be obtained on every child that participates in the Child and Adult Care Food Program. The program will determine eligibility for free and reduced meals per Early Head Start's agreement with the Child and Adult Care Food Program.

Procedure:

A completed enrollment form must be obtained on every child that participates in CACFP. The enrollment form must be obtained the month the child enrolls. It also must be signed and dated by designated staff the month the child enrolls. If a child does not have an enrollment form, the child, as well as meals consumed, will not be claimed for reimbursement.

An application for Free and Reduced Meals is completed by the child's parent at the time of enrollment when family income exceeds Early Head Start income eligibility guidelines.

For Early Head Start income eligible children, the income verification completed by the program for enrollment purposes will be used in lieu of the Application for Free and Reduced Meals.

All non-Early Head Start enrolled children must have an Application for Free and Reduced Meals regardless of the family income on file.

Applications must be completed by the child's parent or guardian. If the parent/guardian is unable to complete the application, staff will assist and note this on the application form.

All enrollment forms and applications for Free and Reduced Meals will be submitted to the CACFP Administrator for review and classification.

If the child's parent/guardian refuse to complete the application, staff will record the child's name, birthday, and parent refusal to complete the form, and classify the child as "paid".

Refer to the Application for Free and Reduced Meals form for corresponding numbers to complete the application as follows:

- Child Information – Parent prints name and birthday of child enrolled in Early Head Start/Children Garden.
- Program Benefits – If parent receives food stamps or Transitional Assistance Program (TANF) benefits on behalf of the child, list food stamp case number or TANF case number. -Complete Foster Child – Fill out a separate application for each foster child. Check appropriate application box. Enter the foster child's personal income (put "0" if child has no income). Complete the form by proceeding to Part 4 and Part 5.
- Household Members and Monthly Income – USDA defines a *household* as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

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- If a food stamp/TANF case number is given or if a food stamp or TANF case number is not reported, list names of all household members including children not listed under Child Information and the total current household income in the appropriate column.
- The income reported must be last month's total gross household income listed by source, and for each household member. If last month's income does not accurately reflect the family's circumstances, a projection of annual income may be provided. Last year's income may be used as a basis for making this projection if no significant changes have occurred.
- The signature, last 4 digits of the social security number of an adult household member and the date the form was completed must be included in this section. Telephone number and address should be listed.
- Race – The racial or ethnic identity of the participant should be included but is not mandatory.

C. Master Roster of Enrollees

The program will maintain an enrollment roster which lists the names of each child who participates in meal service during the month. All Early Head Start children that participate in CACFP are automatically Free (USDA Policy 11-2013). All non EHS children will fill out a CACFP application.

Procedure:

- For each month of operation, a Master Roster will be updated to accurately reflect the number of children enrolled in the classroom.
- The Master Roster is to be submitted to the grantee CACFP Administrator monthly.
- Master Rosters are to be kept up-to-date and filed in a locked cabinet.
- Master Rosters are a live document and must be on-going and up-to-date
- Names on Master Roster should always reflect names on attendance form.

D. Submitting Claims

This policy explains the 30/90-day claim for reimbursement procedure and limits the number of revised claims SC FIRST STEPS EARLY HEAD START may submit to CACFP.

Procedure:

- CACFP requires institutions to submit an original claim within 30 calendar days, and allows for no more than two revisions to be submitted within 90 calendar days following the end of the claiming month.
- Institutions must submit to CACFP complete and substantially accurate original and revised claims within the 30/90-day deadlines. If an institution submits a claim after the 30-day deadline, the institution's reimbursement for the claim will be delayed and the institution will be required to submit information in writing to CACFP. This information must state the reason the claim was not submitted within 30 days and a description of the process that the institution has implemented to ensure that claims will be submitted no later than 30 days following the last day of the full month covered by the

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claim in the future. CACFP may, at its discretion, take appropriate actions including, but not limited to declaring an institution seriously deficient for repeated non-compliance of the 30-day claim deadline. Federal regulations will continue to require a written one-time exception request for claims submitted past 60 calendar days from the end of the claiming month.

- In order to ensure accuracy and proper payment of claims, CACFP will also limit the number of revised claims institutions may submit for reimbursement. Institutions will be permitted to submit two (2) revised claims in addition to, but only after, submitting an original claim to CACFP.
- Downward adjustments (changes made to a claim that results in a lower reimbursement than the reimbursement of the original claim submitted) can be made, and will be allowed at any time during the 90-day period. Downward adjustments beyond the 90-day period must be requested via mail to CACFP's Finance Department.
- Once an original claim has been revised twice, no additional revisions will be allowed unless those revisions result in a downward adjustment or from a CACFP review, audit or independent audit. Revisions made following a CACFP review, audit or independent audit are not counted towards the two (2) opportunities institutions have to revise claims themselves.

e. USDA/CACFP Meal & Snack Funding/Reimbursement

SC First Steps EHS Child Care Partnership centers will use United States Department of Agriculture (USDA/CACFP) Child and Adult Care Food Program (CACFP) for the main source of funding meals and snacks. CACFP is a nutrition education and reimbursement program for licensed family child care homes and centers. CACFP material will also be used to teach and help establish healthy eating habits early in life.

Procedure:

Identification

All children must have a copy of their birth certificate, hospital certificate or Medicaid Card before they start attending classes.

Name Changes

If a child has a legal name change (through adoption, etc.) during the school year, a copy of the legal judgment issued by the court will be obtained. If a misspelling of the child's name is noticed on attendance sheets, it will be crossed out and the correct spelling will be legibly printed next to the error.

Eligibility

Children enrolled in Early Head Start/Head Start, **even those over the income guidelines**, are automatically eligible for free meals and snacks in the USDA/CACFP CACFP, NSLP, and SBP without further application or eligibility determination.

The document showing the child/children are currently enrolled as participants in Early Head Start is sufficient documentation of automatic eligibility. Documentation must be readily available to the official designated by the district to determine eligibility for free meals.

F. Meal Count

Procedure 13.3 - Child and Adult Care Food Program

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Each SCFS center using USDA/CACFP meal and snack reimbursement will monitor daily meal attendance.

Procedure:

- Meal counts are marked on the meal count record form by classroom staff at each meal and snack.
 - Classroom staff will tally the number of meals for children, adults, and siblings at the bottom of each daily column, **AT THE TIME OF SERVICE**. Adults eat family style meals and mark on the meal count record form.
 - Classroom staff will enter meal counts for both staff and children in ChildPlus at time of service.
 - At the end of the week, classroom staff turns in their sign in/out sheets to the center director.
 - The center director or supervisor signs and dates all of their sign in /out sheet. Director verify times and dates to see that they match data in ChildPlus.
 - The center director submits the meal count record and sign in/out sheets to a designated staff member.
 - The designated staff member collects all of the meal count record by the 3rd of each month, verify that all data is complete, use the data to complete claim reimbursement form, than submit to center CACFP administrator by the 5th of the month. Incomplete/inaccurate sheets will be given to the teachers for follow up, along with a disciplinary action.
 - Center directors computes the average daily attendance for every center, food costs, verifies all figures for accuracy. Center directors submit CACFP claim by the 15th of the month.
- **Special Circumstances – Meal Attendance Sheets**
 - If you have a child come in late, offer that child the meal or snack most recently served. If you have a child that does not like the meal and won't eat it, do not force the child to eat but encourage the child to try one (1) bite and keep everyone company at the table. As long as the child sits down at the table and the food is offered we can count the child for the meal.
 - If class is cancelled due to problems with heat, weather, etc., across the day affected write, "No Class Today – Reason."

G. Training requirements

The purpose of this policy is to clarify training requirements for Child and Adult Care Food Program (CACFP). The policy applies to all centers participating in the Child and Adult Care Food Program (CACFP). SCFS is participating in the CACFP. SCFS requires all teachers to attend CACFP training. Staff attending training receives vital information about the CACFP, operating the CACFP, CACFP regulations, SCFS policy, and additional pertinent CACFP information. SCFS requires participants to attend annual training. Attendance at the additional training session(s) may be mandatory or optional.

The person that attends Program training on behalf of SCFS as the Program Contact must be a legal employee of that entity. The Program Contact is responsible for training all staff within the institution that have CACFP duties and tasks. The Program Contact must train any administrative or operating staff with CACFP duties to the extent necessary to ensure that staff person can successfully complete their assigned CACFP duty(ies). Failure

Procedure 13.3 - Child and Adult Care Food Program

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SOUTH CAROLINA FIRST STEPS PROCEDURE

of the Program Contact to train other staff with CACFP responsibilities will result in the institution being declared seriously deficient.

Federal regulations require sponsoring organizations to provide training to "key staff" for all new sponsored facilities on Program duties and responsibilities prior to the beginning of Program operations. "Key Staff" includes the facility employee(s) who is responsible for the overall management and administration of the CACFP for the facility. This would include employees responsible for completion of daily paperwork, recordkeeping, monitoring, and application and/or claim submission.

Procedure: Attendance by "key staff" at these training sessions is mandatory.

- At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and the reimbursement system.
- The "key staff" within each facility are responsible for providing training to other facility staff that have responsibilities related to the CACFP such as taking point of service meal counts, menu planning, and cooking. Failure of a sponsoring organization to provide this mandatory training to "key staff" and ensure that all "key staff" of new sponsored facilities attend the training will result in the sponsoring organization being declared seriously deficient. Failure of "key staff" to attend mandatory training must result in the sponsored facility being declared seriously deficient.
- The agency must maintain records of training received/attended. Sponsoring organizations, in maintaining training records, must ensure that the records indicate the location of the training, the topics presented (its subject matter), the date the training was offered, and the name(s) of the attendees, and verification of their attendance (i.e. sign-in-sheet). SCFS will maintain all materials that were used or given out at the training. Documentation of attendance at mandatory trainings will be verified during CACFP reviews.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Food Safety and Sanitation		
Procedure Number:	13.4	Effective Date:	August 18, 2016
Policy Title Reference:	Food Safety and Sanitation		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

The food preparation process will include strict observation of personal hygiene, continuous application of sanitary food-handling techniques, destroying harmful bacteria, thorough washing, and minimal handling of food throughout the process.

Only employees and regular volunteers trained in food handling procedures will prepare food for breakfast, lunch, snacks, or cooking projects. Additional parents and volunteers may help with cooking and food-related classroom projects under the supervision of a trained employee or volunteer.

DEFINITIONS

N/A

PROCEDURE

The food preparation process will include strict observation of personal hygiene, continuous application of sanitary food-handling techniques, destroying harmful bacteria, thorough washing, and minimal handling of food throughout the process.

SC FIRST STEPS EARLY SC FIRST STEPS EARLY HEAD START requires that evidence of compliance with Federal, State, and local food safety and sanitation laws related to the storage, preparation, and service of food and health of the food handlers will be followed.

1. The food service departments that provide the food for Early Head Start will have their food service inspection form posted in the kitchen.
2. Health Services staff will conduct sanitation internal monitoring at the center-based programs at least annually.
3. Early Head Start centers will have proper storage areas for breast milk, formula, other liquids and foods served to children.
4. In the center-based programs, Early Head Start staff will take the temperatures of foods and fluids at the point of service daily and record as directed on the food temperature logs.

Procedure 13.4 – Food Safety and Sanitation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

5. Early Head Start staff will follow the proper handling of breast milk and formula which includes the following:
- a. Bottles will never be warmed in a microwave due to uneven heating and the possibility of causing burns.
 - b. Containers of breast milk or formula will be marked clearly with the child's name and the date.
 - c. Breast milk and formula will be discarded if not used within 48 hours, if refrigerated or, 6 months if frozen.
 - d. To avoid spoilage, bottles of breast milk for formula will not be warmed at room temperature or in warm water for extended periods of time.
1. Early Head Start staff members at centers serving infants and toddlers will have proper instruction on the handling of commercially prepared baby food which includes the following:
- a. When opening a new jar, check the expiration date or "throw away" date.
 - b. Throw away baby food jars if the date has passed.
 - c. Check to see that the safety button in the lid is down. The jar should "pop" when opened. If it does not, don't use.
 - d. Write the child's name, date opened and date to be thrown away on the label.
 - e. Spoon a serving from the jar into a dish before feeding.
 - f. Do not feed directly from the jar.
 - g. Do not put uneaten food from the dish back into the jar.
 - h. Do not heat baby food jars in the microwave.
2. Early Head Start staff or food service staff members at centers serving children will follow proper cleaning and sanitation procedures of bottles, nipples, dishes and utensils used during meals and snacks.
- Potentially hazardous foods requiring cooking must be cooked to heat all parts of the food to a temperature of at least 140 ° Fahrenheit, except:
 - Poultry and dressing must be cooked to heat all parts of the food to at least 165° Fahrenheit with no interruption of the cooking process.
 - Pork and pork products must be cooked to heat all parts of the food to at least 155° Fahrenheit.
 - Ground beef must be cooked to at least 155° Fahrenheit.
 - Other beef, eggs, fish to at least 145° Fahrenheit.
 - Microwaveable foods must be heated to 165° Fahrenheit and allowed to stand for two minutes before serving.
 - Potentially hazardous foods that have been cooked and then refrigerated must be reheated rapidly and thoroughly to 165° Fahrenheit or more before being.
 - Potentially hazardous foods must be thawed:
 - Under refrigeration at a temperature below 40 degrees Fahrenheit;
 - Under cold running water, no longer than 2 hours;
 - In a microwave oven only when the food is being cooked immediately afterwards;
 - As part of the conventional cooking, i.e.: hamburger patties or shrimp.

Procedure 13.4 – Food Safety and Sanitation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Potentially hazardous food must be kept at an internal temperature of 40 degrees Fahrenheit or below, or at an internal temperature of 140 degrees Fahrenheit or above during the holding period.

Each serving bowl on the table has a separate spoon or other utensil for serving food. Cover food in bowls to set on table before serving. Use plastic wrap for cold, aluminum foil for hot.

Place minimum quantities of every meal component (see USDA requirements for infants and toddlers) on the table and add as amounts become depleted. This way less food will be wasted and food will be available in the case of an accident.

No leftovers from the table will be sent home with children, staff, or adults due to the hazards of bacterial growth. No leftovers from the table can be reused in the kitchen.

Pour milk into clean pitchers for each meal.

14.0 Child Mental Health

14.1 Classroom Observation by a Mental Health Professional

14.2 Referral for Mental Health Services

SOUTH CAROLINA FIRST STEPS – EARLY HEAD START POLICY

Policy Title:	Classroom Observation by a Mental Health Professional		
Policy Number:	14.1	Effective Date:	August 18, 2016
Related Procedures	14.1 - Classroom Observation by a Mental Health Professional		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

Based on the belief that anticipating and understanding a child's behavior and development helps parents and staff respond to that behavior in a manner more likely to enhance the child's development, SCFS will schedule at least one classroom observation by a qualified Mental Health Professional each year.

The focus of this observation is on teacher-adult interaction, adult-child interaction, and general classroom atmosphere. The consultant meets with the classroom team following observations to make recommendations with regard to the development of emotionally supportive classrooms, curricula and relationships.

The Mental Health Professional will also make a note of the general social-emotional development and behavior of children, and may make recommendations as to appropriate behavioral interventions to better integrate all children in classroom activities. Parents of children with behavioral difficulties will have an opportunity to confer with the Mental Health Professional and/or classroom staff and will participate fully in any behavioral planning for that child.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

14.1 - Classroom Observation by a Mental Health Professional

SOUTH CAROLINA FIRST STEPS – EARLY HEAD START POLICY

Policy Title:	Referral for Mental Health Services		
Policy Number:	14.2	Effective Date:	August 18, 2016
Related Procedures	14.2 - Referral for Mental Health Services		
Regulation References:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
SCFS Board of Trustees Approval Date:	August 18, 2016	Policy Council Approval Date:	August 15, 2016
Revisions Dates:			

POLICY

Mental health services at SCFS EHS are based on the belief that child and adult needs should be addressed in a manner that alleviates unnecessary stress and creates avenues for learning to successfully manage life's inevitable challenges. Interactions at EHS seek to instill a sense of confidence. Adults and children are encouraged to participate in experiences that increase their self-awareness and afford them opportunities to relate to others in a safe and supportive environment.

The mental health content area at SCFS reflects a collaborative continuum of services that includes prevention, identification, referral and treatment. When a referral for mental health treatment is indicated, families are fully involved in the process. Head Start collaborates with agencies and individuals in an effort to enrich the services available to families and staff.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

REFERENCED PROCEDURES

14.2 - Referral for Mental Health Services

15.0 Family and Community Partnerships

- 15.1 Family Assessment and Goal Setting
- 15.2 Parent Orientation
- 15.3 Addressing Diversity in EHS
- 15.4 Accessing Community Services and Resources
- 15.5 Emergency and Crisis Assistance
- 15.6 Family Contact and Case Notes
- 15.7 Counseling Programs and Information
- 15.8 Community Advocacy
- 15.9 Home Visits
- 15.10 Information-Change of Status
- 15.11 Community Services
- 15.12 Parent Committees
- 15.13 Parent Feedback
- 15.14 Parent Education and Employment
- 15.15 Parent Handbook
- 15.16 Parent Education and Involvement
- 15.17 Parent Activity Funds
- 15.18 Parent-Community Representative Reimbursement
- 15.19 Transitions into Head Start or Preschool

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Family Assessment and Goal Setting		
Procedure Number:	15.1	Effective Date:	August 18, 2016
Policy Title Reference:	Family Assessment and Goal Setting		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will engage in a collaborative partnership building with families to establish mutual trust and to identify family goals, strengths, and necessary services and other supports.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

Parent Involvement

Research indicates that to sustain the gains made by the child in Early Head Start, they must be understood and built upon by the family and the community. To achieve this goal, Early Head Start will provide for the involvement of the child's parents and family members in the child's Early Head Start experience. Parents of enrolled children will be encouraged to participate in the full range of program and decision-making activities.

Parents will be encouraged to serve in the Early Head Start classroom as volunteers, taking an active part in the daily schedule of activities with children, helping with facilities or taking part in other projects. When appropriate, parents will be used as volunteer or paid substitutes in the classroom, or in the kitchen.

All parents of currently enrolled children will be considered members of the Parent Committees. As a member of one of these groups, parents will participate in making decisions about the program's curriculum and will provide staff and Policy Council with input for developing local program policies, activities and services. Parent Committees may organize social events, community projects, classes, workshops, guest speakers, support groups or fund-raising activities.

Two representatives from each Early Head Start center will be elected by the Parent Committees each year to serve on Policy Council. Parents elected to Policy Council will participate in the process of making decisions about the nature and operation of the Early Head Start program, will participate in the annual program self-assessment, and will serve as a link between the Policy Council and the Parent Committee.

As the primary educators of their children, and in cooperation with the teaching staff, parents will be encouraged to reinforce skills their children have learned at school, and encourage the development of new skills in the home environment.

Procedure 15.1 – Family Assessment and Goal Setting

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Family Partnerships

Early Head Start staff will engage in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths and supports. Staff will be sensitive to individual family strengths and abilities as well as family needs. Contact will be ongoing throughout the year with teachers providing regular support and reinforcement of goals and strategies.

The partnership process will involve family goal setting, coordination with pre-existing plans, and support and encouragement for parental involvement and participation in program activities. Linkage to appropriate resources as well as crisis intervention services will be offered relevant to expressed needs. Parents will have ongoing opportunities to be involved in a wide range of activities designed to support families through provision of health, nutrition, child development, and mental health educational services.

Procedure for Family Goal Setting and Family Partnership Agreement:

The overall goal of the Family Partnership Agreement process is to teach parents about problem solving, planning and goal setting. An outline of the Family Goal Setting Process is included in the Home Visit. Teachers will use the *Family Partnership Agreement* to guide this work.

1. The process begins with the relationship established with the family from initial contact. During the application and enrollment process, staff and parents will begin to know each other and information will be collected about the family. The staff member should review this information immediately prior to meeting with the family to complete the *Family Partnership Agreement*.
2. Staff member will discuss the planning process with the family. Staff member will help the family identify their strengths as individuals and as a family, and may note resources currently being used. Future goal-setting will be based on the family strengths and existing family supports that are identified early in this process.
3. The next step is to assist the family in determining what they want to work on at this time. This can be done through a discussion of family needs, desires or dreams. Families may wish to work with existing family plans, with Early Head Start providing additional support and resources to achieve desired goals or outcomes.
4. Develop reasonable and practical goals and objectives with the family. Identify resources that can be used to accomplish goals and objectives using the *Community Resource Directory* and family or staff member knowledge of the community. Discuss possible barriers or anticipated problems in accomplishing the desired outcome, assign responsibility for accomplishing each step (parent, teacher, etc.), and determine an estimated date or timeframe for completing each step.
5. Document plans and progress. Staff will check back regularly by phone or in person to check on progress, provide additional assistance, or make adjustments to the overall plan. Make sure that celebration of success is built into the plan and acknowledged by staff and parents.

Role of the Early Head Start Staff:

- Help the family assess their own strengths and needs;
- Work with the family to develop family goals and objectives using the Family Partnership Agreement form;
- Provide information about available family resources and link the child, parent and family to services appropriate to meet expressed needs;

Procedure 15.1 – Family Assessment and Goal Setting

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- Monitor and evaluate the delivery of support and services to the family or individual family members to ensure that services are received and appropriate;
- Advocate on behalf of the child and family; and
- Teach the parents how to advocate for themselves and their family members and effectively communicate their needs, ideas and concerns to service providers.

Procedure:

1. After families have been identified as eligible for program participation, registration will take place. The initial application process or submittal of re-enrollment form letter, the Health and Nutrition phase, and the Family Service phase of the registration process will be completed.
2. Each phase will involve a personal face-to-face with the family enrolling in the program with an ongoing relationship being developed through each registration interview process.
3. The Family Partnership building process begins within 45-90 days calendar days after a child's enrollment and is ongoing throughout the family's participation in the program.
4. The family face-to-face meeting interview and Parent Interest Survey and Family Assessment Form will be used to assist Family Advocates in helping families establishing realistic goals according to family's current well-being. Each family will have an ongoing relationship throughout the year working with the staff and Family Services team to develop a partnership that allows for the development of goals and meeting the challenges faced to overcome obstacles for the continued success of new goal setting.
5. Family Advocates should use the following forms in this process that will eventually lead to goal setting: ChildPlus Application, IEP or IFSP (if applicable), Health History, Family Assessment Form and others as needed. Each Family Partnership goal will be documented in the appropriate section of the Child Plus report to generate a list of needs and needs met services provided by the Early Head Start program, so that an accurate reflection of the annual PIR will show the program goals and outcomes for each family on an individual and group level.
6. After information is collected from the family on meeting the challenges that prevent goals from being achieved, the Family Advocate (FA) will fill out a referral form to the appropriate agency with documented follow-up being done to see that each family had needs met in a timely and appropriate manner.
7. Each FA will have the necessary community resource tools to accurately pinpoint where services may be accommodated and how to better assist families in accessing these services.
8. The Family Partnership Agreement (FPA) is an ongoing process that involves the parents and families and focuses on the strengths, needs and interests of the family. Development of goals, activities, providers, target dates, completion dates, follow-up, and evaluation are all involved in the process that assists parents and families in gaining access to the community services that can meet their needs or strengthens their ability to care and advocate for their children.
9. Family Partnership Agreement (FPA) must be initiated as early after enrollment as possible, but taking into consideration each family's readiness and willingness to participate in the process.
10. Family Partnership Agreement (FPA) should be reviewed with families throughout the program year in accordance with the target dates set for the activities noted on the FPA. The date of a review will be noted

Procedure 15.1 – Family Assessment and Goal Setting

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SOUTH CAROLINA FIRST STEPS PROCEDURE

on the agreement, and in the database. FPAs can be completed throughout the program year. Obtaining written FPAs can be a tool that greatly increases the participation and likelihood of follow-through for families.

Procedure 15.1 – Family Assessment and Goal Setting

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Orientation		
Procedure Number:	15.2	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Orientation		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

To ensure that parents are informed of the day-to-day activities of the EHS program, parents shall receive an orientation at the time of enrollment, to include their rights and responsibilities within the program.

DEFINITIONS

EHS: Early Head Start

REFERENCED PROCEDURES

Before their enrolled child starts attending class, parents must participate in orientation at the beginning of the new school year. More than one session may be offered to accommodate parent's varying schedules. Parents of children enrolled after the new school year begins, must also attend parent orientation prior to the child beginning class. This orientation may be completed with the Family Advocates. The following information is given to parents in orientation:

Introduction to Early Head Start and Child Care Center

- Welcome and Staff Introductions
- Overview of Early Head Start
- Calendar and Upcoming Events

Review of Parental Rights and Responsibilities

- Highlights from the Parent Handbook
- Parent Involvement
- Conferences and Home Visits
- Family Partnership Agreements and Goal Setting
- Volunteer Activities
- Shared Governance: Parent Committees and Policy Council
- Policy Council Officers (Job Responsibilities)
- Parent's Code of Conduct
- Physical and Dental Requirements

Procedure 15.2 – Parent Orientation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Daily Activities in the EHS Classroom

- Center Information
- Expectations of Child Activities and Curriculum
- Meals and Tooth-brushing
- Center Daily Schedule
- Medical Services and Dental Services
- Mental Health Services
- Children with Special Needs

Rules and Regulations

- What to Do in Case Your Child is Sick / Emergency
- Child Release Procedures
- Confidentiality
- Child Abuse and Mandatory Reporting

Procedure 15.2 – Parent Orientation

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Addressing Diversity in Early Head Start		
Procedure Number:	15.3	Effective Date:	August 18, 2016
Policy Title Reference:	Addressing Diversity in Early Head Start		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure that interactions with families are respectful of the diversity, culture, and ethnic backgrounds of participating families.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. Staff will enlist the aid of bilingual and bi-cultural individuals to provide assistance with paperwork, communication, and expressing cultural differences.
2. Staff will be respectful of each family's culture.
3. Train staff and volunteers to recognize that families differ across many dimensions, including language, family structure, religion, and educational and socio/economic backgrounds.
4. Provide cultural activities that interest both males and females.
5. Hire bilingual staff and place them in areas with the greatest need.
6. Providing program materials and information in multiple languages when and where possible.
7. Recognize and respect special needs and/or diets.

Procedure 15.3 - Addressing Diversity in Early Head Start

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Accessing Community Services and Resources		
Procedure Number:	15.4	Effective Date:	August 18, 2016
Policy Title Reference:	Accessing Community Services and Resources		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will provide families with comprehensive information about community resources, establish collaborative relationships with community organizations and support families in accessing needed services.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. A community services list will be developed and will be available to parents.
2. A community resource binder will be maintained in the EHS center. It allows easy access and is user friendly for parents and staff.
3. FA's are trained on new available community resources.
4. Should any parent contact result in a problem or the need of services, the Family Advocate will document the problem or need using Child Plus. On-going follow-up will be provided to monitor resolution of the problem or service need. If a referral is made over the phone, this event will also be documented in Child Plus.
5. Some of the methods the Family Advocates can use are:
 - Become thoroughly familiar with available community resources, both within the area served by the EHS center and the larger community.
 - Hold parent and family group meetings and invite presenters from local community agencies and / or organizations to discuss their operations. Include a question and answer period for participants.
 - Help parents identify specific problems and associate them with the most logical agency to provide the service.
 - FAs can be helpful to families as they assist them in developing self-confidence and independence in dealing with community service providers.
6. Once contacts have been made with the service providers in the community, and communication has been initiated, it is important to keep the lines of communication open. Periodic contacts in person or over the telephone will help to maintain coordination efforts and stimulate cooperative activities. Information sharing keeps everyone involved in the process aware of:

Procedure 15.4 - Accessing Community Services and Resources

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SOUTH CAROLINA FIRST STEPS PROCEDURE

- a. What the others are doing;
- b. What progress is being made by each member toward the common objective;
- c. New directions that are being considered to accomplish goals.

7. The FAs are the primary link between the EHS center and families.

Procedure 15.4 - Accessing Community Services and Resources

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Emergency and Crisis Assistance		
Procedure Number:	15.5	Effective Date:	August 18, 2016
Policy Title Reference:	Emergency and Crisis Assistance		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will work collaboratively with participating families to identify and access (either directly or through referral), resources that are responsive to the emergency and family crisis needs of enrolled families.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. Family Advocate will take the lead in assisting families that might experience a crisis or emergency situation, directly or through referral to a community resource agency. The FA intervenes in emergency/crisis situations in order to assess the nature, severity, and impact of the crisis upon the family, to assist the family in identifying their own available resources or other agencies that can possibly meet the immediate need.
2. FA, when informed, will assist families in a crisis by identifying and contacting resources for long-term crisis intervention plan and services.
3. The Family Advocate will maintain contact with the family determining stability, and that the crisis has been resolved.
4. Staff interaction with the family will be documented in Child Plus by the Family Advocate and should be captured in the PIR section in the system.
5. Family Service case notes are to be captured under Family Partnerships in Child Plus, and in hard copy in the child's FS file.

Procedure 15.5 - Emergency and Crisis Assistance

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Family Contact Case Notes		
Procedure Number:	15.6	Effective Date:	August 18, 2016
Policy Title Reference:	Family Contact Case Notes		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Family Contact Case notes will be used to document contacts made to families. Maintenance of these notes shall be the responsibility of the FA assigned to each family.

DEFINITIONS

FA: Family Advocate

REFERENCED PROCEDURES

1. Family case notes should be used to document specific contact made with enrolled families.
2. The family case notes should not be used in duplication to another form for example, an Education Home Visit must be documented on an Education Home Visit Form. Family phone number change should be completed on a Child Information Form. A person volunteering in the classroom should be documented on the In-Kind Form. An identified need of a family should be documented on a Family Service Referral Form. Parent Committee participation will not require a family case note.
3. If a child will be absent for an extended period of time (per parent/guardian), for instance with chicken pox, staff should get a return date. If the child does not return on the specified date, given by parent/guardian, the staff should follow-up according to attendance policies and procedures. The follow-up should be documented in case notes.
4. Family case notes are to be kept in each individual child's file housed in the SCFS Office.

Procedure 15.6 – Family Contact Case Notes

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Counseling Programs and Information on Mental Health		
Procedure Number:	15.7	Effective Date:	August 18, 2016
Policy Title Reference:	Counseling Programs and Information on Mental Health		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will make available a list of counseling programs/mental health resources and information on mental health issues that place families at-risk including substance abuse, child abuse and neglect, and domestic violence.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. Assist parents to form linkages with counseling programs that target specific mental health issues.
2. Make available educational materials and opportunities to learn about mental health through:
 - Brochures
 - Bulletin boards
 - Community resource and referral information
 - Support groups
3. Staff is available to informally and confidentially discuss issues with children and families and to make appropriate referrals.

Procedure 15.7 - Counseling Programs and Information on Mental Health

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Community Advocacy		
Procedure Number:	15.8	Effective Date:	August 18, 2016
Policy Title Reference:	Community Advocacy		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

EHS staff will serve as advocates for EHS families.

DEFINITIONS

EHS: Early Head Start

REFERENCED PROCEDURES

Early Head Start staff should represent the best interests of Early Head Start families to the community in the following manner:

- a. Visit social service providers and community groups.
- b. Serve as a liaison for Early Head Start families.
- c. Establish good public relations with resources in the community.
- d. Represent the best interest of Early Head Start families to the community and other community agencies at all times.
- e. Inform social service providers and community groups of the purpose, nature, and operation of the Early Head Start Program.
- f. Obtain a Community Services Information Resource guide to distribute to parents.
- g. Make internal service requests to other Early Head Start staff and follow-up.
- h. Make the community aware of the need for additional resources, when and if needed.
- i. Assist in bringing new services into the community; serve on planning committees, etc.
- j. Place Early Head Start on providers' mailing lists to keep abreast of provider's activities.

Procedure 15.8 – Community Advocacy

Page 1 of 2

SOUTH CAROLINA FIRST STEPS PROCEDURE

- k. After identifying resources available for Early Head Start families, Partnership Agreements are developed to establish ongoing working relationship between Early Head Start and service providers.
- l. Accompany the parent to service providers, if needed.
- m. Following up with parent and agency regarding external referrals.

Procedure 15.8 – Community Advocacy

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Home Visits		
Procedure Number:	15.9	Effective Date:	August 18, 2016
Policy Title Reference:	Home Visits		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will make home visits a valuable tool in building respectful relationships with parents and assist program staff in developing a broad understanding of every child in the program.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

The Family Advocate will complete home visits as follows:

- Identify family needs for establishing a Family Partnership Agreement.
- After an emergency or crisis.
- If a child has irregular attendance.
- At the request of the family.
- As needed basis.

Procedure 15.9 – Home Visits

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Information – Change of Status		
Procedure Number:	15.10	Effective Date:	August 18, 2016
Policy Title Reference:	Information – Change of Status		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure that child and family information changes are documented in a timely manner.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

- Parents are expected to report to their child/children’s teacher or FA any demographic / enrollment information changes in their family immediately, or within three (3) days of change.
- If teachers receive the change information, they will submit the information in writing to the child’s Family Advocate. If the FA receives the change information, they must notify the child’s teacher in writing.
- The child’s FA will document the change in Child Plus and on the Child Information Form. An updated Child Information Form will be forwarded to the classroom teacher.

Procedure 15.10 - Information – Change of Status

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Community Partnerships		
Procedure Number:	15.11	Effective Date:	August 18, 2016
Policy Title Reference:	Community Partnerships		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will collaborate with community partners to provide optimal services to EHS children and families, will foster the development of a continuum of family services, and advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

REFERENCED PROCEDURES

1. Develop formal and informal networks of contacts with representatives of community organizations. Each service area will be responsible for obtaining partner's agreements.
2. Join in community-wide interagency councils, and other planning initiatives to ensure that Early Head Start principles and programs are well represented in planning activities.
3. Consult with Head Start state collaborative offices and build on existing national and state agreements when pursuing local partnerships.
4. Collaborative relationships are strengthened through formal, written agreements which help to ensure that relationships among agencies are maintained after the initiators of the agreements are no longer involved.

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Committees		
Procedure Number:	15.12	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Committees		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Each CCP participating in the SCFS EHS program will establish a Parent Committee designed to involve parents in collaborative decision-making and joint governance. Each Parent Committee will elect a representative to serve on the Policy Council.

DEFINITIONS

CCP: Child Care Partner site
 SCFS: South Carolina First Steps
 EHS: Early Head Start

REFERENCED PROCEDURES

1. The FA and center staff are responsible for coordinating and conducting a Parent Committee meeting within the first thirty days of center opening and/or in conjunction with parent orientation.
2. The Parent Committees will carry out at least the following minimum responsibilities:
 - a. Elect officers among eligible parents to represent the center and possibly the Policy Council.
 - b. Advise staff in developing and implementing local program policies, activities, and service within the guidelines.
 - c. Be active in planning, conducting, and participation in parent activities and meetings.
 - d. Assist staff in recruiting families for the program.
3. The Family Advocates and ERSEA Manager will assist Parent Committee officers in coordinating meetings and activities.
4. The Parent Committee minutes and supporting documentation must be filed in a binder or expanding file in the SCFS Office. The binder should be accessible if parents request to review the documentation in the binder.

Procedure 15.12 – Parent Committees

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Interest Survey		
Procedure Number:	15.13	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Interest Survey		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will ensure that parents are provided opportunities to share feedback on program activities, goals, and learning environments.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. The ERSEA Manager is responsible for preparing handouts of the Parent Interest Survey for staff to complete with parents.
2. The FA should discuss and have parent/guardian complete the survey at intake or during the first 30 days of school.
3. The Family Advocate is responsible for forwarding accumulated survey results to the ERSEA Manager.
4. The Family Service team will then meet to determine the training calendar of events based on the results of the survey.
5. The Family Service team will develop a monthly training calendar based on the survey results.

Procedure 15.13 - Parent Interest Survey

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure 15.13 - Parent Interest Survey
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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Education and Employment		
Procedure Number:	15.14	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Education and Employment		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

Opportunities will be provided to assist enrolled families in identifying and securing access to continuing education, training, and employment opportunities.

DEFINITIONS

N/A

REFERENCED PROCEDURES

1. Early Head Start will assist families in researching and identifying local educational and skills training programs in the community.
2. Family Advocates will help the center to participate in Family Literacy activities for the families and community.
3. Family Advocates will use the Parent Interest Survey to plan educational and/or employment training opportunities for parents.
4. Family Advocates will assist families in accessing materials, services, and activities essential to family literacy development.
5. Family Advocates will assist parents appropriately during the Family Partnership Agreement process and goal setting visit to recognize and address their own family goals.

Procedure 15.14 - Parent Education and Employment

Page 1 of 1

SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Handbook		
Procedure Number:	15.15	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Handbook		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

A Parent Handbook will be provided to families as a guide to program services and policies.

DEFINITIONS

N/A

REFERENCED PROCEDURES

1. The parent handbook will be used to orient parents to the Early Head Start Program. It provides a variety of information such as: attendance guidelines, local community resources, emergency plan, and health and medical information.
2. Parents will be given an opportunity to ask questions concerning the Parent Handbook during Parent Committee meetings and throughout the program year.
3. The Parent Handbook will provide families an overview of services being offered.
4. The EHS Parent Handbook will be available in English and in Spanish.

Procedure 15.15 - Parent Handbook

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Education and Involvement		
Procedure Number:	15.16	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Education and Involvement		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will provide opportunities to support parental learning, involvement and interaction throughout the program year.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. Family members will be provided parent involvement and educational activities that are responsive to their ongoing and expressed needs.
2. Families will be welcomed as visitors and encouraged to observe their child at school as often as possible, and to participate with children in program activities.
3. Early Head Start will offer opportunities for parents to participate in the program as employees or volunteers. Parents must meet job description requirements for employment opportunities, and must attend Parent Volunteer Training before volunteering time in Early Head Start.
4. The following opportunities will be offered to enhance parents' knowledge and understanding of educational and developmental needs of their children:
 - a. Pedestrian, car seat and bus safety training
 - b. Child development
 - c. Family literacy development and services
 - d. Nutrition education (selection & preparation & food budgeting)
 - e. Medical and Dental Health Education (preventive medical and dental)
 - f. Mental health
 - g. Parenting techniques
 - h. Transition
 - i. Substance abuse, child abuse & neglect and domestic violence
 - j. Employment and skills training
5. Parent training opportunities will be offered to support families to influence the character and goals of those that have limited credentials, English proficiency and literacy skills.

Procedure 15.16 - Parent Education and Involvement

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Activity Funds		
Procedure Number:	15.17	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Activity Funds		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will provide EHS grant funds to support parent activities.

DEFINITIONS

SCFS: South Carolina First Steps

REFERENCED PROCEDURES

1. Parent activities requiring funds are to be discussed and approved at the Parent Committee meetings.
2. The Parent Committee Agenda must be submitted with requested purchase order to the ERSEA Manager.
3. The ERSEA Manager is responsible for submitting an invoice and sign in sheet from the Parent Committee meeting/activity to SCFS Procurement for processing.
4. The Parent Activity funds cannot be used to purchase equipment or supplies for the classroom.
5. The Parent Activity account is not allowed to be carried over into the succeeding program year.

Procedure 15.17 – Parent Activity Funds

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Parent Community Representative Reimbursement		
Procedure Number:	15.18	Effective Date:	August 18, 2016
Policy Title Reference:	Parent Community Representative Reimbursement		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will enable income-eligible parents to participate fully in their EHS responsibilities by providing, if necessary, reimbursement to parents for reasonable expenses incurred.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

REFERENCED PROCEDURES

1. Parent/Community representative must have permission from the EHS-CCP Director prior to attending any meetings that will require reimbursement.
2. Parent/Community representative will be responsible for submitting documentation from the travel done in order to participate. This documentation must consist of ,but not be limited to, hotel receipt (if applicable) or mileage sheet.
3. The EHS Program Assistant is responsible for ensuring that the parent completes and submits the forms correctly and within the appropriate time frame.
4. The EHS-CCP Director will be responsible for reviewing and approving the reimbursement.

Procedure 15.18 - Parent Community Representative Reimbursement

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SOUTH CAROLINA FIRST STEPS PROCEDURE

Procedure Title:	Transition into Head Start or Preschool		
Procedure Number:	15.19	Effective Date:	August 18, 2016
Policy Title Reference:	Transition into Head Start or Preschool		
Subprocedures			
Regulation References:			
Forms:			
SCFS Executive Director Approval Date:	August 18, 2016	EHS Director Approval Date:	August 18, 2016
Revisions Dates:			

POLICY

SCFS will involve parents/guardians in their child's transitions into and out of EHS. Every effort will be made to facilitate smooth transitions. Staff will encourage parents to be advocates for their child.

DEFINITIONS

SCFS: South Carolina First Steps
 EHS: Early Head Start

REFERENCED PROCEDURES

1. EHS staff will assist the EHS parent/guardian in becoming an advocate for their child by providing each family with knowledge of the program and its philosophy. This will be facilitated through discussion and distribution of a parent handbook, brochures, and other printed materials at enrollment.
2. Parents and children will be encouraged to visit the Early Head Start or preschool site prior to child's first day of attendance.
3. Early Head Start will respond professionally to any parent/guardian's concerns and/or observations about their child and his/her adjustment to the Early Head Start or preschool classroom and staff.
4. Early Head Start staff will offer support and encouragement to parents and children as they work through their transition into Early Head Start or preschool. Staff will talk frequently with parent/guardian of newly enrolled children to monitor transition.
5. EHS will build relationships and partnerships with local Head Start grantees and create a transition plan.
6. Early Head Start will provide parent trainings on various topics in relation to child development, parenting, and parent's interests.
7. Early Head Start will encourage parents to share helpful information about the child's current situation and past experiences with groups of children.

Procedure 15.19 - Transition into Head Start or Preschool

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