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GENERAL AGENCY

WINTER WEATHER COVERAGE

In case of inclement weather, the Education Manager will make a decision to cancel classes. If the Education Manager is unavailable, the Early Head Start Manager will assume responsibility. The decision to cancel classes will take into account ASD closure, time of day, previous closures and other extenuating circumstances.

If classes are cancelled the Education Manager will notify the Executive Director, the Early Head Start Manager, Head Start Center Directors, Compliance Specialist, and the Disabilities & Child Development Specialists.

The Executive Director will notify the Business Manager, Human Resources Manager and the Initiatives Coordinator.

The Early Head Start Manager will notify the Health & Nutrition Specialist, Family Services Specialist, EHS Center Director, EHS Home Visitor and the food caterer to cancel food service.

The Business Manager will notify the Bookkeeper.

The Human Resources Manager will notify Program Support Associates.

The Compliance Specialist will notify the bus drivers and janitorial staff.

Center Directors will notify classroom staff.

Family Services Specialist will notify Family Advocates.

Health & Nutrition Specialist will notify the Health Assistant.

Supervisors, as indicated above, will call staff to inform them that KCI is closed and they are to remain home. The Education Manager may ask some staff to come in and work a partial day to help with closing procedures, i.e. notifying parents, posting closure signs on center doors, changing phone answering machines, etc.

If a supervisor is unable to make contact with a staff, the staff is required to report to their regular workplace. If unable to get to the center the staff must leave a message with someone at the center or on the answering machine.

If Staff cannot get to work and they cannot reach one of the centers, they are required to notify Administrative Offices by calling (907) 279-2021. If there is no answer at the Administrative offices, staff needs to leave a voice mail.

Please see KCI Personnel Policies & Procedures section 7.11 Inclement Weather/Hazardous Conditions Pay.
PERSONAL CELLULAR TELEPHONE USE ON DUTY

Employees working with children must turn their cellular telephone OFF whenever they are counted in ratio with the children in the classroom, on buses, during field trips, and while supervising outdoor activities.

As quoted by KCI’s Licensing Specialist (referencing AMC 16.55.320 and AMC 16.55.320B Licensing codes) in guidance received on October 10, 2006:

“The child care code doesn’t specifically address cell phone use by caregivers. Instead we find this non-compliance if while a caregiver is responsible for supervising children they use a cell phone. “

Kids’ Corps, Inc. requirements are as follows as a result of this guidance:

- Personal cellular telephone use is prohibited for staff when they are responsible for supervising children.
- Personal cellular telephones are to be turned OFF during training, meetings, and other staff activities unless permission is granted by the facilitator.
- Personal cellular telephones are not to accompany staff on the bus. Place them in your locker or lock them in your car.
- Personal cellular telephone use includes text messaging for purposes of this guidance.

For purposes of definition, OFF means completely OFF (not set to vibrate).

If you must receive an important personal telephone call, tell the caller to call your work telephone number:
- Let your supervisor know you are expecting a telephone call
- At East Center, let the front desk person know you are expecting a call
- Arrange for coverage prior to answering your call
- Be sure to announce that it is time for your coverage plan to take affect
- Use KCI telephones

Emergency calls will be handled by your supervisor who will arrange for coverage prior to getting the message to you.

How is a cell phone call different from routine classroom activities? According to our Licensing Specialist:

“We often see staff in a classroom doing activities other than direct care of children such as preparing meals, preparing activities, and filling out paperwork. This is allowed for in the code in AMC 16.55.320E. The key is that the staff in the room all knows who is responsible for which particular duties and keep each other informed if the responsibility of supervising children shifts to specific individuals”
AGENCY CELLULAR TELEPHONE USE

Employees who receive an agency assigned cellular telephone must remember that the cellular telephone is for business purposes only. Therefore, the following applies:

1. No personal telephone calls are accepted. Personal use of an agency provided cellular telephone is considered by the Internal Revenue Service (IRS) to be taxable income.

2. Text messaging is turned off and is therefore, not allowed.

3. Voice mail is activated and set up by the user. This is used to provide an agency number for contact when employees are out of the office.

4. Cellular telephone use is limited to regular working hours. Voice messaging was added to allow supervisors to turn telephones off until information is needed for scheduling the work day.

5. Long distance is not approved for cellular telephone use except for telephones issued to ASD Center Director working at the collaboration sites with ASD.

6. Do not drive and talk on the cellular telephone. Pull over to a safe place to take calls or wait until you are parked.

7. Turn off cellular telephone ringers when visiting classrooms to avoid disruptions to classroom routines.

8. If another person uses the agency cellular telephone, the person assigned is still responsible for the minutes used.

9. Employees have the option of using their own personal cellular telephone for agency calls. However, KCI will not reimburse any portion of the staff member’s cellular telephone bill.

PROCEDURES FOR USE:

Cellular telephones are provided for some employee positions to allow for late night or early morning voicemail contact to report absences or to assure information is exchanged.

FOR SUPERVISORS

* Provide new employees with the cellular number provided for your center

* Explain that employees are to call the voicemail on your cellular telephone if they will be late or absent

* Turn the telephone off after leaving work and review voicemail messages at a time when decisions can be made for classroom coverage in the morning
FOR SPECIALISTS

* Turn the cellular telephone on only at times when you are not available at your desk telephone

FOR COMPLIANCE SPECIALIST

* Provide vendors and center directors with the cellular telephone number assigned you
* Turn off the cellular telephone at the end of your work day
* Check messages only at a time when you are able to respond to the needs expressed in the voicemail during work time

Cellular telephones are closely monitored to assure appropriate usage.

CELLULAR TELEPHONE BILLS ARE RECONCILED MONTHLY:

The business manager provides a copy of the billing to the person issued an agency cellular telephone.

The staff member reviews their usage and highlights any personal calls received or placed on the agency cellular telephone and returns the highlighted bill to the business manager.

The business manager prepares an invoice for personal cellular telephone calls for the staff member who includes the cost of the telephone calls and a pro rata share of the monthly cellular charge.

The invoice is paid to Kids’ Corps, Inc. either by check, or IN PERSON at the administrative offices. Cash is NOT to be sent through interoffice mail.

This procedure is necessary to ensure compliance with IRS regulations.
**RECORD RETENTION PROCEDURE**

KCI retains records as required by law and destroys them when appropriate. The destruction of records must be approved by the Business Manager and logged into the Organization’s Destroyed Records Log. The formal records retention policy of KCI is as follows:

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident reports/claims (settled Cases)</td>
<td>7 Years</td>
</tr>
<tr>
<td>Abandoned Child Applications</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Accounts payable ledgers and schedules</td>
<td>7 Years</td>
</tr>
<tr>
<td>Accounts receivable ledgers and schedules</td>
<td>7 Years</td>
</tr>
<tr>
<td>Attendance &amp; Meal Counts</td>
<td>3 Years</td>
</tr>
<tr>
<td>Audit reports</td>
<td>Permanently</td>
</tr>
<tr>
<td>Bank reconciliations</td>
<td>4 Years</td>
</tr>
<tr>
<td>Bank Statements</td>
<td></td>
</tr>
<tr>
<td>Behavior reports:</td>
<td></td>
</tr>
<tr>
<td>Bus Pick-up &amp; Drop-off Routes: Attendant Copies</td>
<td>1 Month</td>
</tr>
<tr>
<td>Driver Copies</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>CACFP Site Monitoring Reviews</td>
<td>3 years</td>
</tr>
<tr>
<td>Chart of Accounts</td>
<td>Permanently</td>
</tr>
<tr>
<td>Cancelled Checks</td>
<td>7 Years</td>
</tr>
<tr>
<td>Center staff sign-in sheets</td>
<td>3 months</td>
</tr>
<tr>
<td>Classroom sign-in sheets</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Classroom Health Plans: Original Copies:</td>
<td>File in Child’s File</td>
</tr>
<tr>
<td>Classroom Responsibilities Checklists</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Contracts, mortgages, notes and leases:</td>
<td></td>
</tr>
<tr>
<td>Expired</td>
<td>7 Years</td>
</tr>
<tr>
<td>Still in effect</td>
<td>Permanently</td>
</tr>
<tr>
<td>Child Files</td>
<td>4 Years</td>
</tr>
<tr>
<td>COSTCO</td>
<td>1 month</td>
</tr>
<tr>
<td>Correspondence: General</td>
<td>4 Years</td>
</tr>
<tr>
<td>Legal and important matters only</td>
<td>Permanently</td>
</tr>
<tr>
<td>Deeds, mortgages and bills of sales</td>
<td>Permanently</td>
</tr>
<tr>
<td>Depreciation schedules</td>
<td>Permanently</td>
</tr>
<tr>
<td>Duplicate deposit slips</td>
<td>4 Years</td>
</tr>
<tr>
<td>Emergency Drills (Fire &amp; Earthquake)</td>
<td>Previous + Current Year</td>
</tr>
<tr>
<td>Emergency Forms (child)</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Employment applications</td>
<td>4 Years</td>
</tr>
<tr>
<td>Expense analyses/expense distribution schedule</td>
<td>7 Years</td>
</tr>
<tr>
<td>Financial statements:</td>
<td></td>
</tr>
<tr>
<td>Year end</td>
<td>Permanently</td>
</tr>
<tr>
<td>Other</td>
<td>Optional</td>
</tr>
<tr>
<td>First Aid Kit Inventory form</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Garnishments</td>
<td>7 Years</td>
</tr>
<tr>
<td>General ledgers/year end trial balance</td>
<td>Permanently</td>
</tr>
<tr>
<td>Incident Report</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Individualization forms</td>
<td>Until Child Enters Kindergarten</td>
</tr>
</tbody>
</table>
## Kids’ Corps, Inc.

### Standard Operating Procedures

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Retention Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Records</td>
<td>4 Years</td>
</tr>
<tr>
<td>Insurance policies (expired)</td>
<td>4 Years</td>
</tr>
<tr>
<td>Insurance records (policies, claims, etc.)</td>
<td>Permanently</td>
</tr>
<tr>
<td>Internal audit reports</td>
<td>4 Years</td>
</tr>
<tr>
<td>Internal reports</td>
<td>4 Years</td>
</tr>
<tr>
<td>Inventories of products, materials and supplies</td>
<td>7 Years</td>
</tr>
<tr>
<td>Invoices (to customers, from vendors)</td>
<td>7 Years</td>
</tr>
<tr>
<td>Lesson plans</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Medication Logs</td>
<td>File in Child’s File</td>
</tr>
<tr>
<td>Menus &amp; food temp logs</td>
<td>3 Years Prior + Current</td>
</tr>
<tr>
<td>Minute books of directors, bylaws and charters</td>
<td>Permanently</td>
</tr>
<tr>
<td>Payroll records and summaries</td>
<td>7 Years</td>
</tr>
<tr>
<td>Personnel records (terminated)</td>
<td>7 Years</td>
</tr>
<tr>
<td>Petty cash vouchers</td>
<td>4 Years</td>
</tr>
<tr>
<td>Physical inventory tags</td>
<td>4 Years</td>
</tr>
<tr>
<td>Playground Checklists</td>
<td>End of Program Year</td>
</tr>
<tr>
<td>Property records (incl. depreciation schedules)</td>
<td>Permanently</td>
</tr>
<tr>
<td>Purchase orders</td>
<td>7 Years</td>
</tr>
<tr>
<td>Quarterly checklists</td>
<td>3 Years</td>
</tr>
<tr>
<td>Retirement and pension records</td>
<td>Permanently</td>
</tr>
<tr>
<td>Subsidiary ledgers</td>
<td>7 Years</td>
</tr>
<tr>
<td>Tax returns and worksheets, examination reports and other documents relating to determination of income tax liability</td>
<td>Permanently</td>
</tr>
<tr>
<td>Team Meeting Agendas (center level)</td>
<td>Previous + Current Year</td>
</tr>
<tr>
<td>Time sheets/cards</td>
<td>7 Years</td>
</tr>
<tr>
<td>Trademark registrations and copyrights</td>
<td>Permanently</td>
</tr>
<tr>
<td>Training manuals</td>
<td>Permanently</td>
</tr>
<tr>
<td>Volunteer Documentation</td>
<td>4 Years</td>
</tr>
<tr>
<td>Withholding tax statements</td>
<td>7 Years</td>
</tr>
<tr>
<td>Waitlisted Child Applications</td>
<td>Until Child Enters Kindergarten</td>
</tr>
</tbody>
</table>

Example – A child’s file from the school year 2008-2009 would be archived in an off-site storage facility in August 2009 and disposed of in August 2013.

Please contact the appropriate manager if you have a question.
INTERNAL MONITORING

MONITORING PROCESS

STAFF ABBREVIATIONS

| AT | Assistant Teacher | CS | Compliance Specialist | HNS | Health and Nutrition Specialist |
| BD | Bus Driver         | DS | Disabilities Specialist | HRM | Human Resources Manager |
| BK | Book-keeper        | IC | Initiatives Coordinator | MHC | Mental Health Consultant |
| BMR | Business Manager  | ED | Executive Director     | MLS | Municipal Licensing Specialist |
| CA | Food Service Caterer | FA | Family Advocate        | EM | Education Manager |
| CD | Center Director    | HA | Health Assistant       |    | Teacher                  |
|    |                    | FSS | Family Services Specialist |    | HV-EHS Home Visitor |
| CDS - Child Development Specialist | EHSM – Family Services, Health & Early Head Start Manager |

COMPLIANCE AREA ABBREVIATIONS

| D | Disabilities | MH | Mental Health |
| EDU | Education and Early Childhood Development | N | Nutritional Services |
| FCP | Family and Community Partnerships | PDM | Program Design & Management |
| FI | Fiscal Management | SE | Safe Environments |
| H | Health Services | TR | Transportation |

DAILY MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who is Responsible</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus Pick-up/Drop-off checklist</td>
<td>Roster</td>
<td>TR</td>
<td>AT</td>
<td>Ensure that all children are accounted for when loading and unloading bus</td>
<td>AT to CS, CS to CD, CD keeps file</td>
</tr>
<tr>
<td>Bus Driver Checklist</td>
<td>Pre trip Inspection</td>
<td>TR</td>
<td>CS</td>
<td>Assure that transportation is safe and legal for transporting children</td>
<td>CS maintains records</td>
</tr>
<tr>
<td>Classroom Attendance &amp; Meal Counts</td>
<td>COPA Child Attendance and Meal Count</td>
<td>PDM (ERSEA), FI, FCP</td>
<td>T</td>
<td>Document attendance and meals for CACFP reimbursements</td>
<td>T completes count daily at mealtimes, T to CD at end of week, CD sends original to Health Assistant and forwards copy to PSA for COPA input</td>
</tr>
<tr>
<td>Classroom Responsibilities Check-list (see form for details)</td>
<td>Check-list</td>
<td>SE</td>
<td>AT</td>
<td>Before children arrive, ensure that classroom is safe and in good repair. After children leave, complete a second time.</td>
<td>AT to CD, CD files CD forwards maintenance requests to CS</td>
</tr>
<tr>
<td>Playground Check-list (see form for details)</td>
<td>Check-list</td>
<td>SE</td>
<td>AT &amp; T (CD back-up)</td>
<td>Before children arrive, ensure that playground is safe and in good repair</td>
<td>AT/T to CD, CD files CD forwards maintenance requests to CS</td>
</tr>
</tbody>
</table>
### Standard Operating Procedures

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, Back-up Food and Temperature log</td>
<td>Log</td>
<td>SE, N</td>
<td>AT (T back up)</td>
<td>Ensure food is served at safe temperature, milk is served within expiration date</td>
<td>AT to CD to HNS, HNS files</td>
</tr>
<tr>
<td>Documentation of food substitutions</td>
<td>Menu</td>
<td>N</td>
<td>AT</td>
<td>Ensure food substitutions comply with CACFP guidelines</td>
<td>AT notes menu changes daily on menu, to CD to HNS at end of month</td>
</tr>
<tr>
<td>Infant Production Records</td>
<td>Production record</td>
<td>N</td>
<td>T (AT or CD back-up)</td>
<td>Ensures infant meals served comply with CACPF guidelines</td>
<td>T to CD . CD forwards to EHSN</td>
</tr>
</tbody>
</table>

#### WEEKLY MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Attendance</td>
<td>CORTA Child Attendance and Meal Count</td>
<td>PDM, FCP</td>
<td>T</td>
<td>Identify attendance concerns for individual children</td>
<td>T to CD at end of week, CD sends original to Health assistant and forwards copy to PSA, PSA enters data into COPA</td>
</tr>
<tr>
<td>Family Services Meetings</td>
<td>Agenda</td>
<td>FCP, NU, FCP, H, TR</td>
<td>FSS</td>
<td>Community resources, family follow up issues, attendance referrals</td>
<td>FSS keeps documentation</td>
</tr>
<tr>
<td>Center Staff Meetings</td>
<td>Agenda and/or minutes</td>
<td>EDU, NU, FCP, H, SE, TR</td>
<td>CD</td>
<td>Lesson plan content review, curriculum monthly themes, ECERS feedback etc.</td>
<td>CD keeps documentation</td>
</tr>
<tr>
<td>Reflective Supervision</td>
<td>Reflective session documentation</td>
<td>EDU, NU, FCP, H,</td>
<td>EHSM w/HV</td>
<td>Reflect on home visitors weekly experiences, debrief and seek input as needed.</td>
<td>EHSM maintains session documentation</td>
</tr>
<tr>
<td>APD City Beat</td>
<td>N/A</td>
<td>PDM</td>
<td>HRM</td>
<td>Review of Anchorage Police Department arrests for the previous week</td>
<td>HR follows up on any reports of any staff that are incongruent with Performance Standards and with Municipal Licensing Code.</td>
</tr>
<tr>
<td>Early Head Start Home-based Home Visit Reports</td>
<td>EHS home visit reports</td>
<td>PDM, EDU, FCP</td>
<td>HV</td>
<td>Monitor completion rate of home-based Early Head Start home visits</td>
<td>HV to FSS, FSS to PSA for data entry, PSA to EHSM for review. EHSM to HV for filing.</td>
</tr>
</tbody>
</table>

#### BI-WEEKLY MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Operations Meetings</td>
<td>Agenda</td>
<td>EDU, N, MH, D, TR, SE, FCP</td>
<td>CD, all Specialist s, IC, EM, EHSM</td>
<td>Continuing program improvement, ongoing analysis of monitoring results, problem-solving</td>
<td>All Program Operations staff (including CDs) meet bi-weekly, EM maintains documentation</td>
</tr>
<tr>
<td>Center Directors</td>
<td>Agenda</td>
<td>EDU,</td>
<td>CD, EM</td>
<td>Monitor attendance &amp;</td>
<td>EM maintains</td>
</tr>
<tr>
<td>Meetings</td>
<td>PDM</td>
<td>EM, EHS, HR, BMR, ED</td>
<td>Review progress in meeting agency goals and objectives—see managers meeting report form for a list of reports presented at meeting</td>
<td>Managers report monthly, ED keeps minutes</td>
<td></td>
</tr>
</tbody>
</table>

### MONTHLY MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Production Records</td>
<td>Form by same name</td>
<td>N, FI</td>
<td>EHSM, BMR</td>
<td>Monitor overall meal service program, CACFP reimbursement</td>
<td>CA sends to EHSM (PSA sends monthly report to BMR for CACFP reimbursement)</td>
</tr>
<tr>
<td>Earthquake and Fire Drills</td>
<td>Form by same name</td>
<td>SE</td>
<td>CD</td>
<td>Ensure children and staff follow procedures for maintaining safety during these emergencies</td>
<td>T completes Emergency Drill Form, sends to CD for review, CD gives copy to CS, original with CD, CS sends copy to Admin.</td>
</tr>
<tr>
<td>Financial Reports to PC and BOD</td>
<td>Budget to Actual, month Balance Sheet</td>
<td>FI</td>
<td>BMR, ED</td>
<td>Ensure governing bodies have fiscal information they need to exercise fiscal oversight</td>
<td>Budget to Actual, Balance Sheet filed with BOD and PC minutes</td>
</tr>
<tr>
<td>ED Reports to Board and PC</td>
<td>Written Report</td>
<td>PDM</td>
<td>ED</td>
<td>Ensure governing bodies have information they need to monitor overall program direction</td>
<td>Written report, agency monthly report filed with BOD and PC minutes</td>
</tr>
<tr>
<td>Attendance Report</td>
<td>COPA 201</td>
<td>PDM</td>
<td>EHSM</td>
<td>Determine which classrooms maintain attendance @ 85% or better</td>
<td>PSA sends report to EHSM</td>
</tr>
<tr>
<td>Home Visit report</td>
<td>COPA 705</td>
<td>PDM, EDU</td>
<td>T</td>
<td>Monitor home visit completion rate in program</td>
<td>T sends to CD, CD to PSA, PSA to CD to T for filing</td>
</tr>
<tr>
<td>Medical Box checklist</td>
<td>Form by same name</td>
<td>SE, H</td>
<td>T</td>
<td>Ensure first aid materials and child medications are up to date and properly labeled and stored</td>
<td>T to CD to HNS, HNS maintains documentation</td>
</tr>
<tr>
<td>First Aid Checklist</td>
<td>Form by same name</td>
<td>SE, H</td>
<td>T</td>
<td>Ensure first aid materials and child medications are up to date and properly labeled and stored</td>
<td>T to CD to HNS, HNS maintains documentation for program year</td>
</tr>
<tr>
<td>Child Health Records</td>
<td>Who’s due list</td>
<td>H</td>
<td>HNS</td>
<td>Ensure children are up to date on required health documents</td>
<td>HNS updates monthly and informs FAs to follow-up with families</td>
</tr>
<tr>
<td>Lesson Plans</td>
<td>Lesson Plans</td>
<td>EDU</td>
<td>T</td>
<td>Ensure that individualized plans that meet Performance Standards are developed and implemented for all children</td>
<td>T to CD who reviews and returns to T. Copy posted on parent board, CD files at end of week</td>
</tr>
<tr>
<td>HR Updates needed</td>
<td>Human Resources Tracking</td>
<td>PDM</td>
<td>HRM</td>
<td>To assure that information is up to date and meets compliance with regard to staff qualifications, records, and health</td>
<td>Personnel files – HR Tracking HRM reports issues to supervisors and managers with regard to missing information</td>
</tr>
</tbody>
</table>
### MONTHLY REPORT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Report—see form and guidance memo for details</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See guidance memo for details</td>
</tr>
<tr>
<td>PDM IC, ED</td>
<td></td>
<td>Status of self assessment and community assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H HNS</td>
<td></td>
<td>Dental &amp; PX exams received, # past due, health screenings completed &amp; past due, # needing and receiving medical &amp; dental treatment, children out of compliance with IMZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N HNS</td>
<td></td>
<td>Observation of child eating habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCP FSS</td>
<td></td>
<td>FPA in process, # family assessments completed, # and status of family services referrals, # of family services family visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDM CD, all centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCP IC</td>
<td></td>
<td>Parent and community volunteer hours by activity and site, meetings &amp; activities with community partners, parent training activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR HRS</td>
<td></td>
<td>Staff qualifications, staff training activities, staff turnover, staff recruitment activities, Teacher degree status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH CDS</td>
<td></td>
<td>Consultant classroom observations, # children observed by consultant, # of children for whom staff consulted with mental health professional, # referred for services outside KCI, # who receive mental health services outside KCI, ASQSE assessments received, ASQSE plans implemented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Forms</td>
<td>Compliance Area</td>
<td>Who Does</td>
<td>Purpose</td>
<td>Routing</td>
</tr>
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<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health and Sanitation Review</td>
<td>Health Checklist</td>
<td>H, N, SE</td>
<td>HA</td>
<td>Ensure medication is stored properly, toys are cleaned regularly etc.</td>
<td>HA completes, reviews with CD, forwarded to EHSM for review and filing</td>
</tr>
<tr>
<td>Safety and Sanitation Checklist</td>
<td>SE</td>
<td>CS</td>
<td>CS</td>
<td>Ensure centers are safe and in good repair</td>
<td>CS completes, reviews with CD, submits work orders to EM, forwards report to EM for review and filing</td>
</tr>
<tr>
<td>Nutrition Checklist</td>
<td>N, SE</td>
<td>HA</td>
<td>HA</td>
<td>Ensure proper food storage etc.</td>
<td>HA completes, reviews with CD, forwarded to EHSM for review and filing</td>
</tr>
<tr>
<td>CACFP Meal Observations</td>
<td>Site Review Form</td>
<td>N, EDU</td>
<td>CD, HNS, HA</td>
<td>Ensure compliance with CACFP guidelines</td>
<td>CD, HNS, HA completes, reviews with T, forwards to EHSM for review and filing</td>
</tr>
<tr>
<td>Family Staffings</td>
<td>Staffings form</td>
<td>H, FCP, D</td>
<td>FA w./T,CD and specialists</td>
<td>Monitor health and nutrition follow up for children needing treatment/services, monitor family services &amp; disabilities referral follow up</td>
<td>FA completes with HNS, T, and DS, CDS (if needed), to CD who reviews, to FSS who reviews and returns to FA for filing</td>
</tr>
</tbody>
</table>
### SEMIANNUAL MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
<th>Who Does</th>
<th>Purpose</th>
<th>Routing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Teacher Conferences</td>
<td>COPA 705</td>
<td>PDM, EDU</td>
<td>T</td>
<td>Monitor whether families receive 2 home visits and 2 parent/teacher conferences; monitor quality of visits</td>
<td>T completes home visit/conference form to CD, CD to PSA for data entry into COPA, PSA back to CD for monthly report and filing</td>
</tr>
<tr>
<td>Bus Route Observation</td>
<td>Form by same name</td>
<td>TR</td>
<td>CS &amp; CD</td>
<td>Monitor compliance with PS 1310</td>
<td>CS &amp; CD completes twice a year for every route, forwards to EM for review and filing</td>
</tr>
<tr>
<td>ECERS &amp; ITERS</td>
<td>ECERS Rating Scale</td>
<td>EDU, SE, N, FCP</td>
<td>CDS &amp; Tread Consultants</td>
<td>Monitor quality of services in a variety of domains</td>
<td>CDS &amp; consultant completes, reviews with CD &amp; T, to EM EM files documentation</td>
</tr>
<tr>
<td>CLASS</td>
<td>CLASS Observation form</td>
<td>EDU,</td>
<td>CDS &amp; DS</td>
<td>Monitor quality of classroom instruction &amp; interaction</td>
<td>CDS &amp; DS completes, reviews with CD &amp; T, to EM EM files documentation.</td>
</tr>
<tr>
<td>Standard Operating Procedures Review</td>
<td>Completed SOPs</td>
<td>PDM</td>
<td>Managers</td>
<td>Provide written guidance for some activities conducted within the program to assure uniform procedures for completion.</td>
<td>Most current copy of SOPs is always available on the website. Updates are sent to staff who hold physical binders and those staff are responsible for updating their own.</td>
</tr>
<tr>
<td>Observation of Child Eating Habits</td>
<td>Form by same name</td>
<td>N</td>
<td>T</td>
<td>Identify nutritional concerns</td>
<td>T to HNS, then filed in Child File</td>
</tr>
<tr>
<td>Mental Health Consultant Classroom Observations</td>
<td>Consultant classroom checklist and narrative</td>
<td>MH</td>
<td>MHC</td>
<td>Identify practices that promote positive social/emotional development</td>
<td>MHC completes checklist on-site, reviews checklist with CD and CDS immediately, CD &amp; CDS receive copy of checklist Full narrative report to CDS within two weeks. CDS reviews narrative with CD, CDS files original, copy to CD &amp; EM of EHSM for EHS</td>
</tr>
</tbody>
</table>
## ANNUAL MONITORING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forms</th>
<th>Compliance Area</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Self Assessment</td>
<td>Self Assessment Report and Improvement Plan</td>
<td>PDM</td>
<td>IC</td>
<td>Monitor agency’s progress in meeting goals and complying with regulations</td>
<td>PC approves process, staff, parents and board conduct assessment, management completes improvement plan in consultation with board and PC</td>
</tr>
<tr>
<td>State Immunization Review</td>
<td>Self-Immage</td>
<td>H</td>
<td>HNS</td>
<td>Compliance with state immunization requirements</td>
<td>State reviews, results to HNS</td>
</tr>
<tr>
<td>Municipal Child Care Licensing</td>
<td>Municipal Report</td>
<td>SE, EDU, H, N</td>
<td>MLS</td>
<td>Playground &amp; classroom observations and HR files checks to determine compliance with municipal child care licensing regulations</td>
<td>MLS, reviews on site with CD, copy to CD, CD to CS who files at Admin., MLS mails written report to EM, who monitors follow up &amp; maintains files</td>
</tr>
<tr>
<td>Municipal Fire inspections</td>
<td>Municipal Fire Inspection Notice</td>
<td>SE</td>
<td>CS</td>
<td>Municipal fire inspector checks smoke detectors and smoke detectors for functionality</td>
<td>CS reviews with Fire Inspector, CS then reviews with CD, CS submits work order to EM if necessary and files at Admin.</td>
</tr>
<tr>
<td>ECERS assessment</td>
<td>ECERS Rating Scale</td>
<td>EDU, FCP, N, SE</td>
<td>EM</td>
<td>Monitor quality of services in a variety of domains</td>
<td>CDS forwards recommendation report to EM</td>
</tr>
<tr>
<td>Agency Audit</td>
<td>Audit, Management Letter</td>
<td>FI</td>
<td>ED</td>
<td></td>
<td>CPA presents to board finance committee and then the BOD. BMR sends copy to RX Grants Manager</td>
</tr>
<tr>
<td>Staff Performance Appraisal</td>
<td>Performance Appraisal</td>
<td>PDM(HR)</td>
<td>HRS</td>
<td>Employee performance and recommendations for training</td>
<td>See Personnel Policies and Procedures for details</td>
</tr>
<tr>
<td>Bus Driver Orientation</td>
<td>Contracted Driver Orientation</td>
<td>TR</td>
<td>CS</td>
<td>Inform contract drivers about agency specific procedures</td>
<td>CS completes, forwards to HR</td>
</tr>
<tr>
<td>Agency Training Plan</td>
<td>Annual Agency Training Plan</td>
<td>PDM (HR)</td>
<td>Managers</td>
<td>Provides specific guidance to staff and supervisors with regard to training priorities, schedules and training programs for KCI for the year.</td>
<td>Discussed quarterly at Managers Meetings Reviewed and revised by the Wellness Committee and members of the Policy Council’s Personnel Committee Changes are recommended to</td>
</tr>
<tr>
<td>Activity</td>
<td>Forms</td>
<td>Compliance Area</td>
<td>Who Does</td>
<td>Purpose</td>
<td>Routing</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>OHS Monitoring Review—See OHS Monitoring Protocols for details</td>
<td></td>
<td></td>
<td></td>
<td>Ensure emergency preparations are complete and up to date in accordance with best practices.</td>
<td>HNS submits to management for review and approval</td>
</tr>
<tr>
<td>Child and Adult Care Food Program Review</td>
<td>CACFP Narrative and Checklist</td>
<td>N, EDU, FI</td>
<td>State reviewer</td>
<td>Monitors compliance with CACFP program regulations, including proper documentation of reimbursements requests and rates</td>
<td>State reviewer completes narrative and checklist and sends to EHSM. See SOP for details.</td>
</tr>
</tbody>
</table>
MONTHLY REPORT

Center Directors and Specialists will complete a monthly report by the date stipulated on the KCI agency calendar.

Compliance, Family Services, Disabilities, Health and Nutrition and, Child Development Specialist, along with Center Directors will e-mail their reports to the Program Support Associate.

Content guidance follows below:

- Total enrollment @ Month’s End is how many children, separated by PIR age, were enrolled on the last day of the month.

- Total current enrollment is a total of the previous line.

- Total enrolled since start of program year (Sept. 1st of each year) includes withdraws and does not have to be categorized by age. Please refer to COPA report #300 Demographics and select 'Actually Enrolled' to get total enrollment.

- Total funded enrollment is the number of slots KCI has available for each program option (should not change).

- TANF enrollment is the number of children who are enrolled in the TANF program.

- New enrollments this month is the number of new children who enrolled and attended the program during the month.

- Withdrawn this month is the number of children who withdrew from the program during the month (do not include transfers).

- Total year-to-date applications are the number of applications that your center has received since the beginning of the program year.

- Income eligible waitlist is the number of children who are income eligible
- Over income eligible waitlist is the number of children who are over the income guidelines
- Average daily attendance is the average daily attendance by program option.

- Health Services section is not completed by Center Directors.

- Family Services section is not completed by Center Directors.

- Family visits teacher is completed by Center Director – full & part-day options are combined together.

- Fee For Service – Early Head Start, Muldoon & South only – indicate # of children enrolled under type of payment used. This is done by the Bookkeeper.

- Parent volunteer hours are the total number of parent volunteer hours for your center. This includes PCM & classroom sign-in sheets.

- Other parent volunteer hours – Center Directors put in total for Teacher visits/conferences. Executive Assistant completes all others.

- Community volunteer hours are completed by Initiatives Coordinator.
The following is guidance for the center specific sections of the monthly report:

- **General Activities/Classroom Theme** should include the themes explored by the children during the given timeframe, field trips, and any special activities that you did during the given timeframe.

- **Teacher visits-cancellation** needs to state the reasons why home visits were cancelled and by whom (parents or staff). This will include a total # and specific reasons.

- **On-Site Meetings** should include the number of staff meetings with dates and attendance numbers, and any other training that was done onsite.

- **Parent Enrichment/Family Activities/Volunteer Week** should include any activities that are focused around family fun or hobbies. This would also include any parent education, parent committee meetings and volunteer week themes.

- **Attendance** – analyses of attendance for each program option that falls below 85% for the month. State % that falls into 4 categories: 1) Sick, 2) Excused, 3) Not-Excused, or 4) Not-Scheduled. Please refer to COPA Absentee Reasons Report #235. Please ensure that the ‘Enrolled during the date range’ corresponds to the correct month for the report and use additional filtering to select the correct program option.

- **Project Update—Current Month** should include the projects you worked on during the given timeframe. This should include child & classroom goals based on child assessment data in TSG.

- **Goals/Projects Next Month** should include projects that you will be starting during the upcoming month. This will also include goals that Center Directors and their staff have set for the center. These should not be personal goals, they should be goals that the center is working on as a team.

The following is guidance for specialist specific monthly reports:

- **Family services direct** is the # of services that KCI provided directly to the families. This would be services where a KCI staff had direct contact with a family member – telephone, walk-in, or mail service. Any “bulk” fliers sent home would not be counted but included in the general activities section.

- **Family services referrals** is the # of community agency and interagency (health, disabilities, nutrition) referrals that KCI staff provided directly to the families.

- **Disabilities, Health & Nutrition** should complete their reports using COPA reports section 400 & 999/PIR section C.

- **Family services** should complete their report using COPA reports section 1003, 1004 & 1008.

- **On-Site meetings/training** would include all meetings that a staff member participated in or coordinated.

- **Any off-site training** would be included in the community partnership/networking section.

The monthly report is a document used to monitor the services that KCI provides. This report is shared with our Board of Directors, Policy Council and Federal Reviewers. It is important that all information is completed as accurately as possible. All narrative sections need to be fact based using objective terms.

**ALL** data entry is expected to be completed by the end of the first workday of the month. **ALL** data entry will be done prior to completing the monthly report.
**POLICY COUNCIL CONFERENCE SELECTION CRITERIA**

1. Number of years remaining of PC eligibility. When providing resources for a PC representative to attend a conference, KCI prefers that representatives have additional years of potential service available on the PC.

2. Ability to provide training based on conference workshops at the next PC meeting

3. Commitment to PC, as judged by regular attendance at Policy Council meetings and Parent Committee meetings etc.

4. Ability to represent KCI in a responsible manner

5. Ability to obtain child care for own family at $40 per day (amount paid by KCI)

6. Representatives may attend no more than one KCI sponsored state, regional, or national conference per program year. An exception may occur if no other representative is able to attend.

**Note:** Reimbursement is intended for those not having family members available for childcare.

**RECRUITMENT AND MONTHLY MEETINGS**

Recruitment opportunities begin at the July Policy Council meeting. The Initiative Coordinator and the Executive Director will ask parent representatives if they are available to attend the August open house at their centers to talk with other parents about the Policy Council (PC). There will be flyers listing opportunities to participate in the PC as well as the Parent Committee Meetings (PCM) to help them get started. It is explained that it is really best just to speak to parents about their own experiences from being involved and how much they gained by being a part of both the agency and center events.

Initiatives Coordinator sends flyers to center directors and talks with them and the family advocates at both program operation and family services meetings about the importance of having parent representatives for each center. Having more than one parent at a center is best in order to support and help each other with the PCM’s and other events at the center level. (Flyers will state basic duties and how to be involved). Staff is reminded that each Policy Council meeting provides child care, small meal, transportation and translation as needed with prior notice.

During the September PC meeting, reps will be asked to help cover the October Parent Committee Meetings at as many PCM’s as possible to help elect new representatives to the PC for the new program year. The Initiatives Coordinator will also attend as many open houses and PCM’s as possible during the September and October events.

All PC members (new, just interested and seated) will be invited to an orientation dinner in early November to learn more about the program and PC member responsibilities and opportunities. This orientation will be conducted by Executive Director and Initiatives Coordinator. Child care stipends will be available. Transportation and translation will be provided as needed.
Initiatives Coordinator will arrange for the orientation dinner and invite all parents interested in joining the PC. All staff will be responsible for talking to parents about joining the PC and Family Advocates will be responsible for collecting names and phone numbers for the Initiatives Coordinator's personal invite.

After parent is seated to the Policy Council, the Initiatives Coordinator will contact the Family Advocate for a copy of the Emergency Form.
GENERAL PERSONNEL

PRE - EMPLOYMENT BACKGROUND CHECKS

Application for Employment

- Includes disclosure of criminal and pending criminal charges
- Provides whereabouts that complete all gaps for the past 5 years

Prior to Interview

- State of Alaska background checks that are available to the interested person (Interested Persons Report – IPR)
- 3 References on KCI forms

Prior to First Day Orientation

1. Fax potential employee information to Municipal Licensing (Licensing) if no hit on IPR

-OR-

2. If there is a charge listed on IPR, potential employee’s information is sent with the IPR attached and any explanations offered in writing by the potential employee

Licensing reviews information, checks data base for determination of whether the employee is in the “system” and provides guidance with regard to need for further fingerprinting. Often, potential KCI employees are already background checked from fingerprints and are in the Licensing database. Licensing provides approval for the potential employee to work with children.

Licensing Background Checks

- Licensing enters the employee information into their system
- Licensing uses the ROI to conduct a background check with the Office of Children’s Services
- Licensing reviews the State Sex Offender Registry for any hits
- Licensing submits the fingerprints to the State of Alaska Department of Public Safety for a comprehensive Federal and State criminal background check

Contracted Consultant Background Checking

KCI follows all Licensing requirements for contracted consultants who work with children. For consultants working less than 5 hours in a week with an individual child, fingerprinting and background checking is not required.

Other Contracted Services

In the event that KCI contracts with an individual to provide services in a center where they may come into contact with children, KCI will apply for a variance with Licensing to assure compliance with licensing code on a case-by-case basis.
MUNICIPALITY OF ANCHORAGE LICENSING CODE

AMC 16.55.250 Qualifications and responsibilities of individuals having contact with children in a child care facility.

AMC 16.55.250 – B A business owner or any other individual shall not be in contact with children, work, volunteer, or reside in a child care facility or in any other part of the premises housing a child care facility if the individual has the opportunity to gain access to the child care facility; and

1. Is the alleged perpetrator of an incident of harmful treatment or child abuse or where:
   a. The department and/or the state agency responsible for child protection has evidence substantiating the allegation; or
   b. The information available to the department demonstrates the individual’s inability to adequately provide care and supervision to children or to meet the requirements of this section.

2. Has a physical, health, mental health, or behavioral problem to the extent the problem may be detrimental to the health, safety, or well-being of children in care;

3. Has a domestic violence or alcohol or other substance abuse problem to the extent the problem may be detrimental to the health, safety, or well-being of children in care;

4. Was the subject of any action regarding preschool certification, registered care status, approved care status, or licensing action in any jurisdiction, if the regulatory agent’s decision was:
   a. Non-renewal;
   b. Revocation;
   c. Immediate closure order;
   d. Suspension, if corrections of non-compliances were not maintained; or

5. Was:
   a. Within the last 10 years, under indictment, charged by information or complaint, or convicted of a crime according to department policy, listed in Appendix A; or
   b. At any time, under indictment, charged by information or complaint, or convicted of a crime according to department policy, listed in Appendix B.

AMC 16.55.250 – E Criminal justice information, fingerprint cards, and a clearance for licensing/release form are required for each individual having contact with children in a child care facility who is age 16 and older; and each individual under age 16 when requested by the department for cause.

AMC 16.55.250 – G The requirements for fingerprinting shall be accomplished as follows:

1. The initial fee for fingerprint rolling and processing of fingerprint cards for a criminal justice information report on an individual having contact with children in a child care facility shall be borne by the state child care licensing agency, according to state policy;

2. If there is a break in service for a period of six months or more for an individual, age 16 and older, having contact with children in a child care facility, re-rolling of the fingerprints is required, and the fee for all subsequent criminal justice information checks on the individual is the amount charged to the state child care licensing agency by the state Department of Public Safety and shall be paid by the individual or the facility;

3. If the individual previously met the requirements of this section without more than six months break in service, the administrator shall confirm and submit documentation on a form required by the department;

4. When an individual having contact with children in a child care facility permanently departs from a child care facility, the child care facility shall notify the department in accordance with subsection 16.55.230 - B.6.; and
5. Notice may be received by the licensing representative from the state Department of Public Safety of a new arrest or conviction for a crime listed under subsection B.5. for an individual in a licensed child care facility with fingerprints on file with the state Department of Public Safety.

KCI is compliant with criminal background checks with Municipality Child and Adult Care Licensing. KCI’s process for conducting criminal background checks is as follows:

### EMPLOYEE BACKGROUND CHECKS

Employees who are interviewed for a position bring in an Interested Person’s Report (IPR) from the State of Alaska Department of Public Safety. This is the background check that is available within the state prior to fingerprinting.

After an employee is offered a position, the employee completes the first 3 hours of orientation and submits a Release of Information (ROI) that allows the Municipality of Anchorage to conduct a background check and is sent for fingerprinting.

<table>
<thead>
<tr>
<th>If IPR is clear</th>
<th>If there is a HIT on IPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>• KCI submits an add/drop form that indicates that an employee has a completely clear IPR</td>
<td>• KCI submits an add/drop form that indicates that the IPR has a “hit” on it (a hit is defined as any charge including a ticket) and submits the IPR with the add/drop form and awaits licensing clearance of the individual</td>
</tr>
<tr>
<td>• The employee without a “hit” on his/her IPR is allowed to proceed with completing the employment process</td>
<td>• Licensing clears the employee for employment in writing before the employee is allowed to proceed with the employment process</td>
</tr>
</tbody>
</table>

Fingerprints, ROIs, and original IPRs are forwarded to Municipal Licensing for submission to the State and Federal Bureau of Investigation for through review of background. Municipal Licensing also submits the ROI to the Office of Children’s Services (OCS) for review of child protective history. Background checks take up to 90-days to complete.

<table>
<thead>
<tr>
<th>If background check is clear</th>
<th>If there is a HIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no further issue with employability of a worker. However, Municipal Licensing will receive word if any charges appear in the future until an add/drop form is submitted indicating that the employee no longer works for KCI</td>
<td>Municipal Licensing contacts KCI immediately if either the State or Federal criminal record check comes back with ANY barrier crime. The Municipality will tell KCI that the employee is no longer allowed in contact with children</td>
</tr>
</tbody>
</table>

### CONTRACTED BUS DRIVERS

KCI maintains an approved variance for contracted bus driving staff. The variance with the Municipality of Anchorage Child and Adult Care Licensing program allows for the contractor (First Student FKA Laidlaw) to provide KCI assurances that they have conducted criminal background checking from fingerprints and have acted on the results of fingerprints. KCI receives a letter from First Student for each driver, KCI has drivers complete an ROI and provides the ROI to Municipal Licensing to review records available from OCS. KCI maintains the letter, driver evaluations and a conduct form on file for each contracted driver.

Anchorage School District Bus Drivers follow the above procedures. However, the letter of assurance is received from the Anchorage School District.

### OTHER VOLUNTEERS AND CONTRACTORS

KCI has approved variances on file for other situations (Student Interns, Foster Grandparents, etc.). Each of the variances describes the process for background checks as approved by the Municipality.
NEW HIRE REPORTING

MUNICIPALITY OF ANCHORAGE (MOA) – CHILD CARE LICENSING:

- After offering a job to a candidate for hire get their social security number.

- In HR Shared/MOA New Forms you will find the MOA Start End Date form fill out the following:
  - Mark the Site in which they are being hired for
  - New Hire First, Last and Middle Name
  - Date of Birth
  - Social Security Number

- Save the document as a Start_End_Date MMDDYY

- Email the form to the MOA licensing background specialist

- The MOA Background Specialist will return the form with check marks in the appropriate columns depending on what background paperwork the candidate will need.
  - Interested Persons Report (IPR) (should already have from interview)
  - Release of Information (ROI)
  - Fingerprint Card
  - Start Date (Date to start orientation)
  - Check or money order for $54.25 made payable to the State of Alaska Department of Public Safety

- Send original documents (make copies) to MOA Licensing along with a copy of the start end date form returned from MOA.

Child Support Enforcement Division (CSSD):

- Program Support Associate assisting in HR will fill out the CSED form located in HR Shared/CSSD/Blank New Hire.

- Save as CSSD MMDDYY

- Print and fax to the number located on form

- File the printed copy in the CSSD & MOA Waivers Binder located in HR Office
NEW HIRE ORIENTATION

PAPERWORK

- Employment eligibility verification form (I9)
  - Page 4 is filled out using acceptable documents and filed in the I9 binder in the HR office.
- Form W-4 (current year)
  - Copy form and submit copy with payroll changes
  - File original in employee’s payroll & benefits file
- Form W-11 as applicable for purposes of reporting workers who are re-entering the workforce after being unemployed for 60 or more days.
- Authorization for direct deposit
  - Copy form and submit copy with payroll changes
  - File original in employee’s payroll & benefits file
- Fingerprint card – Employee takes to Castech along with ROI, paid for by KCI
  - Original is sent to MOA Licensing
  - Copy is filed in employee’s personnel file
- Release of information (ROI) – Employee takes to Castech
  - Original is sent to MOA Licensing
  - Copy is filed in employee’s personnel file
- Employee information form
  - Original is filed in employee’s personnel file
- Janitorial – mid day services
  - Original is filed in employee’s personnel file
- Harassment quiz
  - Original is filed in employee’s personnel file
- Blood Bourne Pathogens – This is a PowerPoint presentation to go over with the staff and then handout the quiz.
  - Original is filed in employee’s personnel file
- Employee job description
  - Original is filed in employee’s personnel file
- Employee, volunteer, contractor conduct policy form (EVCCP)
  - Original is filed in employee’s personnel file
- Individualized training plan
  - Original is filed in employee’s training file
- Annual self prepared health history
  - Original is filed in employee’s medical file
- Computer usage
  - How to access
  - Logins
  - Passwords
- Physical form – employee goes to either Ravenwood or Anchorage Health Care Clinic to get a physical and tuberculosis (TB) test, paid for by KCI.
  - Original is filed in employee’s medical file
- Information print-out of center locations and numbers
- Timecards
NEW HIRE COMPUTER SET-UP

Windows / Computer Login

* Contact the contracted Computer Company, give the following information
  - New Hire Name
  - Login
  - Password

* Kids’ Corps Email Account Set-up
  - Open KCI Personalized Page with Administration Access (HR)
    - Click on Manage this Domain
    - Create New User
    - Fill in Blanks
    - Assign Password
    - Save Changes

* Kids’ Corps Staff Login Set-up
  - Open WordPress with Administration Access (HR)
    - Click on User Manager
    - Set up a New User
    - Fill in Blanks (Group – Registered)
    - Save changes

* Child Outcome Planning & Assessment (COPA)
  - Open COPA with Administration Access (HR)
    - Click on New User tab
    - Fill in blanks
    - Choose appropriate Site/Class/Job/Restrictions
    - Create User

ALL logins and passwords are to be the same, if any changes are made report them to the HR Department.
PERSONNEL FILING

Personnel file content is determined based on documents received. Personnel file content is reviewed by the Human Resources Manager and approved prior to placement in the file. Information is stored in individual files according to their content.

REGULAR PERSONNEL FILE:

- A single page document with information about the person. This document should have the employee name, Date of Hire, PC Approval Date, address (both physical and mailing), date of birth, SS#, telephone numbers, e-mail address, and who to contact in case of an emergency.

- A form that discusses conduct as illustrated in performance standards + any intra-agency policies that the agency wishes to "hit home" with staff.

- Job Application and any attachments prior to hire (resume, etc.)

- At least 3 employee references (preferably a blend of professional and personal references)

- A hiring recommendation form from the interview committee which documents that an interview took place and signatures of participants

- Results from background checks

- Performance appraisals for every year the employee has worked or a memo explaining why one was not conducted

- A copy of a degree or transcripts proving the education level stated on the application

- Disciplinary Actions

- Commendations

- Employment related Memorandums

- Required Certifications (CPR, First Aid, etc.)

- Signed Job Description

- Employee Orientation documentation

- Solicited references from employee file (i.e. mortgage, other employers, etc.)

PAYROLL AND BENEFITS FILE:

- Initial form showing payroll changes and all other changes to payroll status throughout employment

- Benefits enrollment information

- W-4 Forms

- Unemployment verifications

- Garnishments

- Any signed documents for voluntary deductions from payroll
**I-9 FILE**

- I keep all I-9 files in a binder in alphabetical order

**INDIVIDUAL TRAINING FILE**

- All documents for training attended by an employee

*Individual Training Plans and training records are kept alphabetically in a binder for easy updates

**HEALTH FILE (KEPT IN SEPARATE FILE CABINET FROM ALL OTHER DOCUMENTATION)**

- Initial physical exam and TB Screening Results
  - 3-year Health Exams
  - TB Screens
  - Any information documenting a health disability

Family and Medical Leave approvals and tracking are in a separate file folder for each instance but stored with health files.

Injury/Illness reports are maintained in a separate locked filing cabinet.
HEAD START/EHS TEACHER QUALIFICATIONS

Recruitment for Teachers in the Head Start center-based program requires, at a minimum, an Associate degree in Early Childhood or an Associate degree in a related field with coursework equivalent to an Associate degree in Early Childhood with experience teaching preschool children. A Bachelor degree is preferred.

Early Head Start Infant/Toddler Care Teachers must have a minimum of an Infant/Toddler CDA credential.

Early Head Start Home Visitors must have a minimum of an Infant/Toddler CDA credential. An Associate degree in Early Childhood is preferred.

Degree Requirements. Transcripts are required for staff holding degrees. All transcripts will be reviewed by the Human Resources Manager to determine if they meet requirements and contain at least 24 related credits (8 or more courses of 3 credits each course). Course descriptions or syllabi may also be requested to assist in determining whether a course is related. US degrees must be from an accredited college or university (*see below for foreign transcript evaluation).

Acceptable degrees include:

- an associate degree in early childhood education;
- an associate degree in a related field and coursework equivalent to a major relating to early childhood education, with experience in an early childhood setting;
- a baccalaureate or advanced degree in early childhood education; or
- a baccalaureate or advanced degree in any subject, and coursework equivalent to a major relating to early childhood education with experience in a formal early childhood setting.

Equivalent Coursework will include the areas identified in ACF-IM-HS-08-12 Classroom staff qualifications such as:

Coursework equivalent to a major relating to early childhood education includes but is not limited to:

- child development
- psychology
- family development
- mathematics
- science
- children’s literature
- health and physical development
- early childhood education and curriculum
- early childhood teaching and assessment

Such courses may be offered in various departments, such as:

- Education
- Home Economics
- Music
- Art
- Library Sciences
- Psychology
- Family Studies
- Physical Education and Recreation
- Other areas as determined by review of course catalogs and syllabi

*Evaluation of foreign degrees is conducted on a case-by-case basis. Foreign degrees must be translated and articulated to an American standard and must be equivalent to a similar degree at an accredited college or university in the United States.

EXPERIENCE REQUIREMENT

Teachers with a degree related to Early Childhood Education must have experience working with preschool-aged children. This experience can come from volunteer services in a formal setting (preferably Head Start) such as a church, or other preschool program or cooperative. Work in a licensed home care setting serving pre-school-aged children or work in a formal setting serving children under the age of 3. Babysitting and care of relatives is not considered equivalent experience.
REQUEST OF WAIVER OF DEGREE REQUIREMENT

KCI may request a 3-year waiver if recruitment efforts have been unsuccessful for qualified candidates and the individual for whom the waiver is being requested is enrolled in a program that will result in a qualifying degree in a reasonable time period (completion in less than 3-years from date of hire). Waivers are granted only under special circumstances at the discretion of the Office of Head Start.

While a degree is in progress and an approved waiver is in place, the classroom will have an assistant teacher who holds a 2-year degree that meets the qualifications.

HEAD START ASSISTANT TEACHER QUALIFICATIONS

Recruitment for Assistant Teachers for Head Start classrooms will be focused on those applicants who hold a Preschool CDA credential. Those not holding a Preschool CDA credential must be willing to get the credential within 12-months of their hire date.

REQUIREMENT AS OF OCTOBER 1, 2013

All Head Start Assistant Teachers must have a Preschool CDA credential.

SUBSTITUTE GUIDANCE

* Substitutes are hired frequently to provide coverage in the event of staff absences.
* Substitutes are interviewed before being added to the substitute list.
* Substitute lists are submitted monthly to the Policy Council for approval.
* Substitutes are called from the list to fill in for long or short-term absences on an “as needed, as available” basis.
* Substitutes are compensated at the base rate of pay for assistant teacher.
* Substitutes are eligible for holiday pay if they work the day before and day after a holiday. Holiday pay is calculated by averaging the number of hours worked the day before and the day after the holiday. (Example: 4 hours Friday + 7 hours Tuesday = 11 hours ÷ 2 days = 5.5 hours holiday pay for a Monday holiday).

HIRING OF ALL EMPLOYEES

Completed application packet received –
* Must include Interested Persons Report
* 3 references have been received on KCI forms
* Interview completed

Initial processing
* HR Submits Status/Payroll Change Report
* HR notifies Municipal Licensing of intent to hire
* HR notifies CSSD of employment (within 20 days)
Kids' Corps. Inc.
Standard Operating Procedures

**Call to orientation and paperwork completion**
- HR contacts substitute
- Substitute scheduled for orientation
- HR paperwork completed – I-9, W-4, Employee Information Form, Direct Deposit Form
- Substitute is provided initial timesheet and explanation is provided for timesheet completion
- Schedule Child Care Worker Orientation with Center Director
- Send substitute for fingerprinting and Release of Information (ROI)
- Send substitute for Physical Exam and TB Screening

**Sub List Add**
- Substitute is added to the sub list as soon as everything is complete

**File Completion**
- HR File MUST be complete within 30 days of hire date (All requested information is in)
Substitutes have the opportunity to work for Kids’ Corps on an “as needed, as available” basis for as long as they continue to report regularly, or until Kids’ Corps or the substitute decides to discontinue the relationship. Sometimes, substitutes are interested in regular employment with Kids’ Corps. Kids’ Corps provides priority for placement of substitutes into position openings because substitutes gain valuable training while on the Substitute List and substitutes have had the opportunity to determine if Kids’ Corps’ services align with their career goals.

Substitutes interested in becoming regular staff may be hired into full time positions. Performance of substitutes is taken into consideration in placement situations. In order to be considered for regular placement, substitutes must meet the following criteria:

- Meet performance expectations wherever they have worked (pay period evaluation)
- Attend shift regularly as scheduled with no tardiness
- Appropriate notification of absences
- Demonstrate appropriate skills in child guidance
- Exhibit professionalism in the performance of their duties
- Have a complete personnel file with all required information

Substitutes Selected for Placement
Substitutes selected for placement will be hired as Introductory Employees for their first ninety days in order to evaluate performance in a regular position.

Removal from the Substitute List
Substitutes are removed from the Substitute List at will or for any of the following reasons:

- After three months of inactivity
- As a result of unsatisfactory performance of the position duties
- If licensing standards for child caregivers cannot be met in accordance with Municipality of Anchorage Child and Adult Care Licensing Code
Substitutes are called and scheduled on an “as needed, as available” basis. In the event that a substitute is needed, the following procedures should be followed:

**Short Term Unscheduled - (staff member calls in absent for a day, need for additional assistance the next day, etc.)**

- Call substitutes on the Substitute List to check availability (look at availability to assure that the substitute has stated they are available for the day and time of the coverage needs)
- If a substitute is available, schedule the substitute to cover the unscheduled absence
- Check with other Center Directors for substitute availability – Center Directors need to e-mail the other Center Directors & the Education Manager when they have scheduled a substitute.

**Short-Term Advance Notice - (staff member has requested a leave of absence)**

- Check with Center Directors & Education Manager to see if there are any substitutes scheduled into other centers for that day. Consult with Education Manager for substitute preference.
- Call substitutes on the Substitute List to check availability (look at availability to assure that the substitute has stated they are available for the day and time of the coverage needs)
- If a substitute is available, schedule the substitute to cover the absence (sometimes, multiple substitutes will be necessary depending upon the length of the leave).
- Submit an e-mail to Center Directors & Education Manager to indicate confirmed coverage dates and confirmed substitutes who will be covering.

**Long-Term Advance Notice – (staff member on FMLA or other approved extended absence, special projects, front desk assistance, etc.)**

- Check with the Education Manager for long-term placements of substitutes.
- After a substitute has been confirmed for long-term placement, the Education Manager will notify HR to change the substitute’s personal availability on the substitute list.

**Priorities**

- The supervisor who hired the substitute first has priority over the substitute for the dates they have scheduled the substitute. If there is multiple openings, the Education Manager will make final determination of the substitutes placement.

- **Davis & Mt. View Centers are self-coverage centers; substitutes may only be used with approval by the Education Manager.**
REFLECTIVE SUPERVISION

Kids' Corps is committed to assisting all staff in developing the skills necessary to do their jobs well. Therefore, Kids' Corps employs several approaches to reflective supervision, mentoring, and coaching employees.

REFLECTIVE SUPERVISION:

This process is a monthly process (weekly for home visitors in the EHS program) where staff and supervisors engage in two-way conversation about things that have happened in their work since the last meeting. These meetings are intended to provide staff with a safe and protected time to discuss issues with supervisory staff.

Reflective sessions provide employees to safely discuss struggles and accomplishments of children and families enrolled as well as situations encountered while assisting families in accessing services. It allows for opportunities to problem solve situations and develop plans to overcome barriers. It’s also an opportunity to vent frustrations and share successes.

This reflective time is required for all employees working with children and families:

1. Employees and supervisors schedule a meeting each month (EHS Home Visitors each week)
2. The Reflective Meeting Notes form is completed during the meeting and signed by the employee and the supervisor
3. The Reflective Meeting Notes form is placed in a file in the supervisor’s office

MENTORING:

There were five “types” of staff in need of different styles of mentoring identified through program observations, performance appraisals, Individual Professional Development Plans, staff surveys, and supervisors:

1. Staff is provided a Performance Improvement Plan that was specifically connected with their performance appraisal and whose supervisor identified certain skills the individual could learn in order to become more effective or efficient.
2. Staff who are considered to have the basic concepts of early education, but are not yet confident in taking the lead.
3. New staff.
4. Staff who have identified new skills they would like to develop.
5. Staff who are highly skilled and are ready to take those skills to a new level of excellence.

Also during reflective sessions, discussions can focus on self-analysis and goal-setting for supervisory mentoring based on the following tools:

- The last performance appraisal conducted with the employee
- ECERS observation reports
- CLASS observation reports
- Monthly supervisor observations
- General mental health observations
Kids’ Corps. Inc.
Standard Operating Procedures

- Notes and comments from other staff and consultants regarding work performance
- Information from peers
- Information from parents
- Child file reviews
- Paperwork turned in to the supervisor

Although most staff will typically be mentored by their supervisor, some may be referred to the child development specialist, disabilities specialist, health and nutrition specialist or contracted consultants who may best assist a staff member in improving skills based on their classroom enrollment and specific needs of children.

Beyond traditional monthly reflection, mentoring can assist in other areas of employee “skill-stretching” (meaning building on skills or helping a staff person reach performance expectations). Two types of mentoring are:

1. Supervisory follow-up on Performance Improvement Plans (in October) should include mentoring staff (or arranging a mentoring situation) to assist them in achieving improvement prior to October. *The plans are used to document progress or lack of progress, new goals, next steps, etc. and forwarded to Human Resources for attachment to the previous year’s Performance Appraisal.*

2. Staff identified through collaboration between supervisors and the Wellness Committee as being very good at their jobs and/or whose approach to a certain facet of their job is exemplary. This would be evidenced by high marks for quality on their performance appraisals, credibility among other staff (they are considered good at their jobs by others), and the ability to role model good work habits (good attendance, paperwork is in by deadline, classroom is appropriate for the children, excellent safety record, appropriate use of language and tone in the classroom, etc.)

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**COACHING**

Coaching is extending traditional methods of training to include focus on (1) an individual’s strengths, needs, and accomplishments, (2) close observation, and (3) impartial and non-judgmental feedback on performance.

Coaching is done when an employee is ready to practice a new skill and another person (coach) can assist them through discussion and feedback. Coaches also provide observations and feedback to assist employees in self-reflecting on how THEY felt they did with regard to the plan.

Coaches are usually a peer or specialist not responsible for supervision of the employee.
PERFORMANCE APPRAISAL PROCESS

Supervisors initiate the Performance Appraisal process at least 45 days prior to the annual review date in May. The employee performance appraisal process is a collaborative process.

The supervisor prepares a Performance Appraisal Form for each employee they supervise and forwards them to the human resources manager via e-mail.

* Once reviewed, the human resources manager makes note of the appropriate changes and forwards the appraisal to the manager overseeing the supervisor.

* The manager makes appropriate changes to the Performance Appraisal and returns the appraisal to the supervisor for review with the employee.

AFTER the managerial approvals have been completed:

* The employee is provided a Performance Appraisal Form and is requested to complete a self-appraisal based on the form (complete with comments about why they scored the way they did) and bring it to the scheduled Performance Appraisal meeting with their supervisor.

* The supervisor and employee sign the Performance Appraisal at the Performance Appraisal meeting along with a Performance Appraisal Discussion Form. The employee is permitted to make comments in the comments section of the Performance Appraisal form in addition to comments on the Performance Appraisal Discussion Form.

* If the employee would like a copy of the completed form, the supervisor attaches a note to the appraisal packet requesting a copy.

AFTER the performance appraisal meeting is complete and all forms are signed:

* The self-appraisal, Performance Appraisal Discussion Form, and the original Performance Appraisal are forwarded to the Executive Director for review and signature.

* The completed Performance Appraisal packet is then forwarded to Human Resources for filing.

Employees are required to sign the Performance Appraisal. Signing the appraisal does not mean the employee agrees with it, just that the employee reviewed it with his/her supervisor. Employees who do not agree with the appraisal can submit their disagreement in writing to their supervisor who will forward it to the human resources manager for attachment to the appraisal packet. In the event that an employee refuses to sign, a manager or another supervisor will be notified and will sign as witness to the refusal.

PERFORMANCE IMPROVEMENT AGREEMENTS

A Performance Improvement Agreement outlines objectives for correcting any performance issues on an employee’s performance appraisal. It is also used for reaching the goals and timelines discussed during the Performance Appraisal. The agreement is attached to the Performance Appraisal Form. Regular follow-up occurs for performance improvement agreements.

Performance improvement agreements **must be attached** whenever a score falls below the “meets requirements” box on the performance appraisal. The intent of a performance improvement agreement is to assist staff in setting goals to meet performance expectations in an area.

Performance improvement agreements should be written so that the supervisor in the next program year is able to use the agreement to assist the staff member in setting goals and building skills to meet the requirements of the position. This follow-up usually happens in October unless an employee is year round. If the employee is year round, follow-up is usually scheduled for July. The purpose of follow-up meetings and updates is to document progress toward achieving the goals set in the initial performance
improvement agreement. In the event that the employee is introductory but in need of some improvement in an area, the performance improvement is written for follow-up within 45 days of the appraisal.

HR MAINTAINS THE ORIGINAL AND SENDS A COPY OF THE PERFORMANCE IMPROVEMENT AGREEMENT TO THE SUPERVISOR RESPONSIBLE FOR THE EMPLOYEE IN SEPTEMBER (JUNE IF THE EMPLOYEE IS YEAR ROUND/45 DAYS IF INTRODUCTORY) FOR FOLLOW-UP. THE SUPERVISOR DISCUSSES THE AGREEMENT AND UPDATES IT WITH THE EMPLOYEE AND FORWARDS IT TO THE HUMAN RESOURCES DEPARTMENT FOR ATTACHMENT TO THE ORIGINAL PERFORMANCE APPRAISAL.
Documenting a conversation is easily done with employees.

Write an agenda

Meeting with Joe Smith
Monday, May 7, 2007
Agenda

Tardiness on May 1

- Late 25 minutes, no call – last minute rider arranged
- Bus was delayed 15 minutes as a result
- One Teacher had to set-up in room 2 in addition to her regular set-up as a result

What’s Next?

- Call in time is by 6:00 A.M. on my cell phone 555-0000 leave message if I do not answer
- At work, on time, ready for bus by 7:10 A.M.
- Disciplinary action the next time if you do not call or show up on time

Have the employee initial the agenda for your meeting and place the agenda in your working file...

KEEP IT LEGAL!

<table>
<thead>
<tr>
<th>WRONG</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were late because your child was throwing up. You need to arrange for a way to call when your child is sick. You caused problems for everyone and this is not okay</td>
<td>Late 25 minutes, no call – last minute rider arranged</td>
</tr>
<tr>
<td>Bus was delayed 15 minutes as a result One Teacher had to set-up in room 2 in addition to her regular set-up as a result</td>
<td></td>
</tr>
</tbody>
</table>

ALWAYS call or e-mail the Human Resources Manager who will gladly help you write a legal statement or agenda for an employee meeting.
POLICY COUNCIL & VOLUNTEERS

CHILD CARE FUNDS FOR MEETINGS AND TRAININGS

CHILD CARE REIMBURSEMENTS

Child care may be paid from program funds. Eligible activities may include, but are not limited to:

- PC Executive Committee Meetings
- PC Reps elected to attend the Advisory Committee Meetings
  - Family Services/Parent Involvement Advisory Committee
  - Early Intervention/Education Advisory Committee
  - Health/Nutrition Advisory Committee
  - Transitioning Advisory Committee
- PC Reps elected to attend the meetings of the
  - Board of Directors
  - Board of Directors Executive Committee
- PC participation in the annual Self-Assessment
- PC participation in personnel functions (i.e. staff interviews)

Child care for non-Head Start parent training will not be eligible for payment. Exceptions must have prior approval by the Policy Council.

Private Child Care will be paid as follows:

- $5.00 per hour per child, not to exceed $40.00 per event per family. Parents must complete and submit form for reimbursement to the Initiatives Coordinator. Private child care will not be paid if child care is offered at KCI.

CHILD CARE STIPEND

Child care stipends are available for some trainings to assist with child care for young children. If a stipend is available, it will be noted on the bulletin or flyer for that specific training.

A $5 stipend per hour per child, not to exceed $40 per event per family, may be available for training such as First Aid/CPR.
Parent Committee Meetings (PCM) is held monthly for all classes/centers. They usually take place at a designated time for 1½ hour. Families and staff have an opportunity to share a light meal and participate in a planned activity. Policy Council Representative(s) conduct a meeting with the other parents. PC Rep fills out Parent Committee Meeting Minutes and submits to FA who submits to the Family Services Specialist. Originals or Copies of sign in sheets and minutes are forwarded to the Initiatives Coordinator. Copies of sign in sheets are forwarded to the assigned Program Support Associate. PC Rep makes an oral report at the next PC meeting.

Activities for PC Reps and Staff are listed below:

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**POLICY COUNCIL REPS**

- Plan agenda, menu for PCM (review last PCM minutes) in collaboration with Family Advocate
- assist with making flyers, purchase requests,
- call parents several days prior to PCM
- Conduct PCM with Parents

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**FAMILY ADVOCATES**

- Communicate with PC Reps to plan for PCM (recommend approximately two weeks in advance)
- Responsible for completion of PCM planning sheet in collaboration with PC Rep
- Assist PC Rep to prepare and distribute flyer
- Submit purchase requests as needed
- Purchase needed food and/or supplies (parents may assist)
- Talk with parents in the centers/ call each family to remind them about PCM
- Attend PCM and assist PC reps in conducting the meeting
- Turn in meeting minutes, sign in sheet, planning sheet to Family Services Supervisor, who forwards to the Initiatives Coordinator after review.

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**TEACHERS AND CENTER DIRECTORS**

- Assist with planning as needed
- Provide a planned activity for children during PCM (may want to have a few suggestions easily completed for parents to choose from, one activity from the SPARC codes with one page handout)
- Talk with parents in classroom and on bus to remind them about PCM
- Attend PCM and participate in planned activities

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**TIMELINE**

Planning should be completed at least 2 weeks before the PCM. This allows time to have purchase requests signed, purchase supplies, prepare activities, make and distribute flyers, coordinate transportation and additional staff as needed.
Parents are provided opportunities to attend events and trainings presented or sponsored by Kids’ Corps, Inc.

Parents will receive an invitation to an event or training by flyer, newsletter, telephone call, person to person in centers or on bus, on facebook and the KCI web site by family advocates, teachers, assistant teachers and substitutes.

*Parents indicating they would like more information on a given subject that becomes available through a Kids’ Corps parent training, will receive a personal invitation from their center director.

Procedure to receive a personal invitation:
During the enrollment home visit, the family advocate/teacher will go over the “Parent Volunteer Form” asking parents if they are interested in receiving information about volunteering. If a parent indicates an interest on the “Parent Volunteer Form”, the family services specialist will forward the NCR copy to program support after initial program enrollment data entry is completed. Program support will enter the parents name, child’s name, phone number and event interested in, onto the Excel Spreadsheet provided on the kciserv02, folder called “Parent Volunteer List”. under that specific centers tab,

On the kciserv02, (server available to all centers) family advocates and center directors will find a folder, listed as “Parent Volunteer List “. In this folder is an Excel Spreadsheet with tabs for each center, Advocates/center directors will open their centers tab and place personal phone calls to the parents desiring that training or event.

Transportation, translation, child care and dinner should be mentioned to help bridge any barrier the parent may have. If translation is required for a parent, notification to the appropriate advocate/teacher and family services specialist will be required in order to accommodate this need.

VOLUNTEER CATEGORIES

Volunteer Definitions, Guidance, and File Completion

1. **Infrequent Parent Volunteer** – This is a Head Start parent who works in the classroom less than 8-hours in a month and who works only with their own child(ren) without assisting other children.

2. **Head Start Parent Volunteer** – This is a Head Start parent who works in the classroom 1+ hours in a month with their child(ren) but assists with other children as well.

3. **Volunteer** – This is a community volunteer who has no other affiliation with Head Start.

4. **Foster Grandparent** – This is a volunteer who works with children in the classroom and is placed in a classroom situation through collaboration with KCI and the Foster Grandparents Program.
Kids’ Corps, Inc.

Standard Operating Procedures

5. **College Student Volunteer** – This is a volunteer working in a center where children may come into contact with the volunteer but the contact is infrequent – this student is usually enrolled in a Social Work/Human Services program requiring some supervised field experience.

6. **College Student Volunteer with Frequent Child Contact** – This is a student volunteering directly in the classroom with children present to learn Early Childhood Education in a licensed child care setting.

7. **Other Volunteers** – These are volunteers evaluated on a case-by-case basis who work in buildings or on projects where children are not present and volunteering will not place the volunteer into direct contact with children.

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**SUPERVISION OF CHILDREN**

Kids’ Corps, Inc. does not leave volunteers in situations where they are alone to supervise children. Staff supervises all volunteer contact with children.

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**USING VOLUNTEERS IN THE CLASSROOM**

Infrequent parent volunteers should work with their children to assist them with understanding and following the routine and schedule in the class. They should use methods that promote their child’s abilities to do things for themselves. Staff should be available to provide some guidance for parents so that parents understand the benefits of their child’s self-help skill development. Infrequent parent volunteers should not assist with other children until they have met all of the qualifications of a regular Head Start Parent Volunteer.

Other volunteers should be guided to assist in meaningful ways in the classroom (art activities, reading to the children, assisting with block play, etc.) – Staff should be available to provide guidance and feedback that inspires positive conversations, problem solving, and observation skill development of volunteers.

All classroom volunteers need to sign in and sign out to assure that they receive credit for their volunteer service.

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**Volunteer Type**

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<tr>
<th>Volunteer Type</th>
<th>Appl. Years</th>
<th>3 Written References</th>
<th>Orientation</th>
<th>Annual Training</th>
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*parent volunteers whether frequent or infrequent are considered to be “in training” while volunteering in the classroom  
*CBC = Case-By-Case (usually with individualized Municipal Variance applications depending on Volunteer type

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**FILE COMPLETION:**

- The only type of volunteer excluded from start/end dates faxed to licensing is Infrequent Head Start Parent Volunteer.
- All volunteers are directed to KCI’s website for Personnel Policies and Procedures along with other information for volunteers
- Case-by-case volunteer variances are developed in collaboration with Municipality of Anchorage Child and Adult Care Licensing
Often, the simplest path to beginning a volunteer relationship with KCI is to complete all of the requirements of AMC 16.55 prior to beginning volunteer work. The process of requesting a variance and obtaining approval from the Municipality can take a month or longer depending upon the circumstances.

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**TIMELINE**

* All requirements MUST be met prior to volunteering.

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**THANK YOU NOTES/CERTIFICATES**

* The Initiative Coordinator will assure that thank you notes are sent to all volunteers.

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**VOLUNTEER PERFORMANCE APPRAISALS**

* All classroom volunteers who work for more than 7-months will receive a Performance Appraisal based upon their job performance using the modified assistant teacher performance appraisal form. The Center Director at the center where the volunteer is regularly scheduled to volunteer will conduct this after completion of a 7-month volunteer period.

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**VOLUNTEER FILES**

* The Initiatives Coordinator reviews all volunteer files for completeness. Licensing Representatives will keep volunteer files at the main office in the Human Resources for ease of review.

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**TRAINING**

* Twelve (12) hours of training must be met during a twelve-month period of volunteering for volunteers working with children.

* The Human Resources Manager will assure that volunteers receive training necessary to fulfill their volunteer agreement with Kids’ Corps.

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**VOLUNTEER ORIENTATION**

* For Volunteers who plan to complete less than 20 hours of service during the program year:
  Center Directors complete the “Check List of Orientation for New Child Care Workers” prior to or in conjunction with the volunteer’s first day of service.

* For Volunteers who plan to complete more than 20 hours of service during the program year:
  Volunteers meet with the Initiative Coordinator for a full staff orientation (approximately 10 hours) prior to the first day of service or at the earliest opportunity. Volunteers may also receive a portion of this orientation through the staff orientation process.

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**INAPPROPRIATE VOLUNTEER CONDUCT**

Staff and community members may notify Center Directors, Specialists, or Managers of inappropriate conduct of volunteers working in the program.

* Volunteers who conduct themselves inappropriately may be suspended from volunteer duties at the discretion of Management.
VOLUNTEER CHECKLIST PROCEDURE

A volunteer checklist will be given to parents during the enrollment home visit/orientation.

Within 60 days of a child starting in the classroom, each Center Director will confirm that a checklist has been completed and placed in the child’s file. If there is no checklist filed, The Center Director will provide a list of files with missing forms to the Family Services Specialist for follow up with the family advocates. (Even if the parent doesn’t feel he/she can help out at this time, the parent must fill out the top portion of the form.)

The Family Advocate will file the original in the child’s file under Family Services and copies will be given to the Family Services Specialist. Family services specialist will forward to Program Support for documentation on Excel Spreadsheet on kciserv02, folder labeled Parent Volunteer Lists after enrollment documentation from program start up is completed.

Center Directors will call the parents and invite them to participate at regular intervals, according to the parent's availability and interest indicated on their checklist.
ADVISORY COMMITTEE DESCRIPTIONS

For several years, Kids’ Corps, Inc. has seen the need to thoroughly incorporate the community and parents in the decision-making processes for our agency. Advisory Committees have been established and are established as the need arises.

**EARLY INTERVENTION / EDUCATION ADVISORY COMMITTEE**

The committee is responsible for reviewing curriculum, on-going assessments and outcomes.

The committee makes recommendations to strengthen the educational services.

**STAFF WELLNESS COMMITTEE**

This Committee works to develop plans and activities centered on individual and group development and morale.

**HEALTH & NUTRITION ADVISORY COMMITTEE**

This Committee is the only Committee mandated by the Performance Standards. This Committee is responsible for making recommendations to the program with regard to health & nutrition services delivered to the enrolled families.

**TRANSITION ADVISORY COMMITTEE**

This Committee assists in determining methods for SUCCESSFUL transitions for Head Start families into and out of the Head Start program.

**FAMILY SERVICES/PARENT INVOLVEMENT ADVISORY COMMITTEE**

This Committee is responsible for focusing the agencies provision of family services. The focus of this group will be to discuss family services practice, policies and forms and make adjustments as needed to meet the changing needs of the families enrolled in our program.

**EARLY HEAD START ADVISORY COMMITTEE**

This committee works to ensure that KCI’s Early Head Start program practices meet the unique needs of infants and toddlers and their families.
VOLUNTEER STIPULATIONS

CLASSROOM VOLUNTEERS

Volunteers are not counted in classroom adult: child ratio.

Volunteers are not left alone with children.

Parents who have had Office of Children's Services intervention will be permitted to work in the classrooms as volunteers, on a case-by-case basis. The Municipality of Anchorage Child and Adult Care Licensing Specialist will first grant permission.

A plan will be written for inclusion of the parent in the classroom that outlines the parent's role and any restrictions.

Situations with volunteers that are determined to be physically or emotionally unsafe for children, staff, or other volunteers will be analyzed and appropriate determinations will be made on a case-by-case basis.

Prohibited offenses for working with children include but are not limited to (these apply to ALL volunteers working with children more than 8 hours in a 30-day period):

A person IN THE LAST 10 YEARS under indictment, charged by information or complaint, or convicted of a misdemeanor crime of assault, reckless endangerment, misconduct involving a controlled substance, or perjury as defined in AS 11 or similar laws of another jurisdiction.

A person AT ANY TIME under indictment, charged by information or complaint, or convicted for the following laws or similar laws of another jurisdiction, against the family and vulnerable adults under AS 11.51; Perjury under AS 11.56.200; A serious offense as defined in AS12.62.900. A serious offence includes:

- Former AS 11.40.130, 11.40.110, or 11.40.200 - 11.40.420 (crimes against morality and decency), if committed before 1/1/80
- Former AS 11.15.120 or assault with intent to commit rape under former AS 11.15.160
- Endangering the welfare of a vulnerable adult in the 1st or second degree
- Intentionally exposing one's buttock or anus (a disorderly conduct)
- Promoting prostitution in the 1st - 3rd degrees
- Sexual abuse of a minor in 1st - 4th degrees
- Indecent exposure in the 1st or 2nd degree
- Contributing to the delinquency of a minor
- Sexual Assault in 1st - 4th degrees
- A crime involving domestic violence
- Distribution of child pornography
- Unlawful exploitation of a minor
- Unlawful marrying
- A felony offense
- Prostitution
- Incest

Volunteers MUST follow the guidance and discipline practices of Kids’ Corps, Inc. (KCI) at all times when in any KCI facility, on field trips, on buses, or at any other KCI sponsored activity.
HEALTH & SAFETY

HAND WASHING

Kids’ Corps, Inc. maintains high standards in the practice of hand washing and sanitation in all areas of the program.

Hand washing for twenty seconds with liquid soap and warm running water helps to minimize the spread of germs, which may cause infections and/or illnesses. Use a clean paper towel to dry hands, to shut off water and to open the door to the bathroom.

If contact with blood, bodily fluids like urine, mucous, nasal discharges from another person occur, hand washing should continue for two (2) minutes using above procedure. Then advise supervisor of contact with blood.

ALL STAFF AND VOLUNTEERS
Staff and volunteers wash hands before any food preparation or eating.
Staff and volunteers wash hands after using the bathroom, blowing noses, and smoking.
Staff and volunteers wash hands before and after giving first aid to themselves or someone else.

STAFF AND VOLUNTEERS WITH CHILD CONTACT
Staff washes hands before and after assisting a child with toileting or diapering, nose blowing or administering first aid.

Staff and volunteers wash their hands before food preparation and during food preparation as necessary. They also wash their hands prior to setting up or assisting with tooth brushing.

Children wash their hands after toileting and nose blowing. They wash their hands before assisting with food preparation and eating.

Hand washing is done after handling pets and other animals.

Children wash their hands after sand and water play.

Children wash their hands upon arrival and when they re-enter a classroom.

Staff washes hands before and after administering medication and first aid.
PREVENTING COMMUNICABLE DISEASES IN HEAD START CENTERS

It is the intent of Kids’ Corps, Inc. to ensure the safety of staff, children and families by using the safest practices in preventing communicable disease. Communicable diseases are illnesses that spread from person to person. They are the most common causes of illness in young children. Viruses, bacteria, fungi, and parasites cause these illnesses. These types of germs are spread through the air (coughing, sneezing, etc.), by contact with vomit or stool, touching contaminated skin or articles that contacts skin (e.g., ringworm) and through the exchange of bloody fluids that contains disease (e.g., hepatitis B, HIV).

The following is KCI’s procedure for preventing communicable diseases:

ALL PERSONS WHO COME IN CONTACT WITH KCI’S CHILDREN AND FAMILIES WILL FOLLOW THESE PROCEDURES:

- **Hand washing:**
  - **Method** use liquid soap, always use warm running water, scrub all surfaces of your hands (e.g., fingernails, around jewelry, wrists, etc.), scrub at least 30 seconds, use a clean paper towel to dry hands, to shut off water and to open the door to the bathroom.
  - **Before** preparing and serving meals, feeding children, eating/drinking, taking or giving medications, toileting, diapering or assisting a child at the toilet.
  - **After** toileting, diapering, assisting a child at the toilet, handling soiled clothes, touching blood, skin lesions, eye discharge, saliva, vomit urine, stool, mucous, playing/working outdoors, playing in the sand/water table, handling animals or cleaning up.

- **Gloves:**
  - ALWAYS use latex or vinyl gloves when caring for bloody injuries/incidents, cleaning surfaces, handling items soiled with blood, changing diapers, treating diaper rash, caring for other skin rashes or lesions, providing mouth or eye care and cleaning up spills of body fluids (e.g., vomit, urine, blood, stool).

- **Cleaning and disinfecting:**
  - Use soap and water to wipe away visible soil and many germs. Disinfect and sanitize using a special solution (e.g., bleach); this is only effective in removing germs if the visible soil is first cleaned away. Laundry that is soiled with body fluids must by cleansed in hot water using bleach. Disposable items such as diapers, gloves or towels used to clean body fluids need to be thrown away in a garbage can operated by a foot-pedal with a tightly sealing lid.

- **Other hygiene issues:**
  - When children play in standing water (e.g., water tables, wading pools) or in sandboxes make sure that they wash their hands before and after. Adults and children should practice coughing and sneezing into their elbows or shoulders. Hands should always be washed after noses are wiped or blown. Outdoor play and inside ventilation help minimize the spread of air-borne germs.
TEMPORARY EXCLUSION OF A CHILD IN HEAD START CENTERS

Children may only be excluded from program participation if they have a short-term injury or acute illness that could present a significant risk to the health and safety of the child or anyone in contact with the child. KCI will take all necessary steps to ensure equal access to program activities and facilities to all individuals. No child will be excluded from program activities due to a health care need, unless the risk to other individuals cannot be eliminated. Staff will determine if a child needs to be excluded for a short-term acute illness or injury. Staff will do this by immediately performing a daily health check on each child as the bus picks them up or as they arrive at the center.

The following is KCI’s procedure for determining if a child needs to be excluded from attending:

- **Daily Health Check:**
  - **LISTEN**
    - Greet the child and parent and ask how everyone is feeling, listen for the following symptoms:
      - loss of appetite
      - earache
      - sore throat
      - severe pain or discomfort, particularly in joints, ears, or abdomen
      - acute diarrhea; which is characterized as two times the child’s usual frequency of bowel movements with loose consistency within 24 hours
      - two or more episodes of acute vomiting within 24 hours
      - stiff neck
      - blood in urine or stool
      - headache
    - Listen for signs of illness such as:
      - deep, hacking cough
      - severe congestion
      - difficult or rapid breathing
      - fatigue (child looks tired)
      - difficulty of urination
  - **LOOK**
    - Get down to the child’s level to see him/her clearly. Look for signs of illness such as:
      - visibly enlarged lymph nodes
      - severe drainage from wound, nose, eyes, ears
      - yellow skin or eyes
      - Pink eye with possible drainage, itchiness, wateriness & squinting at the light.
      - swollen joints
      - blood or pus from ear or skin
      - unusual behavior for the child, characterized by no playing, confusion or persistent inconsolable crying
      - severe itching of body or scalp
      - skin rashes such as impetigo, ringworm, fifth disease, scabies
      - symptoms which indicate any of the following diseases:
        - chicken pox
        - lice
        - strep throat
        - Hib disease
        - Measles
        - Mumps
        - Rubella
FEEL
- Gently feel the child’s cheek, forehead or neck. Check for following:
  - skin unusually warm, cold or clammy
  - skin unusually bumpy
  - oral temperature elevated above 100 degrees
  - enlarged lymph nodes in throat area

SMELL
- Be aware of odors:
  - breath that smells fruity or foul
  - unusual foul smell to the child’s stool or urine

**Attendance:**
- If a child presents any of the above signs of illness they may not attend school on that day.
- If they signs of illness appear during the course of the school day, staff will limit the ill child’s contact with other children as much as possible and contact the family to pick the child up as soon as possible.
- The child may return to school 24 hours after symptoms have disappeared and/or with a Physician’s note.
- Children with chicken pox may return when their blisters have scabbed over.
- Children with head lice may return when the hair is free of lice and nits (eggs).
- Pink eye (conjunctivitis) is a bacterial infection. Common signs and symptoms of pink eye include:
  - itchiness in one or both eyes
  - redness in one or both eyes
  - teary eyes
  - a discharge in one or both eyes that forms a crust during the night
  - blurred vision and sensitivity to light
  - a gritty feeling in one or both eyes
- If the health care provider treats the symptoms with antibacterial drops, the child can return when the treatment has occurred for 24 hours AND the parent submits written documentation of treatment from physician.

Some communicable diseases that requires doctor’s note are the following:

- Impetigo
- Strep Throat
- Measles

Health alert letters will be sent to the parents/guardians if there is a confirmed case of a communicable disease in a classroom/center.
ADULT MEDICATIONS IN THE CLASSROOMS/CENTERS

Staff, volunteers, and other adults in the classrooms must assure that all medications are out of the reach of children at all times. Therefore, the following procedures MUST BE FOLLOWED in facilities where children are present:

- Adults in the classrooms must check all pockets, purses, etc. for medications or other potentially harmful items (pocket knives, etc.) and assure that items deemed unsafe are placed into a locked or otherwise secured area out of the reach of children.

- ALL Medications MUST BE placed completely out of the reach of children in locked or otherwise secured spaces.

- Adults who need to have their medications readily available must disclose this need to the Center Director. Medications will be stored in a locked “Adult” med box that is kept in the classroom. Med boxes will be provided on an as needed basis.

- Adults at East, Davis, and Muldoon Centers must place medications or other potentially harmful items in lockers that must be locked.

- Adults at Mt. View must place medications or other potentially harmful items in the bottom drawer of the gray 2-drawer file cabinet in the Center Director’s office.

- Adults at Mt. View Early Head Start must place medications and other potentially harmful items in the locking file cabinet in the teacher work area.

- Adults at South Center must place medications or other potentially harmful items in the bottom drawer of the black 4-drawer file cabinet in the teacher workroom.

- Adult medications in offices where children are present in the building must be secured safely out of the reach of children.

**Anchorage School District Staff:**
- Staff medications are to be kept in the school nurses office

**For purposes of this procedure, medications are defined as:**
- Prescription medications (including inhalers and epi-pens)
- Over the counter medications for colds, headaches, etc. (including aspirin, cough drops, etc.)
- Vitamins (even children's vitamins)
- Other dietary supplements (calcium, iron, etc.)
**MEDICATION ADMINISTRATION IN THE CLASSROOM**

KCI will administer medications prescribed by a physician to a child while they are attending a KCI Center. Classroom staff will administer medication. Health and Family Advocate will review the record regularly with the parents. If a medication needs to be administered by injection or other invasive method, the parent must arrange for it to be given while child is not at a KCI center or arrange to have medication administered by someone other than KCI staff.

All medications to be given to a Head Start Child while in attendance must meet the following guidelines:

- Medication prescribed by a provider must be:
  - In the original container with the prescription label attached & current date.

- The medication bottle must be labeled with:
  - Child’s name
  - Current date
  - Name of medication
  - Dosage to be given
  - Liquid medicine should have a proper measuring tool (i.e. dropper, measuring tsp.)
  - Route of administration (i.e.: oral, inhaled)

- Medications that are over the counter must be prescribed by a Physician and have:
  - Current date
  - Proper label

- When medication is prescribed, the parent/guardian must sign the Classroom Health Plan form before KCI staff can administer the medication.

- A Child Classroom Health plan must be filled out and signed by the parent before medications will be given by Head Start staff (Refer to SOP Child / Classroom Health Plan).
  - Medication log and a copy of the Classroom Health Plan must be posted in the classroom.

- Medication administration in the classroom will be documented by the teacher on the medication administration log and monitored by the Health and Nutrition Specialist.
  - In the event of errors, missed doses, inaccurate doses
    - Notify Center Director, Health and Nutrition Specialist, or Education Manager immediately.
    - Center Director, Health and Nutrition Specialist, or Education Manager will notify parent.
    - Call poison control if further information needed.
    - Call 911 if needed.
  - The original copy of the Classroom Health Plan must be kept in the health section of the child’s file.
  - Past medication logs are kept in health section in the child’s file.

- Medication shall be stored in a locked box out of the reach of children.

- Medication to be stored in the refrigerator shall be stored in a locked box in a manner that will not contaminate food or be accessible to children. A medication box is available if needed.
Classroom staff must notify Health and Nutrition Specialist if the medication is getting low. Health and Nutrition Specialist will follow-up with the parent so that the prescription can be refilled if necessary.

Each classroom will have Classroom Health Plans reviewed with staff by the Health and Nutrition Specialist before the child attends. One person will be assigned to administer medication. A back-up person will be assigned in the “lead person’s” absence.

Before administering medication, staff will perform the following check called the “Five Rights”:
- Right child: staff will administer drug to the child named on the bottle
- Right drug: staff will check the drug to be sure the same medication name is on the bottle and on the Classroom Health Plan.
- Right dose: staff will administer the correct dose (i.e.: number of tablets, etc.)
- Right route: staff is giving the medication in the proper manner (i.e.: tablet by mouth, inhaler, etc.)
- Right time: staff is giving medication at the correct time (refer with the Classroom Health Plan or medication log)

Staff will observe the child for 30 minutes for adverse reactions or side effects of the medication. These are indicated on the Classroom Health Plan.
ALLERGIC REACTION RESPONSE

These are the recommendations of the EMS Dispatcher if a child has been given the Epi-Pen Jr. according to the Doctor's orders on the bus for life threatening symptoms:

Follow this procedure if you are MORE than a minute or two away from a hospital and if you or the bus riders have given a child the Epi-Pen Jr.:

* STOP and put on your red flashing lights.

* CALL 911. Tell them you have a child that has had the Epi-Pen Jr. administered to them and you need assistance.

* GIVE YOUR LOCATION. They will come to you.

* CALL East Center and apprise the Front Desk what has happened: message goes to Health and Nutrition Specialist or Family Services, Health, and Early Head Start Manager. ***272-0133***

Follow this procedure if you are ONLY about a minute or two away from a hospital and you or the bus rider have administered the Epi-Pen Jr.:

* CALL the nearest hospital and tell them you are on the way to the Emergency Room and why.
  o Providence Hospital E.R.: 261-3111
  o AK. Regional Hospital E.R.: 264-1222

USE ALL PRECAUTIONS TO AVOID AN ACCIDENT. DON'T RUN ANY RED LIGHTS.

* CALL East Center and tell the front desk what has happened. The message is for Health and Nutrition Specialist or Education Manager. We will meet you at the hospital E.R. to stay with the child so the bus can then take the other children home. We will call the parents to also come and meet us there.

This procedure will be placed in the child's traveling kit along with the Emergency Form, Classroom Health Plan, and Medication Log.
ATTENDANCE / TRANSPORTATION SUSPENSION FOR OVERDUE HEALTH REQUIREMENTS

Kids' Corps, Inc., Municipal Licensing and the State of Alaska require that all children in a pre-school or a child care center have a current physical exam (within 12 mos.). The child must remain up to date with immunizations. Family Advocates will work with the family to be sure health requirements are compliant. After extensive communication with family regarding health requirements, transportation may be stopped and child may be excluded from attending class until above requirements are met. If the above requirements are not met after two weeks of exclusion the child is subject to being withdrawn from the program.

The following is the procedure KCI staff will follow for informing parents of their children's health documentation due dates and when stopping attendance/transportation for children with overdue health requirements:

- Parents are notified by Health and Nutrition Specialist 6-8 weeks before health information is due. The Health Assistant will send a health reminder letter and family advocate will contact the family in person or by phone to notify them of health items coming due. If unable to contact the family due to language barriers, she/he will request an appropriate staff member to assist. The Health and Nutrition Specialist will notify the child’s Family Advocate that a health reminder letter was sent. The Health Assistant will place the original copy of the letter in the child’s file and document in parent contact page.

- The Family Advocate will contact the parent at least two times after the Health Assistant has sent the reminder letter. Leaving a message does not count as a parent contact. All conversations and attempted contacts must be documented in the family contact page in the child’s file.

- Health information or an appointment date must be submitted no later than 4:00 PM on the day it is due. If the information is not received, the Family Advocate will notify the Health and Nutrition Specialist who will sign an exclusion letter. The Family Advocate will make one last phone call in an attempt to contact the family. If unable to contact the family or if the family still does not have the updated documents or a scheduled doctor’s appointment, the exclusion letter is mailed and transportation and attendance are suspended. If the child has a scheduled doctor’s appointment after the due date the child may continue to attend class as long as the documentation is provided the day after the scheduled appointment.

- If attendance/transportation is to be suspended the Family Advocate will notify the Health and Nutrition Specialist, Center Director, Teacher, Family Services Specialist and Compliance Specialist (if child is on bus route) by forwarding a change of status form.

- When the necessary documentation is received it is to be forwarded to the appropriate Family Advocate who will then forward a change of status form to resume attendance/transportation to the Health and Nutrition Specialist, Teacher, Center Director, Family Services Specialist and Compliance Specialist (if child is on a bus route).

- If necessary documentation is not received or the parent fails to meet the scheduled appointment within 2 weeks after exclusion or due date, the Family Advocate will notify the Family Services Specialist who will mail a termination letter and complete a change of status form withdrawing the child and placing him or her on the wait list.
TOOTH BRUSHING PROCEDURE

On a regular basis have a circle time with the **big toothbrush** and **big teeth**. Explain importance of dental care. Show the technique of brushing. Encourage the children to brush the **big teeth**. Tooth brushing is **ALWAYS** a part of the daily classroom schedule. It is the Health and Nutrition Specialists responsibility to ensure all dental supplies are ordered and new toothbrushes are rotated into the classroom every three months.

**SET-UP**
- A rack holds the toothbrushes and is stored in a clean, clutter free area.
- Each toothbrush has an individual cover.
- Each toothbrush is labeled with child’s name.

**DAILY PROCEDURE**
- Set out the toothbrush racks so that toothbrushes are available at the end of each meal and snack.
- Set out a tray with 3 oz. cups that have a small dab of toothpaste on the edge and also a small amount of water inside the cup.
- Children and classroom staff sit together and brush their teeth.

**BRUSHING TECHNIQUE**
- Brush in circles on outside of teeth and gums, brush surface of upper and lower teeth, brush inside of teeth, and then brush the tongue.
- Children brush after lunch; they “swish and swallow” after breakfast and snack.

**DENTAL EDUCATION**
- Teacher talks about the importance of correct brushing.
  - Why we brush our teeth
  - Why each person has their own toothbrush
  - Why we don’t share toothbrushes
  - What kinds of foods are good for our teeth (milk, meat and vegetables)
  - What kinds of food are harmful to our teeth (candy and pop)

- Other conversations relating to teeth may include:
  - What to do if teeth are sensitive to hot and cold foods and liquids
  - What to do if the tooth aches
  - What causes cavities to form on our teeth
  - The Dentist is our good friend
BASIC CLASSROOM FIRST AID

- Remember to use **gloves** for all situations involving bodily fluids such as blood!!
- An incident report must be completed for all accidents and injuries. Refer to SOP Reporting an Incident Involving a Child.

<table>
<thead>
<tr>
<th>Common concerns</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bee stings</td>
<td>Attempt to remove the stinger with a gentle scraping motion of the fingernail. DO NOT pull at the stinger. Use a cold compress to minimize swelling. Watch for signs of allergic reaction.</td>
</tr>
<tr>
<td>2. Bites</td>
<td>Wash with soap and water. Cover with a bandage. Call parent and refer them to a doctor for all animal bites or deep human bites.</td>
</tr>
<tr>
<td>3. Bumps and Bruises</td>
<td>Use a cold compress for up to 30 minutes. Monitor for headache, dizziness, nausea, or vomiting.</td>
</tr>
<tr>
<td>* If any form of head or face injury, call parent immediately and review information on incident report for follow-up care...</td>
<td></td>
</tr>
<tr>
<td>4. Eyes contaminated by soap, etc.</td>
<td>Flush with sterile eye wash solution. Minimize touching and rubbing.</td>
</tr>
<tr>
<td>5. Nose bleeds</td>
<td>Use gauze to absorb blood. Tilt head down. Use ice pack on the bridge of the nose. Pinch the bridge of the nose for ~5 min If bleeding persists for over 10 minutes, call a parent and doctor.</td>
</tr>
<tr>
<td>6. Scrapes</td>
<td>Wash with soap and water. If rocks or sand is under the skin, attempt to gently remove with sterile tweezers. Cover with a non-stick dressing.</td>
</tr>
<tr>
<td>7. Splinters</td>
<td>Attempt to gently remove with sterile tweezers. Wash with soap and water. Bandage if necessary (i.e.: bleeding)</td>
</tr>
</tbody>
</table>

Use alcohol prep pads to sterilize tweezers and scissors, **NOT** on a child’s skin.

The Center Director, Family Advocate, or Teacher will make telephone call to the parent and an Child Incident Report will be filed out and filed in the child’s file; copies will be made to the parent, assigned Program Support Associate for data entry, and Health and Nutrition Specialist.
REPORTING INCIDENT INVOLVING A CHILD

Staff will report an incident involving injury, illness or any harm to a child while involved in program activities. The Child Incident Report form will be filled out and signed by the staff that witnessed or was first to the scene of the incident and signs the report. Two signatures should be on the form. Copies of the CIR (Child Incident Report) form are sent to the parent, Health and Nutrition Specialist. Injuries that require medical attention need to be reported to the Health and Nutrition Specialist and the Education Manager and to MOA licensing within 24 hours. Staff will use the following guidelines to evaluate and describe an incident involving a child:

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**DESCRIBE THE INJURY**

Length, size, depth, location on the body and type of injury. Ascertain the child’s reactions—cry, upset, pale, dizzy, sweaty, cold and clammy, quiet, sleepy (refer to head injury symptoms on Child Incident Report form). Record all the information that is necessary to determine type of injury without actually having to see the child. Do not record information that is not pertinent to understanding the injury.

**Cuts:**
Where on the body (be specific), describe length, width, size, color, how deep, a slice, scrape, gash or abrasion.
Is it bleeding? How much?
How long did it bleed?

**Nose Bleed:**
How long did it bleed?
When did it start and stop?
How much blood?
Did it start, stop, and then start again?

**Not feeling well:**
Ask the child why he/she doesn’t feel good, stomach/tummy, throat, head, is child dizzy, nauseated?
Is child vomiting, sneezing, coughing
Does he/she have pain somewhere—legs, arms, back, neck, etc.
Does child have a temperature?

**Injury to an extremity:**
bruising
red marks
abrasion
swollen bump
(describe size using comparison i.e. size of a dime)

**Describe how the Injury Occurred**
Record anything that happened that relates to how the injury occurred. Do not record irrelevant details.
Remember: How not Why.
Where did it happen?
What was the cause?

**First Aid Given**
Record what you did. Include type of treatment, length of treatment, supplies used, instructions to the child and any results of first aid that seem important.
How long did it bleed?
How long did you have the child apply ice, pressure, pinching or sitting still?

You are the first person to witness the injury and supply care for the child. The more relevant details you can provide the better able a parent, Center Director, Health and Nutrition Specialist, etc. can determine what happened. If details are submitted later, they may not be as accurate as an account at the time of injury.
CHILD / CLASSROOM HEALTH PLAN

KCI believes that all children with special health or nutrition needs have the right to be accommodated safely in the classroom setting. Therefore any child enrolled in Kids’ Corps Head Start with a special health or nutrition need that requires any classroom accommodation will have a Classroom Health Plan in place before the first day of school.

PROCEDURE:

- Family Advocates will complete the Child Health History Prior to Enrollment form with the parent during the enrollment home visit. Any health or nutrition needs identified during this visit will be addressed in terms of classroom accommodation. Health plans will need to be updated annually for returning children.

- The Family Advocates, with the parent/guardian will begin making a Classroom Health Plan for any child needing classroom accommodations. The Classroom Health Plan must be implemented before the child’s first day of school attendance.

- Health and Nutrition Specialist will review all Classroom Health Plans prior to being implemented in the classroom. If additional information is needed, the Family Advocate will follow-up with the parent.

- The Health and Nutrition Specialist will train all staff at the center that could potentially be in a position to render aid to this child on how to care for the child per the instructions on the Classroom Health Plan.

- If all information is complete, the Classroom Health Plan is forwarded to the child’s Center Director. The Center Director will have the Teacher sign the plan, make a copy and post in the classroom (the plan must be posted in a highly visible area in a confidential manner), and place the original in the health section of the child’s file.

- The parent/guardian must sign the Classroom Health Plan before the child starts.

- All children needing medication at Head Start must have the medication prescribed by a physician, be current and in the original container with the prescription label attached (Refer to SOP Medication Administration in the Classroom).

- If a child transfers to a different class or center, the Health and Nutrition Specialist will forward any medication to the new Teacher and train all the staff at that center or classroom that could potentially be in a position to render aid to this child on how to care for the child per instructions on the Classroom Health Plan. The Health and Nutrition Specialist will forward the updated Classroom Health Plan to the Center Director. The Center Director will ensure that a copy of the Classroom Health Plan is posted in the classroom and the original is placed in the health section of the child’s file.

- The Health and Nutrition Specialist will coordinate with family services staff to ensure all Classroom Health plans are updated for returning children. When a child returns at the start of a new program year the Family Advocate will work with the parent/guardian to complete a new, updated Classroom Health Plan. The Health and Nutrition Specialist will forward the updated Classroom Health Plan to the child’s Center Director. The Center Director will ensure that a copy of the Classroom Health Plan is posted in the classroom and the original is placed in the health section of the child’s file.

The center staff will implement needed classroom accommodations
Kids' Corps, Inc. will work with parents to assure all children receive appropriate health care. The schedule and type of care required by KCI will be determined by using Head Start guidelines, Alaska State law, Municipality of Anchorage regulations and recommendations from the Health Advisory committee. The Health and Nutrition Advisory Committee will review CDC, AMA, EPSDT and local health concerns to determine the necessary requirements for KCI children. The committee will review these requirements annually.

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**ENROLLMENT HEALTH REQUIREMENTS**

The child's file will be reviewed and tracked for enrollment health requirements by the Health and Nutrition Specialist. Family Advocate will be responsible for notifying parents of the health information needed to complete enrollment.

- A physical exam performed within the last 12 months. The exam must include a thorough review of the body systems. A legible physical examination must be signed and dated by the provider.

- An immunization record that indicates the child has all required age appropriate immunizations. Required immunizations include: DTaP, OPV/IPV (Polio), MMR (Mumps, Measles & Rubella), HIB (Haemophilus Influenza Type B), Hepatitis A, Hepatitis B and Varicella.

  - If a child does not have all required immunizations, the child must receive necessary immunizations to become current.
  
  - Additional immunizations will be required if the immunizations on the child's record are not appropriately spaced (using State of Alaska guidelines / Self ImmAGE).

  - If a child does not have all age appropriate immunizations correctly spaced, KCI will also accept a medical exemption signed by a physician.

  - A religious exemption signed by the parent will be accepted in place of the child's immunization record.

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**REQUIRED WITH IN 45 DAYS OF START DATE**

The Health and Nutrition Specialist will track 45-day health requirements. The Health and Nutrition Specialist is responsible to ensure screenings for vision & hearing and for heights & weights is completed.

- The Health and Nutrition Specialist will perform hearing and vision screenings on all children within 45 days of start date and then again annually.

- The classroom staff will perform height & weight screenings within 45 days of start date, and in the Spring of each program year.

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**REQUIRED WITH IN 90 DAYS OF START DATE**

Health and Nutrition Specialist will track 90-day health requirements.

- The Health and Nutrition Specialist using the Child Health Screening Report will make an initial determination of child’s health status during enrollment.

- Health and Nutrition Specialist will meet with the Family Advocate 3 times each year to review each child’s file (staffings).

- All necessary health concerns or needed documentation will be noted on the staffing form and will be followed-up by the Family Advocate.
* Children will have a dental exam by a dentist. A plan for completing follow-up will be developed by the Health and Nutrition Specialist and will be noted on the staffing form.
HEALTH REQUIREMENTS AND HEALTH TRACKING

ENROLLMENT REQUIREMENTS

PHYSICAL

- The PX is reviewed by a Health and Nutrition Specialist to confirm that the health care provider has checked all body systems.
- The PX is considered current if it was done within the previous twelve months.
- The PX must be legible and must be dated and signed by the health care provider.

IMMUNIZATIONS

- The State of Alaska Immunization Schedules is used to evaluate each child’s shot record.
- Children must comply with KCI enrollment requirements for immunizations for children in that age group (see SOP Maintaining a Periodicity Schedule of Well Child Care for Head Start Children).
- Immunization schedules are tracked monthly by the Health and Nutrition Specialist for all children using Self ImmAGE computer software program.
  - Web address: https://myalaska.state.ak.us/SAGE/Welcome.aspx

ENROLLMENT

- Health and Nutrition Specialist must review the health information before enrollment and make note of anything outstanding (e.g. required IZ with proper spacing, Classroom Health Plan needs to be completed and signed by parent, signature of the provider on PX, legible dates on the documentation).
- Child cannot start until Health and Nutrition Specialist have reviewed health concerns.
- If any medications are needed the parent must sign the Classroom Health Plan and the medication must have a current physician's prescription on the original container. Health and Nutrition Specialist will then fill out the medication log and train staff.
- Family Advocate should obtain an Authorization of Information Exchange for all doctors and clinics presently being used.
- Family Advocate must ask the parent to sign an Authorization of Information Exchange for WIC, indicating which clinic.
- A dental exam is required for children after the age of three. Staff should ask the parent to sign an Authorization of Information Exchange for dental office and provide a dental exam form to parents of those children that haven’t had a dental exam and make referrals if needed.

ENROLLED CHILD HEALTH TRACKING

PHYSICAL

- While enrolled, each child must have a current physical (within 12 months) on file.

IMMUNIZATIONS

- While enrolled each child must have a current immunization on file.
**FLAGGED PHYSICAL**

* When a physical exam form includes a comment from the doctor indicating a concern, Health and Nutrition Specialist will notify Family Advocate of the concern and will follow-up with the family to obtain the appropriate follow-up treatment for the child.

* Documentation from the health care or other provider is required to verify that treatment has begun or has been completed (per Head Start Performance Standards).

**HEMOGLOBIN / HEMATOCRIT**

* For children with abnormally low results, another HGB/HCT is to be done again after six months.

**DENTAL**

* A dental exam for children three years and older is required by Head Start.

* The exam is to be performed by a dentist.

* Treatment is required for the child who is diagnosed as needing treatment for the relief of pain or infection.

**NOTIFYING PARENTS OF EXPIRED PX OR IMMUNIZATIONS NEEDED**

* Each quarter the Health and Nutrition Specialist reviews files to see who will be due for a physical and immunizations in the upcoming quarter (staffings).

* A health reminder letter is completed for that child indicating exactly what is due and when.

* Family services staff contact the parent/guardian explaining what is due, when, and that a letter is being sent to them.

* The letter is mailed to the parent and copies forwarded to the appropriate staff for placement in the child’s file.

* The contact is noted on the Family Contact Report.

* During staffings the Health and Nutrition Specialist and Family Advocates will communicate the health needs of the family and child. Family Advocates will follow-up with the parents. Health and Nutrition Specialist & Health Assistant keeps a copy of health "Who’s Due” list for follow-up. Health and Nutrition Specialist or the Health Assistant will regularly attend family services meetings to receive updates on overdue and upcoming health concerns.
HEALTH, SAFETY, AND SANITATION CHECK

- Using a SAFETY AND SANITATION CHECKLIST the Compliance Specialist will perform center inspections 4 times a year (August, November, February & May).
- The Compliance Specialist will review the completed checklist with the Center Director
  - If concerns are identified, the Compliance Specialist and/or Center Director must create a plan to address the problem. This plan needs to be outlined on the last page of the checklist.

It is the Center Director’s responsibility to address the issue and inform the necessary classroom staff of the plan and any follow-up needed. The checklists are forwarded to the Education Manager for review and filed in the administrative office.

- Using a NUTRITION/ORAL HEALTH CHECKLIST the Health Assistant will perform center inspections 4 times a year (August, November, February & May). A meal observation will also be done at each center on a rotating schedule for am and pm classes.
- The Health Assistant will review the completed checklist with the Center Director
  - If concerns are identified, the Health Assistant and/or Center Director must create a plan to address the problem. This plan needs to be outlined on the last page of the checklist.
  - It is the Center Director’s responsibility to address the issue and inform the necessary classroom staff of the plan and any follow-up needed.

Completed checklists are forwarded to the Family Service, Health & Early Head Start Manager for review and filed in the administrative office. Using a HEALTH CHECKLIST the Health Assistant will perform center inspections 4 times a year (August, November, February & May).

- The Health Assistant will review the completed checklist with the Center Director
  - If concerns are identified, the Health Assistant and/or Center Director must create a plan to address the problem. This plan needs to be outlined on the last page of the checklist.
  - It is the Center Director’s responsibility to address the issue and inform the necessary classroom staff of the plan and any follow-up needed.

Completed checklists are forwarded to the Family Service, Health & Early Head Start Manager for review and filed in the administrative office.

Recommendations and action taken for each center are completed on the checklists and reviewed with the appropriate manager. Maintenance orders will be submitted to the Compliance Specialist by the Center Director or in some cases generated by the Compliance Specialist at the end of the inspection.
CONTENTS OF FIRST AID KITS AND EMERGENCY BACKPACKS

During health and safety checks, the Compliance Specialist & Health Assistant will review the contents of first aid kits, emergency backpacks, and field trip fanny packs. If necessary, buy supplies and restock.

Classroom staff must check supplies monthly and forward checklists to Health Assistant. Classroom staff make supply requests to the Compliance or Health and Nutrition Specialist. If classroom staff use the last item in the first aid kit, emergency backpacks, or field trip fanny packs the assistant teacher will mark it on the checklist and immediately notify the Health and Nutrition Specialist to get a replacement item.

**EMERGENCY BACK PACKS**
- 1 big box granola bars
- 1 roll duck tape
- 10 garbage bags
- 5 emergency blankets
- 4 bottled H2O
- 10 paint masks
- Radio
- 2 flash lights
- 1 penlight with head band
- AA batteries
- D batteries
- first aid kit
- CPR masks

**CLASSROOM FIRST AID KIT**
- 8 alcohol preps (keep in a bag with the scissors & tweezers for sanitation only)
- tweezers
- scissors
- 1 bag latex gloves
- 2 cold packs
- 1 bag band aids- 1 roll first aid tape
- 20 disposable thermometers
- 1 bag cotton balls
- first aid kit manual
- triangular bandage
- eye pads
- Gauze: large squares-2,
- medium-10, rolled-3, elastic-2
- CPR masks

**FIELD TRIP PACKS**
- alcohol preps (to sanitize scissors & tweezers-do not use on child)
- disposable thermometer
- disposable latex/vinyl gloves
- first aid manual
- cotton balls
- band aids
- eye pad
- sterile gauze
- cold packs
- combined sterile abdominal pad
- tweezers
- scissors
- rolled gauze
- CPR first aid masks
EMERGENCY EQUIPMENT FOR CLASSROOM

These items are to be included in a backpack, which is kept by the exit door of the classroom and taken by a designated caregiver whenever emergency exit of the classroom or building is required.

EMERGENCY FORMS FOR EACH CHILD

FIRST AID KIT:

- First aid kit manual
- tweezers
- scissors
- 2 cold packs
- 1 first aid tape
- Gauze: large squares-2, medium-10, rolled-3, elastic-2
- 8 alcohol preps triangular bandage (keep in a bag with the scissors & tweezers for sanitation only)
- 2 Flashlights
- Batteries (4”D”, 4”AA”)
- 1 large box of Granola bars
- 1 roll duct tape
- 10 garbage bags
- 5 emergency blankets
- 4 bottled water
- 10 paint masks
- radio
- 3 sanitary napkins
- 20 disposable thermometers
- 1 bag of cotton balls
- 1 bag latex gloves
- 1 bag of band aids
- eye pads
- small notebook
- 1 waterproof pen
- 1 pair of leather gloves
- shovel (folding)
- 1 whistle
- STOP/SLOW sign for South only
- 2-3 reflective vests
- 3 orange flags
- walkie-talkies for off sites
- flip chart w/ emergency procedures and phone numbers
- large tote on wheels
- 2 hard hats
- rope for line up
**BLOODBORNE PATHOGENS**

**Occupational exposure** is defined by OSHA as “reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

Employees will receive a brief blood borne pathogen training during orientation. A more extensive training will be required annually. This training will include information about the diseases associated with blood borne pathogens (i.e.: HIV, Hepatitis), review of universal precautions (including clean up), and a review of the agency’s exposure plan.

At KCI those at risk of exposure include Teachers, Assistant Teachers, Bus Drivers, Substitutes, Center Director, Health and Nutrition Specialist, Health Assistant, Family Advocates, and other staff who work directly with children and may be required to perform first aid.

If employees are exposed to blood or potentially contaminated bodily fluid:

- Wash hands (or exposed body part) with soap and water for two minutes.

- Report the incident to your Center Director who will determine if it is necessary to complete an injury/illness report about the incident.

- The Center Director, with employee’s input, will make recommendations to prevent future incidents.

- The Education Manager, Family Services, Health, and Early Head Start Manager or Human Resources Manager will determine follow-up with employee’s physician as needed.

**BED BUGS**

If a [suspected] bed bug is found on child or belongings

1. Remove child or belongings from classroom
2. Try to collect specimen for identification (place in tape or Ziploc bag)
3. Notify Health & Nutrition Specialist immediately
   - In absence of Health & Nutrition Specialist, notify Health Assistant and Center Director
4. Health & Nutrition Specialist will, (if HNS not on-site, Center Director) inspect child and belongings for bugs, collect specimens and isolate belongings if necessary in sealed bags
   - Family will be notified by phone as soon as possible of potential bed bug
   - Educational information regarding bed bugs, detailing home inspections and infestations will be sent home with child that same day
   - Children will not be sent home for ‘carrying’ bed bugs or having suspicious bites
   - Check areas where child sits in class for other bugs; if child rides a bus have the seat and seats around where the child was sitting that day inspected for possible bed bugs

If a [suspected] bed bug is found in the classroom or center environment
1. If found in the classroom remove children from the area where the bug was found to allow for further inspection by Health & Nutrition Specialist, Center Director, or other staff. Collect and maintain samples intact if possible.
2. Vacuum affected areas as soon as possible following bed bug elimination procedures.
3. Send informational letter home to all families about bed bugs with material about how to inspect their homes and how to help keep them out of schools.
4. If two or more confirmed bedbugs are found in a classroom, the Compliance Specialist or Education manager will arrange to have a trained pest control specialist inspect the necessary areas of the center for possible infestation
   a. If evidence of infestation is found, the Compliance Specialist and Education Manager will work with the pest management company to develop a plan to treat the infestation.

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**BED BUG ELIMINATION PROCEDURES**

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**Classrooms or School Environment**

1. Contact the Compliance Specialist to arrange for janitorial staff to assist with elimination procedures.
2. Vacuum area that bed bug was found, including baseboards, cubbies, and removing clutter to expose hidden areas
   a. Full day program – within 2-3 hours of discovery
   b. Part day program – at the end of part day class, prior to the next class
3. Dispose of vacuum bag immediately by placing into another bag that can be sealed or tied shut
   a. This must be done OUTSIDE
4. Clean surfaces with standard cleaning products
5. Wash all clothing, pillows, stuffed animals and other items in high temperature wash and dry on high heat for 45 minutes (minimum time require to kill eggs/bugs)
6. DO NOT apply any sort of pesticide to the classroom

**Bus**

1. Remove children from bus upon arrival at the center or end location (in the case of a field trip).
2. Inspect seat where bed bug was found
   a. Thoroughly inspect under seat, floor, as well as seats in front of and behind
3. Check cargo area where backpacks and jackets are stored
4. Wipe down seats and seat belts using standard cleaning products
5. Do not allow children back onto bus until it has been inspected and cleared of bed bugs if at all possible
6. DO NOT apply any sort of pesticide to the bus

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**PESTICIDE TREATMENT**

Repeated bed bug sightings in the same classroom or area will warrant a professional inspection from a pest control specialist. If necessary, the Compliance Specialist or Education Manager will arrange for the necessary inspection. If it is determined that there is an infestation problem, the Compliance Specialist, Education Manager and Pest Control Specialist will determine the steps to be taken to eliminate the bed bugs and if pesticide application will be necessary. Pesticides will only be applied by a licensed professional and in no way will any KCI staff be responsible for their handling or application.
HEALTH HISTORY

Every child enrolled in the Kids’ Corps, Inc Head Start program will have a Health History completed with their parent/guardian and the Family Advocate during the enrollment home visit. The Child Health History Prior to Enrollment form also contains a nutrition assessment.

Procedure:

* In an interview/conversation, the Family Advocate will go through the Child Health History Prior to Enrollment form with parent/guardian during the enrollment home visit.

* Family Advocates will use the Health History Guide as needed to help sort the information. The Family Advocates should also use “talking points’ to convey the importance of ongoing health and dental care for the family & child.

* The Health and Nutrition Specialist will review the Child Health History Prior to Enrollment form as part of the enrollment packet and document concerns on the Child Health Screening Report. If additional information is needed, the Family Advocate will need to follow-up.

* The Health and Nutrition Specialist will meet with the Family Advocate and classroom staff to review any classroom needs or Classroom Health Plans and training will be provided for the staff if necessary.

* The Health and Nutrition Specialist will review the nutrition assessment section of each child’s Health History Prior to Enrollment form with the Family Advocate during staffings. Any concerns or plans of action will be noted on the staffing form and, with guidance from the Health and Nutrition Specialist, the Family Advocate will provide follow-up.
BUS EVACUATION DRILL PROCEDURE

Bus evacuation drills are conducted by bus drivers in various locations a minimum of one time each month for each bus route. Discussion with the children about drills takes place prior to the actual drills for the first one or two drills of the program year. The following should be discussed:

* Steps of the drill
* Importance of listening to the bus driver and bus attendant
* Why practice is important
* Everyone on the bus participates

During bus evacuation drill:
* Driver and bus attendant assist children evacuating the bus – both will help unbuckle children (driver will unbuckle the children in the front – the bus attendant will unbuckle children in the back).

* Bus attendant take:
  - Bus Pick Up/Drop Off Forms
  - Cell Phone

* Driver take:
  - Emergency Forms
  - First Aid Kit

After bus is evacuated, bus driver and bus attendant:
* Each take attendance according to the Bus Pick Up/Drop Form and verify with each other

* Discuss and review drill procedure with children
  - What their feelings were about the drill
  - Why bus evacuation drills are done

* Discuss steps to take in the future to improve efficiency

Bus driver completes Bus Evacuation Drill Form, has bus attendant sign, and submits to Compliance Specialist.
EARTHQUAKE DRILL PROCEDURE

Earthquake drills are executed and documented a minimum of one time each month by the teacher/assistant teacher. Discussion with the children about drills takes place prior to the actual drill for the first one or two drills of the program year. The following should be discussed:

- Type of drill (fire or earthquake)
- Steps during drill
- Importance of listening to the teachers
- Why practice is important
- Everyone in the room/center participates

DURING THE DRILL:

In the classroom:

- Take cover under tables assuming fetal position with hands over head
- Stand in a doorway

On the playground:

- Remain outside away from the building, trees, and power lines

Complete Emergency Drill Form and submit to center director for review and signature. The Center Director will then make a copy to forward to the Compliance Specialist and file the original in the binder located in the center director’s office. Center Directors will keep the original copy of the drill for the previous and current year.

The Compliance Specialist will review the forms monthly and are filed in a binder in the Education Manager’s office.
FIRE DRILL PROCEDURE

Fire drills are executed and documented a minimum of one time each month. The Center Director conducts Fire Drills. The entire group must be in the safety zone within 2 ½ minutes. If the drill lasted more than 2 ½ minutes, a drill should be repeated within that month. After the fire drill, a teacher/assistant teacher must discuss the drill with the children.

* Type of drill (fire or earthquake)
* Steps during drill
* Importance of listening to the teachers
* Why practice is important
* Everyone in the room/center participates

During fire drill, staff takes:
* Emergency Forms
* Emergency equipment carrying tote
* Emergency First Aid Back Pack (inside the tote)
* Daily Sign-In Sheet
* Coats, if time permits

At safe zone site during fire drill, classroom staff:
* Take attendance
* Discuss and review drill procedure with children

After fire drills, classroom staff discusses the following with children:
* How they felt during the drill
* What their feelings were about the drill
* Why the drill was done
* Why drills are important
* Sound of the alarm

The Center Director completes the Fire Drill Form. The Center Director will then make a copy to forward to the Compliance Specialist and file the original in the binder located in the Center Director’s office. Center Directors will keep the original copy of the drill for the previous and current year.

The Compliance Specialist will review the forms monthly and are filed in a binder in the Education Manager’s office.
DIAPERING PROCEDURE

Check to be sure you have:
- Latex/Vinyl gloves
- Clean diaper
- Clean clothes if needed
- Disposable diaper wipes
- Paper towel
- Sanitizing solution for surface cleaning
- Wash hands.
- Wear the disposable latex or vinyl gloves.
- Lay child on the diapering surface, taking care to hold the child in place to prevent injuries.
- Remove soiled diaper and clothes if soiled. Place soiled diaper into canister with self-sealing bag. Place clothes into double plastic bag for parent to take home.
- Clean the child’s bottom with disposable diaper wipe(s). Place the disposable wipe(s) in the canister with the soiled diaper.
- Diaper and dress the child.
- Ask the child to wash hands with liquid soap and warm running water.
- Return the child to her/his group.
- Remove used gloves and replace with new ones.
- Clean and disinfect diapering surface with the sanitizing solution. Clean any equipment or supplies, which may have been soiled.
- Remove gloves and wash hands with liquid soap and warm running water.
- Document diapering times and types of elimination on daily report to parent.

Communicate with the child during procedure to provide reassurance.
KCI BATHROOM USE

Developmentally, children between the ages of 3-5 years do not understand the differences between boys and girls. They are just beginning to classify by differences (i.e.: hair color, skin color, etc.). With this understanding, KCI uses best practice and allows children of different sexes to use the bathroom at the same time. The only time a teacher does not allow a specific combination of children is when the following transpires:

- a parent requests that their child use the bathroom alone or with a child of the same sex
- there is a documented concern or history due to maturity or experiences
- children request it as they mature in their development
- any combination of children use it as “extended water play”

OTHER BATHROOM PROCEDURES:

- Starting in April, classroom staff will give children reminders for “one at a time” in the bathroom in order to start transitioning to Kindergarten.

- Classroom staff should never be in an enclosed bathroom alone with a child – need to alert another staff if going into a bathroom to clean a child.

- Lights in the bathroom are always to be turned “on.”

- Adult restrooms are available for staff use at all facilities. Adults are not permitted to use children's bathrooms.
HEALTH PAYMENT AUTHORIZATION

* Family Advocates or Health and Nutrition Specialist will ask the Family Services Specialist for a Payment Authorization for a physical, dental exam or some medical/dental treatment. Head Start must have written documentation of their effort to access other available sources of funding – a letter from Denali Kid Care stating the family does not qualify must also be obtained.

* If the family does not have a regular provider let them know that it is important for them to have a regular doctor and dentist for their children. Refer the family to a health care provider that has sliding fee scales or accepts payment arrangements so that the family will have an affordable health care provider for the child after Head Start.

* Family Services Specialist should call the provider to find out the fee for the service needed. Let the office staff of the clinic know that a Payment Authorization is being issued and ask them if they will accept this Payment Authorization form from the family and bill us for the service.

* Fill out the Payment Authorization. Have parent sign the form to confirm no health coverage for the child. Turn it in to the Family Services Specialist for review and a signature.

* Make a copy of the Payment Authorization and file the original in the child file and forward a copy to the family. Fax/send a copy to the clinic as well. It is very important that the parent and the clinic receive the Payment Authorization; this explains services KCI will pay for.

* When the bill comes, fill out a Purchase/Check Request for the amount of the bill and forward it, along with the Authorization of Payment and the Denali Kid Care letter, to the Family Services, Health & Early Head Start Manager. If the amount of the bill differs from the Authorization, call the clinic for the reason. Be sure to point out that the Payment Authorization sent/faxed to their office expressly requested that the Family Services Specialist should be notified if the bill would exceed the amount of the Authorization. In some cases, consult the Family Services, Health, and Early Head Start Manager and the amount of the Authorization may be adjusted to include the extra cost.
HEALTH & NUTRITION ADVISORY COMMITTEE MEETING

- The Health/Nutrition Advisory Committee (HNAC) meets quarterly.
- The Health and Nutrition Specialist sets the time and place for the meeting.
- Send out notices by mail to all the committee members 2 weeks before the meeting. Include the minutes from the previous meeting.
- One week before the meeting call the committee members and remind them of the meeting date and time. Members can also be e-mailed of meeting times and location.
- Reserve meeting space.
- Plan to serve a light lunch at the meeting. A purchase request will need to be made in advance.
- Set an agenda for the meeting. This should include topics pertinent to Head Start and Early Head Start health issues or community health issues. Questions or concerns can be presented to the committee for discussion. Also refer to Head Start Performance Standard 1304.41(b) for guidance.
- Prepare copies of the agenda for all members.
- Take notes during the meeting.
- Write up the minutes of the meeting and send a copy to the Family Services, Health & Early Head Start manager for review; forward sign-in sheet and meeting minutes to the Initiatives Coordinator to file in the Health/Nutrition Advisory Committee Binder. The other members will receive these minutes when reminders are mailed for the next meeting.
- Recruit new members and update the roster when necessary.
VISION SCREENING POLICY & PROCEDURE

Developmentally appropriate sensory screening will be performed or obtained for all enrolled children on or before 45 days after their enrollment and yearly rescreening.

PROCEDURE:

- Written parental consent will be obtained during the enrollment home visit. Refusals will be documented in writing and the Health and Nutrition Specialist will be notified.

- Children will be assigned a time when the vision screenings will be done.

- Classroom staff will be given activity ideas to help prepare their children and will be invited to assist with the screenings.

- In the classroom, prior to the screenings, the teaching staff will help prepare the children for the screenings by using prepared activities.

- The Health and Nutrition Specialist is responsible for the vision screening and will monitor for completeness.

FOR VISION:

SCREENING TOOLS: WELCH ALYN AND INSTA-LINE HTOV

- Place the eye chart at eye level of the child. The chart should be against a blank, windowless wall so there is no glare or distraction.

- Measure 10 feet from front of eye chart and place tape on floor to mark this distance.

- Explain the procedure to the child.

- Have child stand on tape or sit on a chair that has been placed on the tape.

- If needed an assistant needs to be with the child to assure that they keep one eye covered and that they are not tilting their head, squinting, blinking a lot, tearing or rubbing their eyes.

- Screen the right eye first, with the child covering the left eye with an occluder.

- Screen the left eye next, with the child covering the right eye with an occluder.

- A different paper occluder will be used for each child or the plastic occluder will be sanitized between children.

- Only encouraging or positive comments will be used.

- For children for whom English is a second language, have them observe the procedure in an English speaking child before they are asked to do it.

- To pass, a child must identify at least one more than half the line 20/40 to pass that line.
Start with the large symbols and point to one and go down each line, pointing to at least one more than half the symbols per line. Continue down the chart until they cannot correctly identify one more than half the symbols.

Recorded results are reported on the Screening Results form. They are then entered into COPA.

The yellow copy is sent home with the child to the parent. The white copy goes in the child's file.

**Rescreen Criteria:** A one-line difference between the two eyes will be rescreened within 30 days. If a difference remains for 3 consecutive screenings, they will then be referred.

**Referral Criteria:** A two-line difference between the eyes will be referred immediately. Children who are unable to identify one more than half of the symbols on the 20/40 line will be referred. If the tester feels that this is because they are having difficulty with the instructions, they can choose to rescreen within 1 month, and then refer if necessary.
HEARING SCREENING POLICY & PROCEDURE

Developmentally appropriate sensory screening will be performed or obtained for all enrolled children on or before 45 days after their enrollment and yearly rescreening.

PROCEDURE:

- Written parental consent will be obtained during the enrollment home visit. Refusals will be documented in writing and the Health and Nutrition Specialist will be notified.
- Children will be assigned a time when the hearing screenings will be done.
- Classroom staff will be given activity ideas to help prepare their child and will be invited to assist with the screenings.
- In the classroom, prior to the screenings, the teaching staff will help prepare the children for the screenings.
- The Health and Nutrition Specialist will be responsible for the hearing sensory screening.

FOR HEARING:

SCREENING TOOLS: AUDX

- A quiet area must be used for testing.
- Connect the black probe cable connection into the jack at the top of the AuDx box.
- Explain the procedure to the child.
- Press the ON button on the AuDX label.
- When the AuDX and software message appears in the LCD display, press the DX (SELECT) button to continue.
- When the message PERFORM DPOAE appears in the display area, press the DX (SELECT) button to initiate a test procedure.
- The message Test R Ear appears in the display area.
- Put a clean pink sponge tip on the probe and insert the tip securely into the child's Right ear canal.
- Press the DX (SELECT) button to initiate the automated checkfit, calibration, and DPOAE test.
- The test continues until completion unless a poor probe fit is detected during the test. If this occurs, the message REFIT AND RETRY appears on the display.
- If the REFIT AND RETRY message appears, check and reposition the probe in the ear and press the DX (SELECT) button to begin the test again.
Once the Right ear is done, press the RESTART button, DX (SELECT) button, and down arrow button for the Left ear. Follow steps i, j, and k. above.

To print the results on a label, press RESTART button and the up arrow until PRINT BOTH EARS RESULTS appears on display. Press DX (SELECT) button. FINAL TEST #/EAR appears on display. Press DX (SELECT) button. The results will be printed on the label writer.

Record the results on the Screening Results form. The form is entered into COPA data entry. The yellow copy is sent home with the child for the parent and the white copy goes in the child’s file.

Rescreen/Referral Criteria: If refer comes up on results, child will be screened again within 30 days. If the result is “refer” for 3 consecutive screenings, a referral is made.
Height and weight screening will be performed or obtained on or before 45 days after enrollment for all enrolled children, and again in the spring.

**PROCEDURE:**

- Written parental consent will be obtained during the application process. Refusals will be documented in writing and the Health and Nutrition Specialist will be notified.

- Classroom staff will be given activity ideas to help prepare their child and will be invited to assist with the screenings.

- In the classroom, prior to the height and weight screenings, the teaching staff will help prepare the children for the screenings by using planned activities.

- All children will be screened for height and weight in the fall (or within 45 days of enrollment) and in the spring.

- The teacher and assistant teacher is responsible for the height and weight screening.

- Remove shoes and heavy sweaters.

- Have child stand with back to the measure, feet together, back of heel against the wall, with buttocks and shoulder blades touching the wall. They should be looking straight ahead with their chin level. Watch out for ponytails, barrettes, braids, etc. (These can skew the head up or down, thus giving an inaccurate reading.)

- Place the T-measurer bottom flat on their head and the side angle against the wall. Read at “Read Here” line, which is above where the bottom of the sliding measuring platform meets the top of the head. Read to nearest quarter inch. This is their height.

- Record the height on the Screenings Result form.

- Have the child step onto the scale and stand as steadily as possible with their arms hanging freely. Read the number on the scale to the nearest quarter pound and record on the Screenings Result form.

- Send the Screening Results form to the Health and Nutrition Specialist for COPA data entry and for BMI results.

- Send the yellow copy of Screenings Result form home with the child. The white copy goes in child’s file.

**Referral Criteria:** The Health and Nutrition Specialist will consult with contracted dietitian and make referral decisions based on the child’s results.
FOLLOW-UP FOR REQUIRED HEALTH DOCUMENTATION

(Also refer to SOP Attendance/Transportation Suspension for Overdue Health Requirements)

- Parents are notified by Health Assistant 6-8 weeks before due date of a physical or immunization by a “health reminder letter.” Health Assistant will also attempt to contact the family by phone. If there are language barriers, Health Assistant will request an appropriate staff member to assist. The Health Assistant will notify the Child’s Family Advocate that a health reminder letter was sent.

- Health Assistant files a copy of the health reminder letter in the child’s file and documents on the family contact sheet that letter was mailed and family called with result of call (left message, spoke to parent, etc.).

- The Family Advocate will contact the parent at least two times after the Health Assistant has sent the reminder letter. The first contact needs to be within two weeks of the health reminder letter being sent. Family Advocate documents all follow up steps on the family contact sheet in the child’s file.

- Parents must provide required health documentation before the due date or have a scheduled Doctors appointment or the child may be excluded from class. Failure to provide documentation within 2 weeks of exclusion could result in the child being withdrawn for the program – (refer to SOP Attendance/Transportation Suspension for Overdue Health Requirements).

- Health Assistant maintains a red folder at the East Center front desk to receive all health documentation for enrolled children. Health Assistant checks this folder daily.

- Except for East Center, staff will place the original received health documentation in the child’s file and fax/inter-agency mail a stamped “copy” to the Health Assistant. Dental forms to be forwarded to the Health and Nutrition Specialist.

- Staffings will be completed at least quarterly with the Family Advocate and the Health and Nutrition Specialist meeting to determine the child and families’ health needs. They will also discuss the status and plan of action concerning due dates of the child’s physical and immunizations.

- “Who’s Due” list will be completed and updated monthly by the Health and Nutrition Specialist and Health Assistant indicating the physical and immunization due dates in the upcoming quarter for each center and classroom. The “Who’s Due” list will be forwarded to the Family Services Specialist for monitoring and up-dated during family services meetings.
**CHILD HEALTH REFERRAL FOR SCREENINGS**

If a child fails any of the health screenings, the Health and Nutrition Specialist will refer the family to the appropriate health care provider in the community.

- Health screening results are recorded on the vision, hearing or heights & weights screening results form.
- Health staff will enter the results into the COPA system.
- Health and Nutrition Specialist complete the NCR'd Health Referral form including the name(s) of medical providers of which the parent can choose.
- Copy the NCR'd form twice put one copy in the Health and Nutrition Specialist file and one copy is placed in the child’s file.
- Mail the NCR copy to the family.
- Call the family regarding referral letter and document phone conversation in the child’s file. The child’s Family Advocate may need to do continued follow-up with the family to assure completion.
- When a result of the referral has been submitted, file the result in the child’s file and document in COPA system.
- Notify the Family Advocate of results.
- The Health and Nutrition Specialist will discuss health referrals during the weekly meetings with Family Advocate if follow-up is needed.
ASTHMA

* Review the physical exam and Child Health History Prior to Enrollment form for asthma information about a child. Specifically, look to see if the child is on any medication. If so, is the medication a daily treatment or a prescription for emergencies?

* Classroom Health Plan and Asthma Information Form then must be completed with the Family Advocate by the parent/guardian before the child can start school.

* If medication is needed at school the Classroom Health Plan must be completed and signed by the parent. The medication will also need a current prescription label in the original container. (Refer to SOP Child / Classroom Health Plan)

* Health and Nutrition Specialist will then provide training for the classroom staff and Family Advocate.

* If the medication is not a daily treatment, but the doctor recommends that the medication be kept at school for emergencies a Classroom Health Plan will still need to be completed. The plan should include information such as call the parent and/or call 911 (e.g. parent and 911 called if child exhibits symptoms of distress). If the parent refuses to bring medication to school they must sign a waiver stating their refusal, so KCI will not be liable.
MENU PLANNING

The Health/Nutrition Advisory Committee usually meets quarterly. One meeting occurs prior to the program year when the menu is approved. The master menu from the prior program year is reviewed and updated to include the requirements of the Head Start Performance Standards, Municipality of Anchorage Child Care licensing, and the Child & Adult Care Food Program. Menu planning includes a wide selection of various foods, reflecting the numerous cultures of our Head Start families plus interesting nutritional experience.

Facilitating the committee is the Health and Nutrition Specialist & Health Assistant. Other members include:

- Head Start Parents
- Caterer
- Registered Dietitian
- Center Director
- Family Services Staff
- Family Services, Health & Early Head Start Manager
- Classroom staff

Other items on the agenda may include concerns of parents or committee members, nutrition activities, CACFP reviews and others, logistics, and program issues in general. All classroom staff has access to the committee through the Health and Nutrition Specialist. The Health/Nutrition Advisory Committee may be consulted for advice by family services and classroom staff.
NUTRITION & FOOD SERVICE HEAD START

KCI provides a nutritious breakfast and lunch in a morning class or a nutritious lunch and afternoon snack in the afternoon class meeting the requirements of the Municipality of Anchorage, Child & Adult Care Food Program and the Head Start Performance Standards.

CLASSROOM

Prepared food brought into the classroom must be catered from an approved kitchen, which is licensed by the Municipality of Anchorage (MOA). Meals meet or exceed the requirements of the Child & Adult Care Food Program (CACFP), MOA licensing and the Head Start Performance Standards. Food provided and served by Head Start is lower in salt, sugar and fat meeting the needs for families.

Staff monitors hot foods at each meal. Hot foods should register 140 degrees F on a food thermometer. If hot food temperatures fall below 140 degrees F, they must be reheated in the microwave to 165 degrees F. Cold foods including milk are refrigerated at 40 degrees F. The food thermometer is sanitized before and after use.

Classrooms demonstrate family style eating, and every child must be seated and will be offered food at the beginning of the food service time. Staff should encourage all children to eat by role-modeling and positive praise.

Single service disposable plates, bowls, and cups are used for serving and eating. MOA permits the washing of pitchers, can openers, and serving utensils in a three-step operation, which includes washing, rinsing, and sanitizing. These items should be air dried after sanitizing.

Packaged and canned foods may be opened and served as stated in the previous paragraph.

Tables are washed and sanitized before and after each meal or snack.

Food-service gloves are to be worn at all times during meal preparation.

Food-services gloves are worn for serving when hands are used as utensils.

*These food service rules also apply while children are on the Head Start bus or on field trips.*

CLASSROOM NUTRITION EXPERIENCE BY A PARENT

Parents will plan with the teacher to present a nutrition experience. Parents or Kids’ Corps, Inc. will provide food items pre-purchased at a store with original packaging or approved pre-made items from home. Teachers will be required to provide a letter with a list of all children’s allergies in the classroom. Nutritious foods will be encouraged.

FAMILY TRADITIONS IN THE CLASSROOM BY A PARENT

Parents plan with teachers to present family traditions in the classroom. If food items are needed, teachers will encourage parents to use nutritious food items. Food items will be purchased from an approved source such as a grocery store or a licensed kitchen.

PARENT/EVENING ACTIVITIES

Program funds should be used to purchase nutritious foods. Nutritious foods are encouraged when bringing food to a Kids’ Corps sponsored activity.
SPECIAL DIETS FOR CHILDREN

* KCI can supplement food for a special diet if it is a documented medical concern, based on religious preference or the parent/guardian’s personal choice. Food supplemented for any reason will be documented on a Classroom Health Plan – see KCI Standard Operating Procedure Child/Classroom Health Plan.

* Food Allergies must be documented by a physician on the CACFP Medical Statement to Request Special Meals and/or Accommodations form.

* Supplements should correspond to the food to which the child is allergic and be approved by the parent/guardian. Kids’ Corp’s contracted Registered Dietitian should also be consulted to ensure the food supplement meets USDA and CACFP requirements.
  - For example:
    - Soy milk for dairy milk
    - Other fruit for a strawberry allergy

* Parents or guardians can provide additional food in a sealed container. If necessary, it can be refrigerated. Food will not be withheld if parents do not send supplemental foods.
CACFP ANNUAL UPDATES AND TRI-ANNUAL RENEWALS

It is the Family Services, Health & Early Head Start Manager’s responsibility to ensure all steps are completed.

AUGUST

* Check the CACFP (http://www.eed.state.ak.us/tls/cnp/CACFP5.html) website for renewal or update instructions.
* Give a copy of Attachment A, the Administrative budget, to the Business Manager to complete.
* During renewal years, work with the Business manager to complete the required management plan.
* Contact the current food vendor to update annual vended meal agreement prior to August 31st.
  o Submit to CACPF prior to expiration of current agreement

SEPTEMBER

* Fill out forms accurately and they should be submitted by September 15th. The deadline for submitting the paperwork is October 1st.
* Complete the paperwork and submit either electronic or hard copies. Make sure the Executive Director will be available to sign and signs required paperwork. A complete list of required items can be found on the Child and Adult Care Food Program website and is updated annually.
* A file of all forms submitted for the renewal or update will be maintained by the Family Services, Health & Early Head Start Manager.
* Submit in person at the Anchorage Daily News (ADN) a Public Media Release to be printed in Classifieds. Attain date and signature from ADN employee and add Release to CACFP file.
* Complete Civil Rights Review and keep in CACFP file.

CACFP DOCUMENTATION MAINTENENCE

All CACFP documentation must be maintained for a minimum of 3 years. The following outlines the procedure for maintaining required CACFP documentation.

* Family Services, Health & Early Head Start Manager will maintain the following documents:
  o All documents submitted for annual updates and tri-annual renewals.
  o Monthly production records supplied by KCI’s contracted food vendor.
  o Copies of all Infant production records completed by Early Head Start staff.
  o All completed quarterly CACFP site reviews completed by agency staff.
  o Copies of all agency menus for child meals and snacks.
  o Training materials provided at the required annual administrative update training.

* The Health Assistant will maintain the following documents:
  o Three years worth of original attendance and meal count forms organized by center.

* The assigned Program Support Associate will maintain the following documents:
  o Copies of all attendance and meal count forms organized by center
  o Electronic copies of agency menus for child meals and snacks

* The Business Manager and/or Bookkeeper will maintain the following documents:
  o Sponsor claim submittals and supporting documentation
  o Vendor invoices for program expenses
CACFP SELF-MONITORING REVIEWS

It is a requirement of CACFP that KCI complete quarterly self-monitoring reviews for all centers.

izador and the Health Assistant.
* All staff completing self-monitoring reviews will be trained on the site review form prior to conducting their first review.
* All self-monitoring reviews will be unannounced, but will occur in the months of October, January and April
* For the October reviews, Center Directors will review their own center classrooms. This will allow them to provide guidance to their staff to make any necessary corrections early in the program year.
  o After completing the reviews, staff will address any areas of non-compliance with the responsible classroom staff.
  o If necessary, the reviewer and the classroom staff will work together to create and implement a correction action plan.
  o Corrective action plans must be clearly documented on the final page of the review form.
  o Completed forms are then forwarded to the Family Services, Health & Early Head Start Manager for review and storage.
* For January & April reviews, staff will be randomly assigned to centers/classrooms other than their own. This will allow for the reviews to be completed with a fresh, unbiased perspective.
  o After completing the reviews, staff will address any areas of non-compliance with the appropriate Center Director.
  o If necessary, the reviewer will give the Center Director a copy of the site review form and will work with the Center Director to establish a correction action plan.
  o Corrective action plans must be clearly documented on the final page of the review form.
  o The Center Director must then inform the appropriate classroom staff of corrective action plan and ensure its implementation.
  o Completed forms are then forwarded to the Family Services, Health & Early Head Start Manager for review and storage.
* The Family Services, Health & Early Head Start Manager will maintain three years worth of self-monitoring site review forms.

EMERGENCY PREPAREDNESS PLANNING

* KCI will maintain emergency preparedness plans for each center which will include general guidance for a variety of potential emergency/disaster situations.
* Emergency preparedness plans will be reviewed by the Health & Nutrition Specialist annually and updated as necessary.
* All classrooms and offices will post a condensed version of the emergency preparedness plan titled “A Quick Look at Emergency Procedures” for quick reference in any emergency situation.
* Supervisors will review the emergency preparedness plan and quick look procedures at least annually during a staff meeting.
MEAL SERVICE DOCUMENTATION PROCEDURE

**CATERER**

- **Daily**
  - Deliver meals – lunch only
  - Caterer and designated KCI staff at each center confirm time of delivery, temperature of food at arrival, and amount of food by documenting on the Vended Meal Delivery Confirmation form
  - Monthly (Submit) to family services, health & early head start manager
    - Weekly invoices / bill
    - Lunch Production Records
  - Annually (May)
    - Renew food service contract with executive director

**CENTER DIRECTOR**

- Completes the Vended Meal Delivery Form daily upon food arrival in the center.
  - Vended Meal Delivery Form should include
    - Time of food arrival
    - Food temperature at arrival
    - Amount of food provided
    - Comments about the quantity or quality of the food provided

**CLASSROOM STAFF** (teachers, assistant teachers)

- Daily – at meal time
  - Record on Child Meal Count form:
    - Number of children and adults eating or offered food at time of meal with an X
    - Forward to center director at the end of the program week.
    - CD reviews form for accuracy and verifies count by entering the # of meals at the top of each day's column
    - CD forwards to the assigned program support associate no later than Monday morning of the following week.
  - Record on Milk, Back-up Food, and Temperature Log:
    - Amount of milk used at breakfast, lunch and snack
    - Back-up food used / substitutions and the reason why
    - Temperature of lunch (hot) food
    - Comments about the food i.e. not enough/portion sizes, quality, children really liked.
  - Record on menu
    - Any food substitutions used. Menu forwarded to center director at the end of each month. Center director forwards to health & nutrition specialist by the next Friday.

**HEALTH and NUTRITION SPECIALIST**

- Weekly
  - Monitor foods served / compile weekly COSTCO food order
- Monthly
  - Assures that the Health Assistant produces monthly menus and forwards to center directors for each classroom and to caterer.
  - Produce 6-week menu cycle and forward to caterer and Family Services, Health, and Early Head Start Manager.

**FAMILY SERVICES, HEALTH & EARLY HEAD MANAGER**
Monitor meal service program – see SOP CACFP Annual Updates and Tri-annual Renewal Procedure
- Review invoice / bill and lunch production records from caterer
- Forward invoice / bill to bookkeeper for payment

PROGRAM SUPPORT ASSOCIATES
- Weekly
  - Input child attendance into COPA from the Child Attendance form
  - Input number of children and adults eating at each meal into COPA from the Child Meal Count form
- Monthly
  - Print Child Meal Count Report and Monthly Attendance Report
  - Forward copies of monthly reports to business manager.

BUSINESS MANAGER
- Monthly
  - Review invoice / bill and cut check
  - Disburse payment to caterer
- Monthly
  - Bill CACFP for monthly reimbursement for meals served to children and file as substantiating documentation with copy of CACFP billing

Note: classroom staff will document attendance and meal counts on the Child Meal Count & Attendance Form. Each will be marked with an X to indicate the child was offered food at the time of the meal or the child attended that day. Each form will be reviewed by the center director for accuracy and the center director will enter the # at the top of each day’s column. After reviewing and entering each day’s total at the top of each column, the center director will initial the form and forward to program support associate.
SANITIZING PROCEDURE FOR MEAL SERVICE

DISHES
Wash, rinse, and sanitize dishes in hot water. To test the bleach concentration use chlorine test strips each time.

1. Tear a strip of test paper from dispenser or take 1 strip from dispenser tube.
2. Dip paper strip in water in 2nd rinse water; the 3rd sink.
3. Read at once by comparing to chart

Paper should read 50 ppm (parts per million). 1 tablespoon of bleach per 5 gallons of water is equivalent to about 50 ppm.

If less than 50 ppm, add more bleach.

Allow dishes to air dry.

DO NOT OVER-BLEACH. Test strip should never read above 100 ppm.

BLEACH SANITIZER

1/8 teaspoon of bleach per quart of water in spray bottle is equivalent to about 50 ppm.

USE TEST STRIP EACH TIME MIXING SANITIZER. WAIT FOR 10 SECONDS BEFORE TESTING.

Sinks
* Spray each time after all children have used and let sit for 2 minutes.
* Spray sinks after outside time.

Tables
* Before and after meals, wash table tops and sides with soap and water.
* Spray with sanitizing solution and let sit for 2 minutes, then wipe if still wet after the 2 minutes.
* Mix sanitizing solution (water and bleach) daily.

Staff will use a two minute timer and make a check on the laminated “Sink Sanitizing Times”

Use test strips same as above.
FAMILY SERVICES & ENROLLMENT GUIDANCE

FAMILY SERVICES / HEALTH FORMS PAPER TRAIL

EMERGENCY INFORMATION FORM—NEW PICK-UP AND/OR DROP OFF ADDRESS

- Family Advocate (FA) submits Request for Change of Status (COS) to Enrollment Advocate.
- Enrollment Advocate meets with Compliance Specialist to get approval of bus transportation for new address.
- Enrollment Advocate notifies FA if change has been approved or denied.
  - If denied, FA notifies family
  - If approved, FA works with family to get new Emergency Information form completed
- FA makes 3 copies of new Emergency Information Form and map. (one copy to Compliance Specialist, one copy to Teacher, one copy to the assigned Program Support Associate – original placed in child’s file).

EMERGENCY INFORMATION FORM—CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER

- FA works with family to get new Emergency Information form completed
- Distribute copies of new Emergency Form to Compliance Specialist (if child rides bus), Teacher, and PSA.—original placed in child’s file
- FA writes COS for the address and/or telephone change. FA gives copies of COS to assigned Program Support Associate, and Teacher. FA files original COS in child’s file in the section marked “Information” and documents on Family Contact page.

EMERGENCY INFORMATION—CHANGE/ADDITION OF EMERGENCY CONTACT PERSON(S)

- FA works with family to complete new Emergency Information form
- FA distributes copies of Emergency Form to Teacher, Compliance Specialist (if child rides bus) and assigned Program Support Associate. Original in child’s file. No COS required.

OTHER REQUEST FOR CHANGE OF STATUS (COS)

- DROP (BY FAMILY’S FA OR SUPERVISOR)
  - Family Advocate writes COS including reason for withdraw and gives copies to Enrollment Advocate, Teacher, Center Director, Health and Nutrition Specialist, Disabilities Specialist, Child Development Specialist, Family Services Specialist, assigned Program Support Associate, and Compliance Specialist (if child rides bus).
  - FA files original COS in child file and documents in Family Contact Report of the child’s file.

- WAITLIST (BY FAMILY’S FA OR SUPERVISOR)
  - Family Advocate writes COS including reason for waitlisting child and gives copies to Enrollment Advocate, Teacher, Center Director, Health and Nutrition Specialist, Disabilities...
Kids’ Corps. Inc.  
Standard Operating Procedures

Specialist, Child Development Specialist, Family Services Specialist, assigned Program Support  
Associate, and Compliance Specialist (if child rides bus).

- FA files original COS in child file and documents in Family Contact Report of the child’s file.

**NAME CHANGE**
- FA works with family to complete new Emergency Information form
- FA writes COS and gives COS and Emergency Information Form copies to Teacher, Center  
  Director and Compliance Specialist (if child rides bus).
- FA gives copy of legal documentation and copy of COS to assigned Program Support Associate.
- FA files original COS in information section and copy of legal documentation in the family  
services section of the file. FA documents in Family Contact Report of the child’s file.

**CUSTODY CHANGE**
- FA works with family to complete new Emergency Information Form and Caregiver Information  
  form.
- FA writes COS and gives copies of COS and Emergency Information Form to Teacher, Family  
  Services Specialist and Center Director and Compliance Specialist (if child rides bus).
- FA gives copy of legal documentation, Emergency Information Form, Caregiver Information  
  form and COS to assigned Program Support Associate.
- FA files original COS in information section and copy of legal documentation in the family  
services section of the file. FA documents in Family Contact Report.
- If necessary, FA will follow procedure for change of address (described above).

**PREARRANGED ABSENCE**
- FA writes COS listing dates and reasons that child will be absent (two weeks is KCI policy).
- FA gives copies of COS to Teacher, Compliance Specialist (if on bus route), Enrollment Advocate,  
  Center Director, Family Services Specialist and Assigned Program Support Associate.
- FA files original COS in attendance section and documents in child’s file.

**CHILD TRANSFER**
- FA or Center Director of the child’s current center completes the Change of Status form and a  
copy is sent to the assigned Program Support Associate for COPA data entry; original is placed  
in the child’s file.
- Copies are sent to the new and previous Teachers and Center Directors, Health and Nutrition  
  Specialist, Disabilities Specialist, Child Development Specialist, Family Services Specialist, and  
  Compliance Specialist (if child rides bus)

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PHYSICAL EXAM - DENTAL EXAM - IMMUNIZATIONS

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Place in folder at East Center front desk. Health and Nutrition Specialist will process regularly. Off sites are to place original in child’s file and fax/inter-agency mail a “stamped” copy to Health and Nutrition Specialist.

PEAK DATA ENTRY PERIODS

Beginning of year enrollment, 45-day data entry, part-day/full-day home visit, parent conference, and other peak data entry periods may be handled differently than above. The Education Manager and the Human Resources Manager will determine the most efficient paper trail for getting the work done and provide guidance to staff accordingly.

PROGRAM SUPPORT ASSOCIATE -

The Education Manager and the Human Resources Manager collaborate to assign the correct Program Support Associate to the task. Repetitive assignments will be provided to the Program Operations Staff meeting via memorandum.
KIDS’ CORPS, INC., Head Start is required to follow the Alaska State Child Abuse/Neglect Reporting Law, as defined in Alaska Statute number 47. Program staff must report suspected child abuse, child sexual abuse, or neglect of a child to the Office of Children’s Services (OCS).

* All Head Start staff will be informed by their supervisors of their responsibility to report suspected child abuse and neglect.
  - Each staff member, staff substitute, and classroom volunteer will receive a copy of Kids’ Corps, Inc.’s Suspected Child Abuse and Neglect Reporting Procedure.
  - All staff that work with families or children will participate in mandatory annual training that reviews the Child Abuse and Neglect Law and Kids’ Corps, Inc.’s reporting procedure.
  - All staff who regularly work in the Early Head Start program will receive an additional training specific to identifying potential abuse and neglect when working with infants and toddlers. This training will also cover Shaken Baby Syndrome.

* Parents will be informed of the Child Abuse/Neglect reporting law.
  - All parents receive a copy of the Child Abuse and Neglect Policy during the enrollment home visit (in Parent Handbook).
  - All parents receive a copy of the Unsupervised Child Procedure during the enrollment home visit (in Parent Handbook).

* Staff members who suspect that a child has suffered abuse or neglect should contact at their earliest opportunity:
  - (1) their Center Director or
  - (2) The Family Services Specialist or
  - (3) The Family Services, Health & Early Head Start Manager
  - (3) The Education Manager.

The staff member and the Center Director will try to determine whether to file a report with OCS. Staff may need to observe and/or talk to the child whose safety is in question to determine whether to make a report of harm. In some cases the Center Director or Family Services Specialist may wish to call an OCS intake social worker to seek guidance.

* Staff who suspects that child abuse or neglect has occurred must contact one of the persons listed above before leaving work.

* If a report of harm needs to be filed, the staff member closest to the incident will complete “Referral for Suspected Child Abuse or Neglect”, available only from the Family Services Specialist or the Center Director. The Family Services Specialist or Center Director will then call OCS. The person who directly received the information leading to the report will need to be available to answer any follow-up questions to OCS. KCI reports to OCS are confidential.
  - Center Directors at all Centers will maintain binders containing sample copies of this referral form as well as copy of this procedure.
  - The Family Services Specialist will have an identical binder available in a locked filing cabinet.

* After completing the referral and calling OCS, the Center Director will fax the written referral to OCS and forward the original to the Family Services Specialist or designated backup. The Family Services Specialist will place the referral in a binder kept in a locked filing cabinet. The Family Services Specialist will coordinate follow-up with OCS and monitor follow up with the family.

* The Center Director or Family Services Specialist will record in the family contact section of the child’s file that a report was faxed to OCS and an intake social worker contacted, either directly or through a
telephone message. Staff must not place the OCS referral in the child’s file nor describe its contents in the family contact section of the child’s file.

- Any substitute, parent or volunteer who becomes concerned about the safety of a child should discuss the situation with the Center Director. If the Center Director is unavailable, the concern should be taken to the Family Services Specialist. Special care must be taken to respect the confidentiality of the family involved when volunteers or parents approach staff with child abuse and neglect concerns. The Center Director or Family Services Specialist will determine whether to make a report to OCS.

- The Family Services Specialist and the Center Director will work with the appropriate Family Advocate to support the family and assist them in locating resources that the family may need.

- Kids’ Corps, Inc. is committed to increasing our effectiveness in protecting all children. With this goal in mind, Kids’ Corps, Inc. will continue to provide training to staff, parents and volunteers in recognizing the obvious signs as well as the “gray areas” of child abuse and neglect.

- The Family Services, Health & Early Head Start Manager will review reports submitted to the Office of Children’s Services at least two times per year to ensure proper procedures are being followed and to analyze for trends that may need to be addressed.
PARENT TRANSPORT PROCEDURE AND CHILD REMAINING AT THE CENTER AFTER CLOSING

**BRINGING CHILDREN TO THE CENTER**
Parents will drop off their child at the time class begins (8:30 or 9:00 for morning classes and 12:00 or 12:30 for afternoon classes). Upon arrival at the center, parents are required to do the following:

* Sign in at the front desk (at East Center)
* Escort the child to the classroom
* Sign the Daily Sign-In/Sign Out Sheet in the classroom, noting the time of arrival
* Make contact with the Teacher

**PICKING UP CHILDREN FROM THE CENTER**
Parents will pick up their child at the time class ends (12:00 or 12:30 for the morning classes and 3:30 or 4:00 for the afternoon classes or 6:00 for full-day centers). Upon departure from the center parents are required to do the following:

* Sign the Daily Sign-In/Sign Out Sheet, noting the time of departure
* Make contact with the Teacher

**CHILDREN WHO ARE NOT PICKED UP AFTER CLASS**
If a child has not been picked up by the close of class, staff will attempt to reach the parents. If staff cannot reach the parents, staff will contact the individuals listed on the Emergency Information form. If the parents or contact person cannot be reached within 30 minutes, KCI staff will call the Anchorage Police Department (APD). APD will investigate and determine where to take the child. Staff will then fax a Child Abuse & Neglect form to the Office of Children's Services (OCS) and notify the Family Services Specialist.

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**CALL EMERGENCY CONTACTS LISTED BY PARENT**
If a child has not been picked up by the close of business (6:00 pm at South and Muldoon, 4:00pm at East, 4:30 pm at Mt. View & Davis) by an individual authorized by the parent(s), staff will attempt to reach parents by phone.

If parents cannot be reached, staff will call the emergency contacts listed on the child’s Emergency Information Form. If the parents or emergency contacts cannot be reached within 30 minutes (6:30 pm at South and Muldoon, 4:00 pm at East, 4:30pm at Mt. View & Davis) staff will call the Anchorage Police Department (APD). APD will send an officer to investigate and determine where to take the child. In some cases, the Office of Children’s Services may be asked to seek emergency foster placement for the child.

Two staff must remain at the center with the child until APD has determined a course of action.
If either OCS or APD removes the child from the center, staff will post contact information on the center's door. No confidential information (such as the child’s or family’s name) will be posted publicly.

REPORT TO THE OFFICE OF CHILDREN’S SERVICES (OCS)

KCI staff will make a report to OCS whenever a police officer is called to a Head Start center because a child remains at the center after hours.
TRANSPORT CHILD BY TAXICAB

If a child needs to return home before the end of class time due to illness or other emergency and the child’s family does not have transportation then Kid’s Corps, Inc. will authorize use of a taxicab.

The Family Services Specialist is the Kids’ Corps designated employee to authorize for taxicab service. In absence of the Family Services Specialist staff is to contact the Family Service, Health & Early Head Start Manager. If a child is transported by taxi, a Kids’ Corps staff (Family Advocate / Health Assistant) must accompany the child to their home and then return in the cab to their center.

If a child is transported to or leaving a Kids’ Corps center by taxicab an adult who is listed on a current emergency information form must accompany the child. The cabdriver does not qualify for this responsibility unless he or she is listed on the emergency contact form. Family Advocates are available to answer questions concerning KCI transportation services.
PARENT CUSTODY AND AUTHORIZED CONTACT PROCEDURE

In some instances there are restrictions concerning parental contact with certain children at Head Start centers. When one parent wishes to exclude the other parent from picking up or visiting a child at a Head Start Center, the contesting parent or legal guardian must provide the Family Advocate or Center Director with a legal document such as a custody ruling or restraining order.

PROCEDURE:

* The Family Advocate places the legal documentation in the Information section of the child’s file and documents on the Family Contact Report.

* The Family Advocate informs the front desk (at East), and appropriate classroom and support staff concerning the custody arrangement. A new Emergency Information form may be required.

* If a parent tries to pick up a child from a Head Start center or off the bus in violation of a current custody order or restraining order, classroom staff or a Family Advocate will tell the individual about the documented legal restriction. If the non-custodial parent refuses to leave the center, staff will call the police and notify the custodial parent.

In cases where there are no legal restrictions, staff will determine who is authorized to pick up a child based on information the parent or legal guardian provides on the most current Emergency Information form. Only persons over the age of 16 (sixteen) whom the parent has designated on the most current Emergency Information form may pick up a child from a Head Start Center or bus. A parent who wants someone not on the emergency form to pick up a child on a single occasion should make a written request. Staff will discourage parents from making requests over the phone, although they may be granted in emergency cases when the identity of the caller is not in question.

Staff will request picture identification from anyone whom they don’t recognize that comes to pick up a child. The name on the identification must match that on the most current Emergency Information form (allowing for misspellings) or on the parent’s written request.
HOLIDAY DONATIONS

The Christmas holiday season can be an especially stressful time for many Head Start families. It is also a season when many non-profit agencies and private businesses wish to make additional resources available to families in need.

The following paragraphs describe the steps that Family Services staff will take to link families with community resources.

OCTOBER

- In mid-October FSS or designated FA will contact the Salvation Army for applications to their Adopt-a-Family Program. This program is available to families who are experiencing special hardships such as a chronically ill family member, an incarcerated parent, a recent death in the family, mental health issues etc.

- Family Advocates meet with teachers to determine which families KCI will nominate for Adopt-a-Family and other programs.

- Family Advocates begin home visits to complete applications for the Adopt-a-Family program.

NOVEMBER

- November 1st--FSS or a designated Family Advocate will send a letter to select businesses and benevolent organizations inquiring whether those groups would like to donate clothes, gifts or other items to Head Start families in need. FSS will submit contact list to Family Services, Health & Early Head Start Manager for approval before sending letters. KCI will attempt to select businesses and groups who have not already been contacted by Title 1 or CIT-H program staff.

- Continue Adopt-a-Family referrals.

- GIFT schedule published in November bulletin. GIFT is a United Way sponsored program that provides gifts and food to low-income families.

- Family Advocates complete referrals as donations are forthcoming.

DECEMBER

- GIFT schedule published in December’s bulletin.

- Family Advocates complete all referrals and delivery of donations by the last working day before Christmas.

- The week after Christmas break, FSS sends thank you letters and in-kind donation statements to all those who made donations to KCI.

- In-kind tracking forms completed (both front and back of In-kind form with business managers name, business address and phone number and how donation was used and turned in to Financial Services if a monetary donation or Initiatives Coordinator if goods or gift cards.

- Initiatives Coordinator mails thank-you notes to all donors.
CONFIDENTIALITY PROCEDURES

KCI respects your right to privacy. Parents/Guardians must sign an Authorization for Exchange of Information Form before any information will be released.

All staff and volunteers are informed of the Confidentiality Policy and reminded to keep all information regarding families confidential.

All Staff shall be informed prior to beginning work and reminded regularly thereafter that any information concerning a KCI family is private and shall not be discussed with anyone outside the appropriate Kids’ Corps staff without authorized parent/guardian permission. Staff who leaves KCI will be reminded of the confidentiality still binding them.

All documents, forms, and files regarding families in the program will be kept in a secured space when not in use.

There are some exceptions when written consent is not required:

* When the information is requested by a government agency for law-enforcement activity;
* When there is an appropriate court order, such as a subpoena;
* In emergency situations to protect the health or safety of an individual;
* In a program review or review audits conducted by Child Care licensing, Federal Head Start reviewers, or State agencies.
ENROLLMENT FOLLOW-UP IN FAMILY’S PRIMARY LANGUAGE

* Families complete Enrollment Application. Applications are available in English and Spanish.

* Family Services staff reviews application and notes applicant’s “primary language.” If the family primarily speaks a language other than English, staff will attempt to locate other family services staff who speak the specified language for follow up.

* If no family services staff speaks the desired language, Staff will copy the enrollment application and forward to Family Services Specialist.

* The Family Services Specialist will attempt to identify other agency staff who may speak the desired language.

* If a staff interpreter is identified, the Family Services Specialist will work with them to contact the parent(s) and determine:
  - if they have any questions about program options?
  - if they have any questions about the steps to enrollment?
  - if they need any help in completing the steps to enrollment (finding a doctor etc.)?

* The staff interpreter will document contact in child’s file with guidance from the Family Services Specialist.

* The Family Services Specialist will continue to track the family's progress toward enrollment, working the staff interpreter as needed.

* If there is no volunteer or staff interpreter available, the Family Services Specialist will confer with the Family Services, Health & Early Head Start Manager for follow up.
ENROLLMENT PROCEDURE

STEPS TO ENROLL

The Enrollment Advocate, all Family Advocates, select Center Directors receive annual training on KCI’s enrollment procedures. The training covers all steps outlined in this SOP and includes practice verifying income using a variety of income sources. Staff hired after the annual training has been conducted will be individually oriented by the Family Services Specialist.

STEP 1—ACCEPTING ENROLLMENT DOCUMENTS

- Parent turns in enrollment application at any center. Enrollment Advocate (EA), Family Advocate (FA), or the Center Director (CD) meets with parent. There is no “wrong” door for service.

- Staff will review the application for completeness and will ask for clarification as needed.

- A person who is not the child’s parent must have legal documentation or written authorization from the parent to enroll the child. The Family Services Specialist may assist in reviewing documentation.

- Staff and parent determine which KCI program option and which center can best meet family’s needs. Parents may apply for services at any KCI center, or parents may choose to take their application and documentation to the center where they wish to enroll.

- Staff should inform families interested in a full day program option that to be eligible for full day services, parents must be employed or in school or a training program.

- After determining the appropriate program option, staff makes copies of all of the following documents that the parents have brought:
  - child’s birth certificate
  - family annual income documentation
  - child’s physical exam
  - child’s immunization record
  - documentation of guardianship
  - IEP or other disability documentation
  - Other documents as needed

- Staff will talk with the family to determine if a full 12 months of income information was provided, this will include asking if the child’s parent(s) received the most recent Permanent Fund Dividend (and if so, how many). If necessary they will need to request additional income documents.

- If all necessary income documents have been provided, staff will record the child’s name and date of birth on the KCI Income & Eligibility Verification form and will have the parent sign the income disclosure statement on the bottom of the form.

  - If a family is determined to be categorically eligible, it is not necessary for the parent to sign the income disclosure statement although it is preferred that they do.

- Parents should be informed about availability of service when they apply. This should include an explanation of how the waitlist works as well as the selection and enrollment process.
Kids' Corps. Inc.
Standard Operating Procedures

- Staff will inform parents of any additional documents needed and will give parent physical and dental exam forms if necessary.

- After meeting with a family, staff will date stamp all documents, attach a Family Contact Report, document their contact with the family (including documents received, documents still needed and other important information) and place in a folder reserved exclusively for enrollment documents. Each center will provide a secure, clearly marked folder for this purpose.

- If the EA, FA, or CD is not available, classroom staff will take the application and let the parent know that they will receive a follow up call within 2 working days. Classroom staff will place the enrollment documentation in a folder or box designated for this purpose.

- The designated staff at each center (EA, FA, or CD) will check enrollment folder/box daily to ensure timely follow-up.


STEP 2—DETERMINING INCOME ELIGIBILITY

- Families are categorically income eligible if they are homeless, the child is in Foster Care, the family is currently receiving ATAP (cash assistance), or a member of the immediate family receives SSI/Disability. The following documents are necessary to determine categorical eligibility:
  - Homeless: Signed Self Identification Form for Homeless and Highly Mobile Students
  - Foster Child: OCS letter stating child is in state’s custody and naming foster parents
  - ATAP: benefit history printout
  - SSI/Disability: SSI letter or printout.

- Income for categorically eligible families will automatically be verified at 65%.

- If a family is not determined to be categorically eligible, one or more of the following documents are needed to verify annual income:
  - 1040 (gross income)
  - W-2 (wages, tips and other compensation)
  - LES (12 months)
  - Check stubs (12 months)
  - Child Support statements
  - Unemployment statements
  - Letter from employer that lists start date, number of hours of work per week, and hourly wage
  - KCI income statement form completed and signed by parent (only if none of the above are available)

- To verify annual income, staff will review all income documents provided and record amounts from each income source in the corresponding boxes on the KCI Income & Eligibility Verification Form.

- Staff will then calculate the total family income by adding totals for all income sources and will record this on the “total income” line of the KCI Income & Eligibility Verification Form.

- Staff will use the number in family provided on the application to determine the appropriate Federal Income Guideline, will check the family size, and record the income limit for that family size on the “FIG” line of the KCI Income & Eligibility Verification Form.

- Using a calculator, staff will divide the “total income” by “FIG” to determine the family’s income percentage.
  - Families are under-income if the percentage is less than 100%
  - Families are over income if the percentage is more than 100%
After calculating and recording the family income percentage, staff will sign “verification of income” line and date.

All documents used to verify income should be maintained with the application and income verification worksheet.

If family is over-income, EA, FA, or CD or Family Services Specialist sends a letter informing the family that they are over-income. Slots may be available for over-income families depending on the center. The Education Manager must approve all placements of over-income families.

STEP 3—DETERMINING AGE ELIGIBILITY

EA, FA, or CD verifies the birth certificate in the following way:
- Checks that child’s name on birth certificate matches name on application
- Checks that age on birth certificate matches age on application
- Checks that person who signed application is a parent (birth certificate must record mother’s and/or father’s name)

In cases of foster placement, a letter from the Office of Children’s Services stating the child’s name and date of birth and the name of the foster caregiver may replace the birth certificate.

After verifying the Birth Certificate, staff will determine the child’s Program Age by calculating how old the child will be on September 1st of the desired program year. (Note: The child’s age on September 1, 2012 is the child’s “program age” for the 2012-2013 program year)

Staff will circle the appropriate age on the KCI Income & Eligibility Verification Form.

STEP 4—DETERMINING PROGRAM ELIGIBILITY

Staff will review the family income percentage and the child’s program age and will determine the child to be one of the following:
- Eligible
- Eligible but over income
- Program age 2, but will be eligible on their 3rd birthday* (For Head Start only)

Determination will be documented on the KCI Income & Eligibility Verification Form and will be signed and dated by verifying staff.

*The Education Manager must approve placements of all program age 2 children in a Head Start classroom.*

STEP 5—ASSIGNING SELECTION CRITERIA POINTS

After completing the KCI Income & Eligibility Verification Form and determining program eligibility, staff will assign selection criteria points to each child.
- Staff will complete the Selection Criteria worksheet using information gathered from the application and the KCI Income & Eligibility Verification Form
- Total number of selection criteria points will be calculated and documented in the appropriate line on the top of the worksheet along with the child’s name and the date the worksheet was completed

After determining the child’s eligibility and calculating the selection criteria points, staff will document the procedure in the family contact report. The documentation should include the following:
STEP 6—PROCESSING ENROLLMENT DOCUMENTS

After receiving enrollment documents, EA, FA, or CD places enrollment packet into a file folder. Folders are color coded:
- Blue—Family services or health concern (homelessness, OCS referral, chronic health issue etc)
- Yellow—Suspected disability
- Orange—Documented disability (IEP turned in or IEP indicated on application)
- Plain—all others

EA, FA, or CD labels tab with child’s name, child’s program age, income percentage (if known), and the code “BC/ $ / D / PX / IZ.”
- Staff will circle “BC” if birth certificate is included
- Staff will circle “$” if the income verification is included
- Staff will circle “D” if the income disclosure statement has been signed
- Staff will circle “PX” if physical is included
- Staff will circle “IZ” if the immunization record is included

Assigned Program Support Associate completes data entry into COPA system. A child is eligible for placement as soon as the birth certificate and income verification are received. Applications are ranked on the wait-list according to the Selection Criteria point system.

Enrollment Advocate or Family Services Specialist inputs immunization data into Self-ImmAGE tracking program and reviews physical exam. Family Advocate follows up with family if immunizations are non-compliant (mails letter and/or phone contact).

Applications are filed on-site in a secured drawer.

STEP 7 – ONGOING FOLLOW-UP

Follow up may be required for KCI to obtain income verification, birth certificate, immunization record or a physical. Follow up requires mailing the enrollment information letter and calling the family. EA, FA, or CD will call families every three days until the child is ready for placement or the parent/guardian decides not to pursue enrollment.

Family Services Specialist will work with family services staff to ensure follow up in the family’s primary language, when feasible. If there is no Family Advocate or other staff person who can interpret, FSS will seek assistance as outlined in SOP Enrollment Follow-up in Family’s Primary Language on page 73.

Staff will document all efforts to assist and encourage families to complete the enrollment steps.

In cases where families do not have a birth certificate, income verification or health documentation, staff will assist parents in obtaining necessary documents and services.

Families on the wait-list will receive regular (every two months) updates concerning their status on the waitlist. Staff may contact wait-listed families by phone or mail.
STEP 8—SELECTION

DAVIS, MT. VIEW, MULDOON & SOUTH CENTERS

* When an enrollment vacancy becomes available, Center Director/Family Advocate or the Family Advocate selects children for placement based on COPA Eligibility Wait-list (to be eligible for enrollment at a full-day center, caregiver(s) must be working or enrolled in school or a job training program). This report awards points to each application based on KCI’s selection criteria. Selection takes place no more than two working days after the slot becomes available.

* If there are documented or suspected disabilities, family services staff will consult with the Disabilities Specialist concerning least restrictive placement before selecting the child for enrollment.

* CD/FA or FA completes the Placement Process Check-list (PPC).

* The CD/FA or FA contacts parent to schedule an enrollment home visit.* After completing enrollment home visit, file is forwarded to East for Family Services and Health and Nutrition Specialist to review and for data entry.

EAST CENTER

* When an enrollment vacancy becomes available at East Center, the Enrollment Advocate selects children for placement based on their position on the wait-list. Selection should occur within two working days after the slot becomes available

* If there are documented or suspected disabilities, family services staff will consult with the Disabilities Specialist concerning least restrictive placement before selecting the child for enrollment.

* If the selected child needs bus transportation, the Enrollment Advocate will consult with the Compliance Specialist to determine placement on the desired bus route is possible

* If transportation is not available for first child on the wait-list (and parent cannot transport), staff will consider next child on list, etc. until vacancy is filled.

* Enrollment Advocate will complete the Placement Process Check-list (PPC) and forwards to the Family Advocate who will schedule an enrollment home visit with the family.* After completing enrollment home visit, file is forwarded to East for Family Services and Health and Nutrition Specialist to review and for data entry.

ASD COLLABORATIVE SITES

* When an enrollment vacancy becomes available at an ASD collaborative site, the Family Advocate selects children for placement based on their position on the wait-list. Priority should be given to children living within the schools boundaries. Selection should occur within two working days after the slot becomes available

* If there are documented or suspected disabilities, family services staff will consult with the Disabilities Specialist concerning least restrictive placement before selecting the child for enrollment.

* FA completes the Selection Process Check-list and provides the pink copy to the ASD principal.

* The FA will then schedule an enrollment home visit with the family.* After completing enrollment home visit, file is forwarded to East for Family Services and Health and Nutrition Specialist to review and for data entry.

EARLY HEAD START CENTER BASED

* When an enrollment vacancy becomes available, Center Director selects children for placement based on COPA Eligibility Wait-list (to be eligible for enrollment at a full-day center, caregiver(s) must be working or enrolled in school or a job training program). This report awards points to each application
based on KCI’s selection criteria. Selection takes place no more than two working days after the slot becomes available.

* If there are documented or suspected disabilities, the CD staff will consult with the Disabilities Specialist concerning least restrictive placement before selecting the child for enrollment.

* CD completes the Placement Process Check-list (PPC).

* CD will complete the Placement Process Check-list (PPC) and forwards to the Teacher who will schedule an enrollment home visit with the family.* After completing enrollment home visit, file is forwarded to East for Family Services and Health and Nutrition Specialist to review and for data entry.

**EARLY HEAD START HOME BASED**

* When an enrollment vacancy becomes available, Home Visitor (HV) selects children for placement based on COPA Eligibility Wait-list. This report awards points to each application based on KCI’s selection criteria. Selection takes place no more than two working days after the slot becomes available.

* HV completes the Placement Process Check-list (PPC).

* The HV will then schedule an enrollment home visit with the family.* After completing enrollment home visit, file is forwarded to East for Family Services and Health and Nutrition Specialist to review and for data entry.

*Note: SOP Steps to Enrollment for Family Advocates describes enrollment home visit procedures.*

**STEPS TO ENROLLMENT FOR FAMILY ADVOCATES**

**EAST CENTER**

* After selecting child for placement, Enrollment Advocate writes Placement Process Checklist (PPC)

* SPC and child file is forwarded to Family Advocate (FA).

* FA reviews child enrollment packet, makes notes, gets home phone number, etc.

* FA contacts family to schedule a date for the enrollment home visit (EHV) and documents on Family Contact Report. If the FA is unable to get in contact with the parent by phone within seven days, they will make a drop-in home visit. They will leave a “no contact” letter at the home if no parent or guardian is present. The letter will ask the parent to contact the center by a certain date, usually within three days of the date on the letter. If there is no contact by the due date, the child will be returned to wait-list.

**AFTER EHV IS COMPLETE:**

* FA indicates on the SPC if there are disabilities, health, nutrition or mental health concerns about the child
  o If the child has special needs, health or behavioral concerns there should be a meeting or special staffing before the child attends. Typically, classroom staff should have at least 2 working days to prepare for a child’s first day.

* FA gives the yellow copy of the SPC to the Disabilities Specialist
Kids' Corps. Inc.
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* If child will receive bus service the FA will give a copy of the Emergency Information Form and transportation map to the Compliance Specialist
  o Compliance Specialist will place the child on the appropriate bus route

* FA will create the child portfolio to include copies of the child’s birth certificate, ASD authorization for exchange of information, Emergency Information Form, SPC, and transportation map

* FA will forward the enrollment packet and portfolio to the Family Services Specialist (FSS) for review
  o This should happen on the day of the enrollment visit

* After reviewing the packet, FSS will forward the file to the Health and Nutrition Specialist (HNS) for review

* After reviewing the file to ensure all health forms are completed properly and determining if the child is up to date on physical and immunizations, HNS returns the file to the FSS

* FSS works with FA to follow up on any needed health documentation
  o **Child may not begin attending if Physical and Immunization are not current**

* FSS will forward file to PSA for data entry while FA follows up with family to receive necessary health documents (if needed)

* After data entry is complete PSA will forward the file to the FA who completed the EHV

* FA or T/FA will place documents in hard file and will forward to FSS

* Once all necessary health documents are received and hard file is complete, FSS will forward file and portfolio to Center Director (CD).

* CD will review file, sign SPC, give portfolio to the appropriate teacher and will place the file in the file room

* Upon receiving the portfolio, teacher will review hard file and sign SPC

* On child’s first day of attendance, teacher will document child’s actual start date on SPC and Emergency Information Form

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**DAVIS, MT. VIEW, MULDOON, SOUTH & ASD COLLABORATIVE CENTERS**

* After selecting child for placement, Center Director/Family Advocate (CD/FA) or Family Advocate (FA) completes the Selection Process Checklist (SPC) or Placement Process Checklist (PPC)

* CD/FA, or FA reviews child enrollment packet, makes notes, gets home phone number, etc.

* CD/FA, or FA contacts family to schedule a date for the enrollment home visit (EHV) and documents on Family Contact Report. If the staff is unable to get in contact with the parent by phone within seven days, they will make a drop-in home visit. Staff will leave a “no contact” letter at the home if no parent or guardian is present. The letter will ask the parent to contact the center by a certain date, usually within three days of the date on the letter. If there is no contact by the due date, the child will be returned to wait-list.

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**AFTER EHV IS COMPLETE:**
CD/FA, or FA indicates on the SPC or PPC if there are disabilities, health, nutrition or mental health concerns about the child
   o If the child has special needs, health or behavioral concerns there should be a meeting or special staffing before the child attends. Typically, classroom staff should have at least 2 working days to prepare for a child’s first day.

CD/FA, or FA gives the yellow copy of the SPC or PPC to the Disabilities Specialist

CD/FA, FA or EES will create the child portfolio to include copies of the child’s birth certificate, ASD authorization for exchange of information, Emergency Information Form, SPC, map

Family Advocate will forward the enrollment packet and portfolio to the Family Services Specialist (FSS) for review
   o This should happen on the day of the enrollment visit

After reviewing the packet, FSS will forward the file to the Health and Nutrition Specialist (HNS) for review

After reviewing the file to ensure all health forms are completed properly and determining if the child is up to date on physical and immunizations, HNS returns the file to the FSS

FSS works with CD/FA, FA to follow up on any needed health documentation
   o Child may not begin attending if Physical and Immunization are not current

FSS will forward file to PSA for data entry while CD/FA, FA follows up with family to receive necessary health documents (if needed)

After data entry is complete PSA will forward the file to the CD/FA, FA who completed the EHV

CD/FA, FA will place documents in hard file

At Muldoon Center, FA will forward file and portfolio to CD for review and signature on PPC
   o CD will then give portfolio to the appropriate teacher and will place the file in the file cabinet

At all other centers, CD/FA will place hard file in file cabinet and forward portfolio to teacher

Upon receiving the portfolio, teacher will review hard file and sign SPC or PPC

On child’s first day of attendance, teacher will document child’s actual start date on SPC or PPC and Emergency Information Form

--- FULL DAY (MULDOON, SOUTH & EARLY HEAD START CENTER BASED) ---

Follow steps listed above. In addition, forward copy of Emergency Information Form, Kids’ Corps Fee Contract, Day Care Assistance Authorization and Exchange of Information w/ Child Care Assistance Provider to the bookkeeper.
HOME VISIT SAFETY

HEAD START PERFORMANCE STANDARDS 1304.40 (1) (4) & (5)

BEFORE THE VISIT

* Provide your supervisor with your visiting schedule, including the family’s name, address, telephone number, the date and time of your visit, and when you expect to return.

* If an upcoming home visit presents significant safety hazards, talk with your supervisor before you make the visit. Consider an alternative site for the visit, take along another staff person, or have an agreed on check in time.

* Dress casually & don’t wear excessive jewelry, wear comfortable shoes with low or no heels, carry a cell phone if possible.

* Keep your car keys in your pocket or hand.

* If you are unfamiliar with the neighborhood surrounding the family’s home, take time to learn about it so that you know what to expect. Identify the safest routes for getting there and back.

* Make sure your vehicle is in good running condition, has enough gas, and is kept locked at all times.

APPROACHING THE HOME

* Be aware of your surroundings.

* Whenever possible, back your vehicle into the parking space so that you can make a quick exit, if necessary.

* Do not park your vehicle in someone’s assigned parking space, or block anyone’s access to his/her car. Follow city laws when parking in the street.

* Lock valuables, including your purse, in the trunk of your vehicle.

DURING THE VISIT

* Be aware of the exits from the home. Keep yourself between the family and the door.

* Use non-threatening body language and remain calm and polite.

* If you feel frightened or unsafe during a home visit, listen to your feelings, remain calm but leave as quickly as possible.

* During potentially dangerous home visits, position yourself near a door leading to the outside; don’t get between any family members who are angrily confronting each other.

* If a family member becomes verbally abusive or agitated, respond calmly and quietly with “I” messages, such as “I know you are feeling angry about...” keep your statements matter of fact, simple and direct. Keep a physical distance of at least three feet. Don’t reach out to touch the person, don’t stand in front of him/her, and don’t turn your back to the person.

***Immediately report any dangerous or threatening incidents experienced during a home visit to your supervisor.
FAMILY HOME VISITS

(Head Start Performance Standards 1304.40 Family Partnerships)

Family advocates are expected to engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. Family Advocates must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

SCHEDULE:

Family Advocates arrange visits with families per the following schedule:

- Within the child’s first 45 days of enrollment
- Quarterly – schedule dates to be determined by the Family Services Specialist
- The last home visit, that is scheduled for either May (for part-year programs) or July (for full-year programs), is a “check-in” to ensure all of the family’s needs are met before the child transitions to Kindergarten or summer break

Family Advocates complete an initial home visit within forty-five (45) calendar days of the child’s start date. The Family Advocate could also accompany the classroom teacher during the first educational home visit.

CONTENT:

Family Advocates complete the Family Visit Planning Sheet prior to the home visit and review any previously completed forms (Family Partnership Agreement, Referral forms, Family Strengths Matrix).

During the home visit the Family Advocate and the parent will share and update progress or barriers on any previously completed Family Partnership Agreement (to include referrals and Family Strengths Matrix) or, if the parent is ready and comfortable to participate, establish a new Family Partnership Agreement.

Family Advocates will update the Emergency Information form during the quarterly home visits with the parents/guardians.

ROUTING:

Family Advocates document the visit on the Family Visit Report, attaches the Family Visit Planning Sheet and forwards to the Family Services Specialist within 2 days after completing the visit. The Family Services Specialist reviews the report for completion and forwards to Program Support Associate for data entry into COPA.

MONITORING:

The Family Services Specialist monitors all Family Visit Reports to ensure follow up of Family Partnership Agreements and reviews with staff during individual and team meetings. The Family Services Specialist will document the dates of the meetings in the agency monthly report.

Family Advocates complete a monthly report that states the # Family Partnership Agreements followed up on during the previous month and forwards to the Family Services Specialist.
The Family Services Specialist will include this in the general activities section of the agency monthly report.

Family Advocates complete staffings quarterly (the first staffings are scheduled 2 months after the start of the program year) for all enrolled children at KCI and documents Family Partnership follow up. Staffings include the date of the FPA, anticipated completion date, and family partnership follow up. Staffings are reviewed by the Family Services Specialist to ensure that all families are receiving services. If any family did not receive follow up during the staffings period, the Family Services Specialist will hold a meeting with the families’ Family Advocate to discuss the families’ situation.

After each staffings period the Family Services Specialist will note, in the narrative section of the monthly report, any barriers to the completion of following up with parents/guardians.

STAFF SHORTAGE:

To ensure all families receive follow up services the following plan will be implemented during periods of staff shortages:

At East center available Family Advocates will be assigned to the families in the part-day program.

At Mt. View, Mt. View Early Head Start and Muldoon centers the Center Directors will follow with families when they transport their children to and from the center and during scheduled Parent/Teacher Conferences in the fall and spring.

At Davis center, classroom staff will receive guidance from the Family Services Specialist to provide basic family services supports until the Family Advocate position is filled.

In the absence of a Center Director/Family Advocate at South Center or Family Advocate at the ASD collaborative centers the Education Manager will assign appropriate staff to follow up with the families.
EDUCATION & CLASSROOM SERVICE GUIDANCE

HEAD START EDUCATION SERVICE PLAN

Through a partnership with parents and the use of assessments, curriculums, trainings and resources, KCI offers individualized educational services to children ages six months through five years of age, and their families. The Education Service Plan is updated annually and presented to Kids’ Corps Board of Directors and Policy Council for approval.

Family Partnerships

1304.20(b)(1-3), 1304.20(c)(1-5), 1304.21(a-c)

Refer to SOP Confidentiality Procedure

- Families share their goals for their children which are addressed through home visits and both written and oral communications (i.e. staff logs, family contact sheet)
  - Family Partnership Agreements
  - Family interactions
  - Family Conference Form
  - Child Home Visit Form – parent & teacher goals noted

- Goals for the child’s educational growth are shared
  - Teaching Strategies Gold Developmental Continuum (Feedback on progress child has made throughout year)
  - Child Development Portfolio (updating and setting of goals)
  - Individualizing to meet a child’s needs on weekly Lesson Plans (up to and including) the following 10 Head Start Child Outcomes domains:
    1. Language
    2. Literacy
    3. Mathematics
    4. Science
    5. Physical/Health
    6. Creative Arts
    7. Approaches to Learning
    8. Social / Emotional
    9. Logic & Reasoning
    10. Social Studies
    11. English Language Development (for dual language learners only)

Transitions

1304.40(h)(1-4), 1304.40(i)(1-3)
Refer to SOPs Transition & Transitioning Children from Early Head Start to Head Start

* Transitioning Early Head Start to Head Start
  - Transitioning will begin to the Head Start program six months before the child’s 3rd birthday.
  - Early Head Start children will have a written plan that has been discussed with the parents, and the dates of transitioning specified on a timeline.

* Kindergarten Transition
  - Transition Advisory Committee meets at least 4 times annually to schedule Kindergarten Information Night and determine individual family needs based on home school.
  - Provide parents Kindergarten information (calendar, contact names, etc.) and assist in registration paperwork.
  - Portfolio is complete with child’s work samples, copy of Birth Certificate, ASD Authorization of Information Exchange, Family Conference Form, Ages & Stages: SE Questionnaire (questionnaire the teacher completes in the spring), copy of IEP or IFSP, copy of child’s immunization record, and any photos of the child participating in activities – accompanies child to Kindergarten.
  - Parent is encouraged to attend a meeting with his/her Kindergarten teacher to discuss the portfolio and answer any questions. Parent is also encouraged to attend back to school events and have child visit the environment.

Assessments

1304.21(c)(1&2)

Refer to SOPs Developmental & Emotional/Behavioral Screenings Procedure & On-Going Child Education Assessment

* Head Start children are assessed using the Teaching Strategies Gold Developmental Continuum, portfolios, Early Screening Inventory Revised (ESI-R), Ages & Stages: SE Questionnaires (the latter 2 are completed within 45 days of entry into the program), and anecdotal observations.
  - Strengths are identified
  - Areas of growth/need can be identified

* Parent feedback through daily/weekly communications, home visits, biannual parent/teacher conferences, and weekly “What I Did This Week.”

* “What I Did This Week’ form is completed for each child weekly. The teacher/assistant teacher will note activities the child participated in throughout the week and how these activities relate to progress in parent/teacher goals. The form also helps develop parent/child & parent/teacher conversations.

* Parent/Teacher conferences provide informal, ongoing assessment and reporting of child’s progress using the Teaching Strategies Gold Development & Learning Report.

* Early Head Start children are assessed using the Teaching Strategies Gold Developmental Continuum.

Curriculum
Kids' Corps. Inc.
Standard Operating Procedures

1304.21(a)(1-5), 1304.40(e)(1-5)

Refer to SOP Curriculum

* The Early Intervention/Education Advisory Committee, staff, and parents review curricula annually. Recommendations for any changes or additions to the curricula are presented during annual planning sessions.
* Curricula address the ten domains reflected in Head Start Child Outcome Measures.
* Curricula are adapted to each Head Start/Early Head Start child's individualized way of play and learning.
* Curricula introductions and trainings are provided for parents.
  - Teachers individualize instruction based on student needs
  - Large and small group activities support individual child growth
  - Activities include student and teacher directed activities
  - Individualized on home visits

Trainings

1304.40(e)(2&3), 1304.52(j)(k)(1-3)

Refer to Agency Training Plan

* Trainings on appropriate developmental practices are provided for parents, community and staff.
  - Parent Trainings are documented and tracked
    - Topics are of interest to parents – Man II Man, Parents ‘R’ Us, Just 4 Parents
    - Individualized Training Plans for staff
    - Ongoing staff training (open to parents) both in-house and community.

Resources

* Community resources are utilized to further meet the needs of children and families.
  - Community referrals
  - Individualized Education Plans or Individual Family Service Plans
  - Individual Action Plans (individual child) for social/emotional support

Disabilities/Social Emotional

* Kids’ Corps Disabilities Service Plan is the guide to how KCI provides services to children with disabilities. The Disabilities Service Plan includes a parent manual. Kids’ Corps Early Childhood Social Emotional Development Plan is the guide to how KCI provides services to children having challenges with social-emotional interaction and development.

* The Disabilities Specialist and the Education Manager update the Disabilities Service Plan annually. The Child Development Specialist and the Education Manager update the Early Childhood Social Emotional Development Plan annually. Both plans are annually presented to Kids’ Corps Board of Directors and Policy Council for approval.

CURRICULUM

Curriculum is the word used to describe what is planned and presented daily in the classroom. KCI uses the Creative Curriculum as the overall curriculum framework. It is designed to meet individual and group needs of
children. Children are engaged in small and large group activities, which incorporate teacher directed and self-directed models. Activities include: listening to stories, reading books with adults, drawing, coloring, cutting, singing and movement. Children develop pre-kindergarten skills in color, shapes, language/literacy, and alphabet and number identification.

Curriculum Goals by Appropriate Developmental Areas

- **Social/Emotional Development**
  - Sense of Self
  - Responsibility for Self and Others
  - Pro Social Behavior

- **Physical Development**
  - Gross Motor
  - Fine Motor

- **Cognitive Development**
  - Learning and Problem Solving
  - Logical Thinking
  - Representational and Symbolic Thinking

- **Language Development**
  - Listening and Speaking
  - Reading and Writing

Supporting curricula strategies used are:

- **The Second Step Curriculum:** Introduces problem-solving strategies for anger, impulsive behavior and empathy. Includes lessons on developing friendships and other social situations.

- **Cavity Free Kids Curriculum:** Promotes dental health and hygiene.

- **I Am Moving, I Am Learning:** Physical activity and healthy food choice program for young children.

- **Growing Up Wild Curriculum:** Introduces children to the wildlife and environment of Alaska.

- **Play Safe, Be Safe:** Teaches fire safety

The Early Intervention/Education Advisory Committee, staff, and parents review curricula annually. Recommendations for any changes or additions to the curriculums are presented during annual planning sessions. Criteria must meet the following:

- Head Start Performance Standards
- Sound child development practices that are research based
- Family cultural values

Curriculum training is provided annually to staff and parents.
Lesson plans are a structured guide to facilitate learning in the classroom that incorporates curriculum strategies (SOP Curriculum) and Head Start Performance Standards.

**Lesson Plan Content:**

- Lesson Plans reflect activities and strategies for the following ten domains:
  - Language Development
  - Creative Arts
  - Literacy
  - Social & Emotional Development
  - Mathematics
  - Approaches to Learning
  - Science
  - Physical Health & Development
  - Logic & Reasoning
  - Social Studies
  - English Language Development (for dual language learners only)

- Lesson Plans and/or individualizing forms include strategies for individualizing for each child. (Refer to SOP Individualizing)
- Changes to the environment should reflect the theme of the month. Changes should occur in the following learning centers: blocks, dramatic play, toys and games, art, library, discovery, sand and water, music and movement, nutrition, computers, outdoors and activities for group time, story time, large/small group, and special activities.

**Lesson Plan Attachments:**

- Field Trip Request forms – should reflect monthly theme (refer to SOP Field Trip Policy)

**Staff Roles:**

* **Teacher:**
  - Completed lesson plans, including Individual Child Planning, are submitted, via e-mail from Teaching Strategies Gold, to the Center Director no later than the end of the work day on Thursdays for the upcoming week. The Individual Child Planning form goes into the Center Director’s “individualization” binder.
  - Post a copy of lesson plan on the parent board, inside the classroom; submit a copy to the assistant teacher (and other areas as noted by Center Director).
  - Changes to the lesson plans are to be documented on the lesson plan and filed in the lesson binder at the end of each week. Lesson Plans are forwarded to Center Directors and archived at the end of the program year.
  - Supporting curricula must also be documented on the lesson plan.

* **Center Director:**
  - Review and give feedback to staff by the end of the work day on Fridays.
  - Monitor lesson plans, content, and implementation with direct observation on a daily/weekly basis.
  - Include a summary of the lesson plans in the following areas on their Monthly Report:
    - Theme of the month
    - Summary of classroom/center focus i.e. letters/numbers and special activities
    - Summary of any field trips

* **Education Manager:**
  - Reviews each center’s monthly report for content of lesson plans
  - Receives direct feedback on lesson plans at center director’s meetings
INDIVIDUALIZING

Individualizing is the on-going process of recognizing and documenting each child’s unique characteristics and planning curriculum strategies that responds to these differences.


* Become familiar with each child through discussions with parent(s) and detailed observations. Possible information sources could include but are not limited to:

  - Enrollment packet
  - Parent questionnaire from the Early Screening Inventory-Revised (ESI-R)
  - Physical & Child Health History Prior to Enrollment form
  - Developmental & social/emotional screening – ESI-R and Ages & Stages: SE
  - IEP/IFSP
  - Staffing reports
  - Observations

* Review and analyze information gathered. From the above sources look at the unique characteristics of each child such as:

  - Culture
  - Home language
  - Skills
  - Interests
  - Learning style
  - Health status
  - Life experiences
  - Abilities
  - Temperament
  - Developmental status

* Plan activities based on each child's individualized needs, strengths and goals. Child individualized activities incorporated from Ages & Stages: SE Questionnaires. IEP/IFSP goals are to be incorporated into the focus areas for children with established plans.
**Kids' Corps. Inc.**  
**Standard Operating Procedures**

- Establish new focus areas for each child as they progress on the Developmental Continuum using the Teaching Strategies Gold Individual Child Planning form.
- Teachers keep a record of each child’s goals & progress that is observed throughout the day.

* Put the plan into action; provide the activities, opportunities and teacher support that are needed for each child.

* Observe and document children’s activities and their progress towards skill acquisition. Observations are to reflect the 23 Teaching Strategies Gold objectives / dimensions listed on the 2012/2013 TSG “Month to Month” document. (1b, 3a, 6, 7a, 8a, 9a, 11a, 11d, 13, 14a, 15a, 16a, 19a, 20a, 22, 24, 26, 29, 30, 33, 34 and 37 & 38 for English Language Learners)

* Teachers will check “Not Observed” for the other 43 objectives/dimensions in TSG.

* Teachers will document at least one observation per TSG objective/dimension, per checkpoint, per child.

* The goals will be determined by the classroom staff/parents and noted on the child's Individual Child Planning Form on TSG. The Individual Child Planning form, for each child, is to be submitted weekly with the Lesson Plan.

"What I Did This Week," are to be filed in the child's file in the Education section weekly by the teacher. The child's Individual Planning Form is filed weekly by the Center Director in the "individualization" binder kept in the Center Director's office. Development & Learning Reports are to be printed off Teaching Strategies Gold for review at parent/teacher conferences and filed in the Home Visit section of child’s file.

* Adapt activities, materials and schedule to meet the special needs of children. Discuss requests for adaptive equipment needs with the Disabilities Specialist.

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**ON-GOING CHILD EDUCATION ASSESSMENT**

The Teaching Strategies Gold Developmental Continuum is the on-going assessment tool used for all children. The assessment checkpoints are completed 3 times during the program year.

The schedule (tentative) for all centers is as follows:

* Fall assessment is completed by October 19
* Winter assessment is completed by February 1
* Spring/Summer assessment is completed by May 10
The Year at a Glance:

August/September: Teachers create class lists. Observe and enter documentation into Teaching Strategies Gold. Check class lists to ensure language, color band, and IEPs are correct.

October: 1st Checkpoint due. Complete Portfolio requirements (see Portfolio SOP). Finalize Development and Learning Report and share with families during parent/teacher conferences.

November/December: Observe and enter documentation into Teaching Strategies Gold. Disabilities Specialist will send IEP report to Center Directors.

January: Complete Portfolio requirements and share with families during 2nd home visit.

February: 2nd Checkpoint due. Finalize Development and Learning Report and share with families during parent/teacher conferences.

March/April: Complete Portfolio requirements. Disabilities Specialist will send IEP report to Center Directors.

May: 3rd Checkpoint due. Finalize Development and Learning Report to include in Portfolio and share at 3rd home visit (part-year) and p/t conferences (full-year).

Teacher/Assistant Teacher

- Write child observations and completes TSG Individual Child Planning & "What I Did This Week" forms
- Updates class list on TSG (IEP/Language/Program age on color band – green for 3/blue for 4)
- Complete parent/teacher conference and share TSG Development & Learning Report with parents/guardians
- Update goals to reflect child’s growth
- Individualize for each child on lesson plan / child’s TSG Individual Child Planning form

Center Director

- Monitor assessment process for completion and accuracy by reviewing lesson plans, child’s TSG Individual Child Planning form, and observation notes on Teaching Strategies Gold weekly
- Provide feedback to teachers during monthly mentoring meetings
- Track the children’s progress via documentation on Individual Child Profiles on TSG monthly
- After each checkpoint period, will complete TSG Assessment Status Report to ensure all checkpoints have been finalized and submit to the Education Manager

Education Manager

- Tabulate and analyze data
- Submit data as required to funding sources
- Submit data analyses to Executive Director and Board of Directors
EARLY HEAD START EDUCATION SERVICE PLAN

Through a partnership with parents and the use of assessments, curriculums, trainings and resources, KCI offers individualized educational services to children ages birth through five years of age, and their families. The Early Head Start Education Service Plan is updated annually and presented to Kids’ Corps Board of Directors and Policy Council for approval.

**Family Partnerships**

1304.20(b)(1-3), 1304.20(c)(1-5), 1304.21(a-c)

Refer to SOP Confidentiality Procedure

- Families share their goals for their children which are addressed through home visits and both written and oral communications (i.e. staff logs, family contact sheet)
  - Family Partnership Agreements
  - Family interactions
  - Family Conference Form
  - Child Home Visit Form – parent & teacher goals noted

- Parent & Teacher Goals for the child’s educational growth are shared
  - Teaching Strategies Gold Developmental Continuum (Feedback on progress child has made throughout year)
  - Child Development Portfolio (updating and setting of goals)
  - Individualizing to meet a child’s needs on weekly Lesson Plans (up to and including) the following Five Essential Domains of Child Development and Early Learning:
    1. Language & Literacy
    2. Cognition & General Knowledge
    3. Approaches to Learning
    4. Social & Emotional Development
    5. Physical Development & Health

**Transitions**

1304.40(h)(1-4), 1304.40(i)(1-3)

Refer to SOPs Transition & Transitioning Children from Early Head Start to Head Start

- Transitioning Early Head Start to Head Start
  - Transitioning will begin to the Head Start program six months before the child’s 3rd birthday.
  - Early Head Start children will have a written plan that has been discussed with the parents, and the dates of transitioning specified on a timeline.
Assessments

1304.21(c)(1&2)

Refer to SOPs Developmental & Emotional/Behavioral Screenings Procedure & On-Going Child Education Assessment

- Early Head Start children are assessed using the Teaching Strategies Gold Developmental Continuum, portfolios, Ages & Stages 3 Developmental Questionnaires, Ages & Stages: SE Questionnaires (the latter 2 are completed within 45 days of entry into the program), and anecdotal observations.
  - Strengths are identified
  - Areas of growth/need can be identified
- Parent feedback through daily/weekly communications, home visits, biannual parent/teacher conferences, and the “Daily Health and Nutrition Log” for center-based children.
- “The Daily Health & Nutrition Log” is completed for each center-based child daily. The teacher/assistant teacher will note activities the child participated each day and how these activities relate to progress in parent/teacher goals. The form also provides parents with information on their child’s sleeping, eating, and personal care activities for the day. The form also helps develop parent/child & parent/teacher conversations.
- Parent/Teacher conferences provide informal, ongoing assessment and reporting of child’s progress.
- In the home-based program options, the Home Visitor regularly reviews the Parents as Teachers Developmental Milestones with families as a way to determine progress and set goals.

Curriculum

1304.21(a)(1-5), 1304.40(e)(1-5)

Refer to SOP Curriculum

- The Early Intervention/Education Advisory Committee, staff, and parents review curricula annually. Recommendations for any changes or additions to the curricula are presented during annual planning sessions.
- Curricula address Five Essential Domains of Child Development and Early Learning.
- Curricula are adapted to each Early Head Start child’s individualized way of play and learning.
- Curricula introductions and trainings are provided for parents.
  - Teachers individualize instruction based on student needs
  - Large and small group activities support individual child growth
  - Activities include primarily child directed activities
  - Individualized on home visits
Trainings

1304.40(e)(2&3), 1304.52(j)(k)(1-3)

Refer to Agency Training Plan

* Trainings on appropriate developmental practices are provided for parents, community and staff.
  * Parent Trainings are documented and tracked
    * Topics are of interest to parents – Man II Man, Parents ’R’ Us, Just 4 Parents
  * Individualized Training Plans for staff
  * Ongoing staff training (open to parents) both in-house and community.

Resources

* Community resources are utilized to further meet the needs of children and families.
  * Community referrals
  * Individualized Education Plans or Individual Family Service Plans
  * Individual Action Plans (individual child) for social/emotional support

Disabilities/Social Emotional

* Kids’ Corps Disabilities Service Plan is the guide to how KCI provides services to children with disabilities. The Disabilities Service Plan includes a parent manual. Kids’ Corps Early Childhood Social Emotional Development Plan is the guide to how KCI provides services to children having challenges with social-emotional interaction and development.

* The Disabilities Specialist and the Education Manager update the Disabilities Service Plan annually. The Child Development Specialist and the Education Manager update the Early Childhood Social Emotional Development Plan annually. Both plans are annually presented to Kids’ Corps Board of Directors and Policy Council for approval.

* The Family Services, Health & Early Head Start Manager will provide input as needed in regards to matters related to the Early Head Start program.
Curriculum is the word used to describe what is planned and presented daily in the classroom. KCI uses the Creative Curriculum for Infants Toddlers and Twos as the overall curriculum framework for the Early Head Start Center-Based program. It is designed to meet individual and group needs of children. Children are engaged in small and large group activities, which incorporate teacher assisted, but primarily self-directed learning experiences.

**Curriculum Goals by Appropriate Developmental Areas**

[*] To Learn About Self and Others  
(Social/Emotional Development)  
- Trusts known, caring adults  
- Regulates own behavior  
- Manages own feelings  
- Responds to others’ feelings with growing empathy  
- Plays with other children  
- Learns to be a member of a group  
- Uses personal care skills

[*] To learn about moving  
(Physical Development)  
- Demonstrates basic gross motor skills  
- Demonstrates basic fine motor skills

[*] To Learn About the World  
(Cognitive Development)  
- Sustains attention  
- Understands how objects can be used  
- Shows a beginning understanding of cause and effect  
- Shows a beginning understanding that things can be grouped  
- Uses problem-solving strategies  
- Engages in pretend play

[*] To Learn About Communicating  
(Language Development)  
- Develops receptive language  
- Develops expressive language  
- Participates in conversations  
- Enjoys books and being read to  
- Shows an awareness of pictures and print  
- Experiments with drawing and writing

**Supporting curriculum strategies used are:**

**Cavity Free Kids Curriculum:** Promotes dental health and hygiene.

**I Am Moving, I Am Learning:** A physical fitness curriculum to develop motor skills, coordination, body control and following directions. IMIL also covers nutrition and healthy food choices.

**Growing Up Wild Curriculum:** Introduces children to the wildlife and environment of Alaska.
**Early Head Start Center-Based Curriculum**

KCI’s home based Early Head Start program option uses Parents as Teachers (PAT) Foundational Curriculum as it’s home visiting curriculum. Using this model, families meet weekly with a trained parent educator and have the opportunity to attend twice monthly group socialization activities. The Parents as Teachers model is research based and includes four components of parent education and family support:

- Personal Visits
- Resource Referrals
- Group Socializations
- Screenings

The Parents as Teachers Foundational Curriculum includes three areas of emphasis for each home visit:

<table>
<thead>
<tr>
<th>AREA</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-child interactions</td>
<td>Home visitors provide developmentally appropriate activities for parents and children using everyday household items in order to strengthen developmental parenting skills that are warm, responsive, encouraging and communicative.</td>
</tr>
<tr>
<td>Development-centered parenting</td>
<td>Home visitors provide information on child development and help parents make connections between the child's stage of development and his/her behavior. This helps parents identify and understand causes of behaviors and move towards solutions as needed.</td>
</tr>
<tr>
<td>Family well-being</td>
<td>Home visitors work with families to identify strengths, capabilities and skills, set goals and provide community resource referrals as requested. Home visitors support families by learning about their perspectives, understanding their needs and wishes, and facilitating their decision-making abilities.</td>
</tr>
</tbody>
</table>

**Supporting curriculum strategies used are:**

- **Partners for a healthy Baby:** Promotes healthy birth outcomes for expectant families.
- **Cavity Free Kids Curriculum:** Promotes dental health and hygiene.
- **I Am Moving, I Am Learning:** A physical fitness curriculum to develop motor skills, coordination, body control and following directions. IMIL also covers nutrition and healthy food choices.

The Early Intervention/Education Advisory Committee, staff, and parents review curricula annually. Recommendations for any changes or additions to the curriculums are presented during annual planning sessions. Criteria must meet the following:

- Head Start Performance Standards
- Sound child development practices that are research based
- Family cultural values

*Curriculum training is provided annually to staff and parents.*
Center-based Lesson Plans

Lesson plans are a structured guide to facilitate learning in the classroom that incorporates curriculum strategies (SOP Curriculum) and Head Start Performance Standards.

Lesson Plan Content:

- Lesson Plans reflect activities and strategies for the five essential domains of child development and early learning:
  1. Language & Literacy
  2. Cognition & General Knowledge
  3. Approaches to Learning
  4. Social & Emotional Development
  5. Physical Development & Health

- Lesson Plans and/or individualizing forms include strategies for individualizing for each child. (Refer to SOP Individualizing)

Lesson Plan Attachments:

- Field Trip Request forms – should reflect monthly theme (refer to SOP Field Trip Policy)

Staff Roles:

Teacher:

- Completed lesson plans are submitted, via e-mail from Teaching Strategies Gold, to the center director no later than the end of the work day on Thursdays for the upcoming week.
- Post a copy on the parent board, inside the classroom; submit a copy to the assistant teacher (and other areas as noted by center director).
- Changes to the lesson plans are to be documented on the lesson plan and filed in the lesson binder at the end of each week. Lesson Plans are forwarded to center directors and archived at the end of the program year.

Center Director:

- Review and give feedback to staff by the end of the work day on Fridays.
- Monitor lesson plans, content, and implementation with direct observation on a daily/weekly basis.
- Include a summary of the lesson plans in the following areas on their Monthly Report:
  - Theme of the month
  - Summary of classroom/center focus i.e. letters/numbers and special activities
  - Summary of any field trips

Family Services, Health & Early Head Start Manager:

- Reviews each center’s monthly report for content of lesson plans
- Receives direct feedback on lesson plans at center director’s meetings
HOME-BASED LESSON/VISIT PLANS

In the home-based program option, weekly visits should be planned weekly with input from each family. Each visit should include activities in the areas of parent-child interaction, family well-being, and development-centered parenting. Visit activities and discussion topics should be determined by family input and interest as well as the developmental stage of each child. The final activity of weekly home visits should be the joint planning of the next week’s visit.

INDIVIDUALIZING

Individualizing is the on-going process of recognizing and documenting each child’s unique characteristics and planning curriculum strategies that respond to these differences.

Documentation is completed on the child’s Individualization Form and on each child’s Teaching Strategies Gold Profile.

- Become familiar with each child through discussions with parent(s) and detailed observations. Possible information sources could include but are not limited to:
  - Enrollment packet
  - Parent questionnaire from the Early Screening Inventory (ESI)
  - Physical & Child Health History Prior to Enrollment form
  - Developmental & social/emotional screening – Ages & Stages 3 and Ages & Stages: SE
  - IEP/IFSP
  - Home Visit/Conference reports – Teaching Strategies Gold Family Conference Form
  - Staffing reports
  - Observations

- Review and analyze information gathered. From the above sources look at the unique characteristics of each child such as:
  - Culture
  - Home language
  - Skills
  - Interests
  - Learning style
  - Health status
  - Life experiences
  - Abilities
  - Temperament
  - Developmental status

- Plan activities based on each child’s individualized needs, strengths and goals. Child individualized activities incorporated from Ages & Stages: SE Questionnaires. IEP/IFSP goals are to be incorporated into the focus areas for children with established plans.
  - Establish new focus areas for each child per month as indicated by Teaching Strategies Gold Developmental Continuum.
Teachers keep a written record of each child's goals & progress that is observed throughout the day. The goals & progress are inputted into the child's Individualization Form and into the child's profile on Teaching Strategies Gold.

- Put the plan into action; provide the activities, opportunities and teacher support that are needed for each child.

- Observe and document children's activities and their progress towards skill acquisition. Observations are to reflect all 38 Teaching Strategies Gold assessment objectives.

- The goals will be determined by the classroom staff/parents and noted on the child's Individualization Form. Each week at least 3 observations will be documented on the form and turned into the center director.

Anecdotal observations are to be documented weekly into Teaching Strategies Gold for each child. Staff is required to input a minimum of 3 observations per child, per week.

All anecdotal observations are to be filed in the child's file. The child's Individualization Form is filed monthly in the Center Director's office. Family Conference Forms are to be printed off Teaching Strategies Gold at Developmental Continuum checkpoints and filed in the Home Visit section of child's file.

- Adapt activities, materials and schedule to meet the special needs of children. Discuss requests for adaptive equipment needs with the disabilities specialist.
ON-GOING CHILD EDUCATION ASSESSMENT

The Teaching Strategies Gold Developmental Continuum is the on-going assessment tool used for all children. The assessment checkpoints are completed 3 times during the program year.

The schedule (tentative) for all Centers is as follows:
- Fall assessment is completed by October 25
- Winter assessment is completed by January 30
- Spring/Summer assessment is completed by April 30

The Year at a Glance:
September: Observe and document; sort notes; enter documentation into Teaching Strategies Gold.
October: 1st Checkpoint – Complete Portfolio requirements (see Portfolio SOP) and Individual Child Profiles; complete Family Conference Form and share with families during parent/teacher conferences.

November/December: Observe and document; sort notes; enter documentation into Teaching Strategies Gold.

January: 2nd Checkpoint – Complete Portfolio requirements and Individual Child Profiles and share with families during 2nd teacher home visit.

February: Complete Family Conference Form and share with parents during parent/teacher conferences.

March: Observe and document; sort notes; enter documentation into Teaching Strategies Gold.

April: 3rd Checkpoint – Complete Portfolio requirements and Individual Child Profiles.

May: Complete the child’s portfolio and share with families during 3rd teacher home visit. Full-day/year-round centers complete parent/teacher conferences.

Teacher/Assistant Teacher/Home Visitor
- Write child observations
- Complete parent/teacher conference and share Family Conference Form with parents/guardians
- Update goals to reflect child’s growth
- Individualize for each child on lesson plan / child’s Individualization Form

Center Director
- Monitor assessment process for completion and accuracy by reviewing lesson plans, child’s Individualization Form, and observation notes on Teaching Strategies Gold weekly
- Provide feedback to teachers during monthly mentoring meetings
- Track the children's progress via documentation on Individual Child profiles on Teaching Strategies Gold monthly
- Submit tracking and analysis of data in November, February, and May Monthly Reports to Education Manager via the Teaching Strategies Gold Assessment Status report.

Family Services, Health & Early Head Start Manager
- Tabulate and analyze data
- Submit data as required to funding sources
- Submit data analyses to Executive Director and Board of Directors
DEVELOPMENTAL & EMOTIONAL / BEHAVIORAL SCREENINGS
PROCEDURE

Developmental & emotional/behavioral screenings are administered within 45 calendar days of all children’s start date. KCI currently uses the Early Screening Inventory-Revised (ESI-R) for developmental screenings (the Ages & Stages Questionnaire for Early Head Start children) and the Ages & Stages Questionnaires SE for emotional/behavioral screenings. It is the disabilities specialist’s responsibility to coordinate and monitor to ensure all ESI-R screenings are completed and the child development specialist’s responsibility to coordinate and monitor all ASQ: SE screenings. The disabilities specialist and child development specialist will coordinate and provide trainings on administering the ESI-R and ASQ:SE to education staff.

Parents will sign a general consent form that gives permissions for screenings to take place (during enrollment home visit). If consent is not received, a written refusal notice is required from the parent.

Parents also will complete the Parent Questionnaire section of the ESI-R during the enrollment home visit. Parents complete the ASQ:SE assessment on their child within the first 45 days of enrollment with the teacher during the first home visit. Teachers will conduct the ASQ:SE during the child’s first 45 days in the classroom. Teachers will conduct a second round of ASQ:SE in April. Parents of children who scored above the cut-off in the fall will complete a second ASQ:SE in April.

Children program age 3-5 will be screened using a developmentally appropriate screening tool (ESI-R & ASQ:SE) and will be sensitive to the child’s cultural, linguistic, and developmental needs.

Areas covered are:

- Motor
- Language
- Social/Emotional
- Cognitive
- Perceptual
- Behavioral

Children under the age of three (Early Head Start) will be screened using the Ages & Stages 3 Questionnaire. Areas covered are the same as above.

The screening process may identify children who need to be referred for a more formal assessment – the disabilities specialist makes referrals for developmental assessment. The child development specialist makes referrals for individualized mental health observations.

Classroom staff forwards the screenings to the disabilities specialist and the child development specialist. After the data is entered into the computer, the COPA entry date is stamped or written on the front of the screening tool (ESI-R & ASQSE). It is then returned to the center director for filing in the child’s file, and documented.

It is the responsibility of the teacher to make copies needed for portfolios.

* If unable to complete after two attempts, document and write CNT (Cannot Test) on the screening form. Routing is the same as above.
Documentation in a Child’s File

1. Use pen (blue or black ink) – pencil can be erased.

2. Print your first initial, last name, and initial your position (J. Smith, FA) – Other staff needs to know who documented.

3. The left column is for the date – month/day/year – example 3/11/09.

4. Document all contact with family – phone calls, home visits, center contacts, and conferences.

5. Document all attempts to contact (including time of day), all absences, and canceled visits, etc.

6. Document the purpose of the call and the outcome – example, “Called mom about expired physical, mom said appointment was scheduled for Thursday, March 19th, 2009.”

7. Write only facts without hearsay, rumor or interpretation – omit irrelevant, unsupported information.

8. Write neatly & legibly – this provides communication necessary for good teamwork.

9. Use all lines – do not write on the bottom of the page – always have a line to write on.

10. If at the end of a page, add a new one and write parent and child’s name at the bottom.

11. Correct errors by drawing a single line through entries and initial. Do not use whiteout, erase, or cross out with a marker.


13. If in doubt as to how to document a situation, ask your supervisor.

To assure effective documentation, keep it:
- Short – write no more than needs to be written
- Simple – use words everyone understands
- Accurate – express exactly what is meant
- Useful – serves a purpose for others reading (who & why)

**REMEMBER**

▶ Parents have access to their child’s file
▶ Courts may subpoena child files as evidence – KCI keeps child files for 4 years
EDUCATION HOME VISITS / CONFERENCES

(Head Start Performance Standards 1304.21(a) (2) (iii), 1304.40 (e) (5), and 1304.40 (i) (1) – (3))

Education staff schedules home visits and conferences per chart below

<table>
<thead>
<tr>
<th>Plan</th>
<th>Home Visits</th>
<th>Parent/Teacher Conferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Full-Day Option</td>
<td>2 Home Visits, 1.5 hours each</td>
<td>3 Parent/Teacher Conferences</td>
</tr>
<tr>
<td>Head Start Part-Day Option</td>
<td>3 Home Visits, 1.5 hours each</td>
<td>2 Parent/Teacher Conferences</td>
</tr>
<tr>
<td>(four and five class days per week)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff documents all scheduling on the Child Home Visit form and the Family Contact Report in the child’s file.

1. Teachers complete initial home visit within forty-five (45) calendar days of the start date. They could also accompany the family advocate on the enrollment home visit.

2. Teachers will complete the following sections on the Home Visit Form prior to the visit: upcoming events/parent involvement, social services, activities/items needed and ensure they complete each activity (Health/Safety/Nutrition – Education/Literacy – Social Emotional) on each visit, and medical information.

3. Teachers will need to complete the ASQ:SE with the parent during the first home visit. Teachers can meet with their Center Director for any needed guidance and also use the center’s Home Visit Book bag. The teacher will take the Home Visit Form with them on the home visit to review and complete with the parent. During the 1st home visit the teacher will have the family complete the Family Fun Facts questionnaire.

4. Teacher forwards the Home Visit Form to the center director for review within 2 days after completing home visit. The Center Director forwards the form to the Program Support Associate for data entry into COPA within 2 days after receiving form. The form is forwarded back to the teacher (via Center Directors) who files it under home visits section and documents on the Family Contact Report it was completed.

5. If either teacher or parent cancels the home visit, teacher completes Child Home Visit form stating reason for cancellation and follows steps #2 & #3.

6. Teachers will complete the last (minimally the 3rd) home visit in May. Teachers are to ensure they transfer the child’s portfolio, with all the required documents, to the parent. They can also give kindergarten information, activities for the summer – this visit can be conducted at the local library or the child’s upcoming kindergarten school.

Cancellations: must be rescheduled within the month and the reason for the cancellation must be documented on the Home Visit Report and the Family Contact Report in the child’s file.
ATTENDANCE

* Teachers record daily attendance on the COPA Child Attendance & Meal Count form. It is the Center Director’s responsibility to ensure each classroom Teacher has a new form for the upcoming week.

* At the end of each class session, the classroom teacher will use the daily classroom sign in sheet to complete the attendance copy of the Child Attendance & Meal Count form.

* A child is marked as having attended if they attended any portion of the class.

* If a child is absent the Teacher will mark one of the following four options of the attendance form:
  - S for sick
  - NE for not excused
  - NS for not scheduled (Only at full day centers, if child care contract only covers specific days of the week)
  - E for excused (family emergency, transportation, medical appointment, prearranged absence, etc)

* At the end of each class week, the Child Attendance & Meal Count form is forwarded to the Center Director for review along with the classroom sign in sheets for the week.

* The Center Director reviews the Child Attendance and Meal Count form, totals the attendance and meal counts for each day and initials. The form is then faxed to the assigned Program Support Associate at the Administration Office. After faxing the original should be sent interoffice mail (East center staff can hand deliver) to the Health Assistant (Health Assistant will keep current year meal counts as well as previous 3 years).

* The assigned PSA will then record the attendance and meal count into COPA. The form should be forwarded to the PSA no later than Monday morning of the following week.

* After data entry is complete, PSA maintains a folder of attendance counts until the end of the program year.

A file containing daily classroom sign in sheets will be maintained by the Center Director and will be shredded at the end of each program year.
ABSENCE FOLLOW UP & PRE ARRANGED ABSENCE PROCEDURE

* If a child is absent and the parent/guardian notifies the center, the Assistant Teacher and/or teacher will document the reason in the family contact section of the child’s file.

* If a child rides the bus (East Center only) and the parent/guardian communicates the child is going to be absent to the bus attendant, the bus attendant needs to document the reason on the Bus Pick-Up and Drop-Off form and relay that information to the child’s Assistant Teacher. The child’s Assistant Teacher will then document in the family contact section of the child’s file.

* Each day a child is absent and the parent does not notify the center, the Teacher will call the child’s parent/guardian and document the conversation in the family contact section of the child’s file. If the Teacher is able to make contact with the parent they need to explain that it is KCI procedure that parents/guardians call to notify the center when a child is absent.

  - Kids’ Corps, Inc. Attendance Procedures are posted in the Parent Handbook and to ensure all parents/guardians are aware of these procedures; parents must sign a Parent Handbook Review form either during parent orientation or during the enrollment home visit prior to their child attending Head Start classes.

* If a child is absent for two consecutive days without contact from the parent/guardian and the Teacher is unable to make contact, the Teacher needs to complete a KCI Referral form for attendance. (Please refer to the KCI Referral form for specific routing instructions).

* After receiving an attendance referral, the Family Advocate will attempt to establish phone contact with the parent/guardian and will note on the KCI Referral form the various times of the attempts or if the phone # is no longer in-service. If phone contact is made, the Family Advocate will document the conversation and complete the KCI Referral form and forward it to the Family Services Specialist.

* If after two more days (4 total) the Family Advocate is unable to establish phone contact and the child is still absent from class, the Family Advocate will send a letter to the last known address advising the parent/guardian that they need to contact the Family Advocate within 7 calendar days or the child’s enrollment will be vacated and an attendance plan may need to be completed for the child to remain in Head Start.

* If at the end of the 7 days the parent/guardian has not established contact with KCI, the Family Advocate will attempt to make direct contact with the parent/guardian by going directly to the child’s home.

* If unable to make contact the Family Advocate will complete a Change of Status form (COS) to withdraw the child from the program. (Please refer to SOP Family Service / Health Forms Paper Trail for COS routing guidance). The Family Advocate will also send a letter to the last known address informing the family that the child has been withdrawn and advising them to contact the program if they have any questions.

* The KCI Referral form also is completed, documenting all follow-up along with any outcomes and forwarded to the Family Services Specialist.

* If the Family Advocate is able to establish contact an attendance plan may need to be established (depending on the circumstances of the absences). The attendance plan should address 4 key areas:
  1. review of Kids’ Corps, Inc. Attendance Procedures
  2. emphasize the benefits of regular attendance
3. Head Start Performance Standards require analysis when attendance drops below 85%
4. an explanation that continued poor attendance could result in the child being withdrawn from the program (this should include goals and timelines for the family to improve attendance)

* Other instances when an attendance referral may be made include: 1) there are frequent absences during an extended period of time for any reason, 2) there is an absence pattern, or 3) there are frequently cancelled home visits.

* If a program option within a center falls below 85% for a month, the Center Director will analyze the cause of absenteeism and document it on their monthly report (please refer to SOP Monthly Report – Guidance).

PREARRANGED ABSENCE PROCEDURE

* Head Start families may prearrange absences for up to two (2) weeks during the program year. Longer periods of absence may be authorized by the Family Services Specialist on a case by case basis for reasons that include but are not limited to: serious health issues, family emergencies and non-scheduled days at the full-day centers (South & Muldoon).

* Parents must contact the Center Director or Family Advocate to make arrangements and a COS is completed stating specific dates. If the child does not return to Head Start on the scheduled return date, KCI will attempt to contact the parents/guardians. If they cannot be contacted within three (3) working days, the child will be withdrawn from the program and placed on a wait-list.
TRANSITION OF CHILDREN FROM THE CLASSROOM TO THE PLAYGROUND

To ensure the safety of all children it is vital that a child is never left unsupervised or unattended. The following procedure needs to be followed at all times when transitioning children from a classroom to the playground. It is the center director’s responsibility that all staff, including substitutes, complies with this procedure and that staff have all necessary supports or materials. KCI provides playground supervision and interaction training at least annually.

- The teacher will be at the front of line standing with his or her back to the outside door (this will either be the door to the playground or the door to the hallway) and the assistant teacher will be at the end of the line with all children in front of him or her.

- The teacher will have the classroom sign-in sheet and will make a roll call with each responding followed by a verbal count of the children to correspond to the classroom sign-in sheet.

- After the teacher has made a verbal count he or she will ask the assistant teacher to make a count. If there is a discrepancy in the count number they will repeat the process.

- Once both the teacher and assistant teacher agrees upon a count number then the class can proceed to go outside.

- The teacher will have a child hold the door open and will proceed to walk out backwards keeping a visual on the children and the assistant teacher.

- If at any time during this process the teacher or the assistant teacher needs to stop the process due to a child’s behavior or any other concern they will, in an appropriate tone, verbalize to the teacher or the assistant teacher that the process needs to stop until they are confident of their ability to monitor all of the children (sometimes, in such cases, a recount of children may be necessary).

- The teacher will maintain visual contact with all of the children and the assistant teacher throughout the whole process and until the assistant teacher has entered the playground.

Staff will repeat this process when they return into the building or classroom from the playground.

Following are added procedures for specific centers and playgrounds:

**East:** The teacher leading the children from classrooms 2 & 4 will maintain visual contact with all the children and the assistant teacher while transitioning the children in the hallway. When on the playground, a staff person must always be positioned in the southwest area of the playground to ensure visibility of the west entryway area. Due to square footage, no more than 2 classes can use the playground at one time.

**South:** When going outside, the teacher and assistant teacher will facilitate the counting procedure at the half door leading out of the classroom area.

When returning into the building the teacher must not walk any further than the first half door to ensure that visual contact is always maintained with the assistant teacher. Staff will then recount the children and verify the number with the classroom sign-in sheet and each other. Staff will proceed to the classroom only when all children are accounted for.
When on the playground, a staff person must always be positioned in the north end of the playground to ensure visibility of the northeast corner.

**Davis:** When transitioning children downstairs or upstairs, the staff leading the children will have all children hold the “Hold-a-Ring Walking Rope.” The staff person will lead the children, and then stop at the landing area and allow the children to continue in front of them to either the bottom or the top of the steps. At this time the staff will have the children stop, then proceed to the front of the line and recount the children. After the staff member has established that all children are present, he or she will stay at the base of the stairs and the children will proceed to either the end of the cubbies (if upstairs) or into the kitchen (if downstairs). Staff also will use the reflective mirrors to scan the top or bottom stairs during the transition.

**Mt. View:** When on the playground, a staff person must always be positioned at each end of the playground to ensure visibility of all children. If a staff must go inside and it is not feasible for the other staff to go inside, the one staff left on the playground will have all the children move to the west end of the playground and position themselves between the children and the east end of the playground.

**Mt. View Early Head Start:** When transitioning to the playground, staff need to ensure that the gate leading to the parking lot is secured before leading the children outside. Infants and toddlers are only permitted to utilize the west side of the playground.

**Gladys Wood, Creekside Park, and Willow Crest:** Classroom schedules will be coordinated with the school principal to ensure the Head Start classes do not have outdoor time the same as the elementary school classes.

Children will not be permitted to use the permanently structured playground equipment; classroom staff will establish consistent rules with the children and monitor the children at all times. Staff at each site can use either the grass/ball field area or the asphalt area during outdoor time and will have a cart with materials to support activities.

**Municipality code 16.55.330 Child-to-caregiver ratios in child care facilities:**
Age 6 weeks through 17 months—1 caregiver to 4 children/1:4 ratio  
Age 12 through 18 months – 1 caregiver to 5 children / 1:5 ratio*  
Age 19 through 35 months – 1 caregiver to 6 children / 1:6 ratio*  
Age 36 months through 5 years – 1 caregiver to 10 children / 1:10 ratio

*Head Start Performance Standards require a ratio of no more than 4 children for every caregiver/ 1:4 ratio regardless of the age of the infants and/or toddlers. This ratio must be met at all times, despite the fact that the municipality code accepts a higher ratio.
STAFFINGS

PURPOSE:

Staffings are the method used by KCI to share information within the child’s core group of staff. The staffing process should involve, at the very least, the Family Advocate, the Health & Nutrition Specialist, the classroom Teacher and the Center Director (Whenever possible the Assistant Teacher should participate in the process as well). The process will also involve the Disabilities Specialist, the Child Development Specialist, and consultants that work with the child as necessary.

PROCEDURE:

• The Family Advocate meets quarterly with the Health and Nutrition Specialist to review health information.

• The Family Advocate will coordinate with the Center Director to schedule a time for group staffing meeting for each class they are assigned to

  o Center Directors will schedule the meetings and inform, in a group email, the Family Advocate(s), classroom staff and Specialists.
  o The meeting should be scheduled at least 3 weeks in advance to allow all team members to plan their schedule to attend and prepare for the meeting.
  o Invited members should include the Family Advocate, Teacher, Assistant Teachers (when possible) Center Director, Disabilities Specialist, Child Development Specialist, and Health and Nutrition Specialist (if needed)
  o Meetings should be scheduled for a minimum of 2 hours to ensure the group has time to properly staff each child/family (more time may be scheduled if needed)

• Before the meeting, each team member will take the time to review each child file and prepare/gather any information they will need to share with the team.
  o Family Advocate: Family Services information including family goal and progress, resource referrals, parent involvement/ concerns, etc.
  o Teacher: Child goals and progress, attendance, parent involvement/ concerns, etc.
  o Specialists: Progress, concerns, and/or needs related to area being addressed (Disabilities, Mental Health, Health & Nutrition)

• At least 1 week prior to the planned staffing meeting, specialists will provide the Family Advocate a list of children they will be participating in the staffing process for.

• At least 1 week prior to the planned staffing meeting, classroom staff and/or center directors will provide the Family Advocate with a list of children they would like particular specialists to participate in the staffing process for (children with disability, mental health or health concerns that have not already been addressed by the appropriate specialist).

• Family Advocate will establish an agenda for the staffing meeting to allow children with particular disabilities, mental health and/or health and nutrition concerns will be staffed first (in order to minimize the amount of time the specialists need to be in attendance).

• Family Advocates will lead the staffing on each child, by sharing health and family services information and soliciting input from the other team members to complete the staffing form.
* Family Advocate will complete the staffing form for each child based on the staffing discussion, ensuring that all areas of the form are complete.

* When the staffing on each child is complete, all team members will sign the completed staffing form to document their participation in the process.

* Team members should note any areas they need to follow up on as a result of the staffing process.

* After the group staffing is complete, staffing forms are forwarded to the Family Services Specialist for review.

* Family Services Specialist has 4 working days to review the Staffings and return them to the Family Advocates.

* After receiving the Staffings back, Family Advocates will review them for comments from the Family Services Specialist and complete any follow-up and documentation per the Family Services Specialists' guidelines.

* After the 3rd staffing period is completed, the Family Advocate will file the form in the “staffings” tab of the child’s file.
BUS FIELD TRIP

Following are the transportation requirements for any KCI field trip that uses a bus.

Field Trip Permission forms must be signed by a child’s parent or guardian in order for the child to be transported by a Head Start bus. All adults and children wear appropriate seat restraints while the bus is in motion. Infants & toddlers must be secured in age appropriate child restraint system.

**TEACHER**

* Fills out Field Trip Proposal Form at least two (2) weeks prior to date of field trip.
* Attaches Child Assignment Sheet to show who is responsible for each child (1:5 ratio for Head Start/1:2 for Early Head Start – **bus drivers do not count as ratio**). Teacher will notify child development specialist with any behavior concerns.
* Attaches Field Trip Plan with appropriate sections filled in.
* Attaches Field Trip Permission Form for parents filled in.
* Submits to center director for approval.

**CENTER DIRECTOR**

* If approved, forwards to disabilities specialist. If denied, returns to teacher.

**DISABILITIES SPECIALIST**

* Reviews. If conflicts, returns to center director with comments.
* If no conflicts, forwards to compliance specialist.

**COMPLIANCE SPECIALIST**

* Assigns drivers and number of buses – drivers are to stay at the location of the field trip.
* Forwards information to education manager.
* Prior to field trip for off sites, will provide refresher bus safety/restraint training via Field Trip SafetyChecklist.

**EDUCATION MANAGER**

* Returns to center director - approved or denied.

**TEACHER**

* Acquires Field Trip Permission Form from all parents/guardians.
* Posts a copy of the map indicating field trip location, departure and return times on classroom or center door.
* Will designate a KCI staff as the bus attendant for each bus and the attendant will receive the cell phone from each bus driver prior to leaving the site.
* Is responsible for communicating bus safety/KCI procedures and seat placement to parents – also needs to schedule and communicate child seating to drivers

* Takes on field trip:
  - KCI identification bibs for all children
  - Trash Bags
  - Emergency Information Forms
  - Water
  - First Aid backpack
  - Paper Towels
  - Food & Supplies
  - Baby Wipes

If the field trip is canceled, parents will be notified. If it is rescheduled, a new proposal must be submitted. New Field Trip Permission slips are required.
WALKING FIELD TRIP

TEACHER

- Fills out Field Trip Proposal Form at the beginning of the program year or two (2) weeks prior to date of field trip.
- Notes on Field Trip Proposal Form that field trip is ongoing.
- Attaches Child Assignment Sheet to show who is responsible for each child.
- Attaches Field Trip Plan with appropriate sections filled in.
- Attaches Field Trip Permission Form.
- Contacts Health Assistant for any menu changes.
- Submits to Center Director for approval.

CENTER DIRECTOR

- Reviews. If approved, forwards to Disabilities Specialist.
- If denied, returns to teacher.

DISABILITIES SPECIALIST

- Reviews. Ascertains if any conflicts with support services.
- If conflicts, returns to Center Director with comments.
- If no conflicts, forwards to Education Manager.

EDUCATION MANAGER

- Reviews. Returns to Center Director - approved or denied.

CENTER DIRECTOR

- Reviews. Forwards to teacher.

TEACHER

- Circulates Field Trip Permission Form for signatures by parent or guardian.
- Posts a copy of the map indicating field trip location, departure and return times on the classroom or center door.
- Ensures Child Assignment Sheet is completed and staff maintain a 1:5 ratio/1:2 for EHS.
- Provides written notification of the field trip to the front desk at East Center.
- Takes on field trip:
  - KCI identification bibs for all children
  - Trash Bags
  - Cell phone
  - Paper Towels
  - Emergency Forms
  - Wet Wipes
  - First Aid backpack
  - Map
  - Water
  - Food & Supplies
  - Camera
  - Disabilities Supplies (as needed)

Each class may have one (1) on-going field trip to the same location. The parent or guardian signs this Field Trip Permission Form one time.
FIELD TRIPS

Field trips will be pre-planned and emergency procedures prepared. Field trips will support the classroom educational experience, current curricula, the developmental level and cultural backgrounds of children.

SAFETY

* Safety - we are liable. Every child’s Emergency Information Form and the emergency first aid kit must be available on all field trips.

* A minimum of two (2) KCI staff will accompany children on any outings that are not on Head Start premises – there must be a 1:5 ratio/1:2 for EHS. Bus drivers do not count as ratio.

* If there are children who are in need of one-on-one monitoring or attention, teachers will contact the child development specialist to formulate a plan for the field trip.

* If the field trip is to be near water, remote areas, or areas that have few facilities, the ratio will be one adult per 2 children.

* Medication or equipment needed to ensure the safety of a child with special medical needs will be taken on the trip. (asthma, severe allergies, diabetes, etc)

* Each child will wear a KCI vest that includes only the name of the program, program address and phone number (not the child’s individual information).

* Name tags/buttons will not be worn around the child’s neck.

* Children will always be accompanied by a staff person during the field trip; this includes the restroom and any other location.

TRANSPORTATION

* No more than one (1) hour in one-way travel time. Exception might be for outlying areas; any trip that takes longer than one hour must have Executive Director approval.

* Any field trip requiring bus transportation must be pre-approved by the compliance specialist who must sign off on the Field Trip Proposal Form. A two week notice is required by the classroom staff.

* Bus drivers are to stay at the location of the field trip. KCI will pay the admission fees for all drivers.

* Siblings are not allowed to ride the Head Start bus for field trips. Parents/guardians must give a minimum three day notice via the Field Trip Permission Slip to ride the Head Start bus.

* Siblings attending field trips via personal vehicles are the sole responsibility of the parent/guardian for supervision.

* Private vehicles of Head Start families can be used only to transport their own children. No other Head Start children may ride in that private vehicle to or from a field trip.

* KCI staff is not allowed to transport children or families enrolled in the program in their private vehicle.

* KCI will pick up children on non-scheduled class days only at East Center and with compliance specialist approval.
TEACHER RESPONSIBILITIES

- If needing lunches, the classroom staff will give a two week notice to the health & nutrition specialist to order enough lunches for all children, staff, and parents.

- Verify that parents have signed Field Trip Permission Slip. If there is no record of permission or refusal then contact the parent for permission or refusal.

- Classroom discussion should happen both before and after the field trip to prepare children and to assess the outcomes of the field trip.

- Kids’ Corps will pay admission only for parents and/or direct guardians, and siblings below the age of five.

- There must be a ratio of at least one adult per every 5 children/1:2 ratio for EHS; volunteers do not count as ratio.

- Plan field trips on days where service providers are not scheduled to visit. Part-year classrooms will be allotted one fee and one non-fee bus field trip during the program year (Fridays). Year-round classrooms will be allotted one fee (during the summer) and two non-fee bus field trips during the program year.

- Notify parents of any details about any given field trip. Post a copy of the map indicating field trip location, departure and return times on the front door of the classroom or center.

- Alternate arrangements will be made for children unable to attend.

- Children will be counted and names recorded on an attendance sheet prior to leaving and before returning.

- Keep it safe and fun and send child made “thank you” to your host.

PARENT RESPONSIBILITIES

- Parents are encouraged to attend field trips. Parents are responsible for their children during the field trip.

- To adhere to all KCI policies & procedures

GUIDANCE

To ensure that the Head Start experience is positive and pleasant for young children, spanking, striking, any other form of physical punishment, name calling, or other punitive types of punishment will not be allowed from anyone - staff, volunteers, substitutes, or parents at any of Head Start’s classrooms, centers, on buses, field trips, or any other Head Start sponsored activity.

Unacceptable adult behaviors while working with children include:

- Use of any form of physical punishment (i.e. striking, kicking, hair pulling, pinching, biting, shoving, pushing, shaking, or any other form which may appear too rough for the child).

- Withholding food as a form of punishment or using food as a reward.
Isolating a child inappropriately (i.e. putting a child in a room and closing the door, leaving a child in the classroom unsupervised while he/she is being disciplined).

Withholding activities (i.e. outside time, field trips, etc.) as a form of punishment.

Using activities as a bribe or threat.

Using shame or ridicule.

Humiliating a child in any way as a form of punishment.

Putting a child in the corner.

Use of timeout for toddlers.

The use of positive guidance is the only form of discipline, which will be used in the Head Start program. All staff, parents, volunteers, substitutes or other persons working with children will observe and assess each guidance situation individually and determine the technique which best suits the situation.

Guidance techniques which will be used are:

- Positive reinforcement of desirable behaviors.
- Redirection of undesirable behaviors (helping the child to find a new activity, offering choices of other things the child can do).
- Ignoring certain behaviors (i.e. whining, cursing, interrupting).
- Logical and natural consequences.
- Consistency - follow through on what is said, no false threats.
- Time-out is only used when all other efforts have been exhausted (Time-outs are never exclusionary and a maximum of three {3} minutes). Time-out is also used for acts of aggressive behavior whether provoked or unprovoked.
- Restraining a child is only used when a child is hurting itself, other children or adults and all other guidance techniques have failed. Staff will only restrain a child long enough to remove them from the area.
- Crisis intervention for the child will not exceed gentle but firm physical guidance/direction, holding a child only long enough to get them to a safe place to calm down. Physical restraint is not to be used as a routine procedure.

Everyone working with the children needs to remember to be sure that the child knows it is the behavior, not the child they do not care for.

Rules will be established in each classroom which are:

- Stated in positive words (i.e. you can walk in this area - NOT “no running”).
- Known by the children (easy for children to learn rules are more effective if children help develop them).
- Age and developmentally appropriate.
- Few (only a few rules are necessary).
- Expected of all children.
CHALLENGING BEHAVIOR

1. If a child is exhibiting challenging behaviors staff will document behavior on the Early Childhood Behavior Report (if the child is causing injuries the teacher will notify the center director immediately). The completed Behavior Report is forwarded to the Child Development Specialist (CDS). The form must be completed detailing plans/strategies already implemented before forwarding to the CDS. The CDS will consult with the disabilities specialist to see if any other services are currently being implemented (See SOP Early Childhood Behavior Report).

2. Classroom staff discusses observations with center director and/or family advocate. Center director and teacher must continue to document strategies and monitor the preliminary action plan and document follow-up on the Early Childhood Behavior Report. If challenging behaviors are still occurring, the teacher will contact the child development specialist for a follow up meeting to be scheduled within two (2) weeks.

3. Ask child development specialist to come observe, give CDS copies of documentation (the Behavior Report with preliminary action plan, follow-up, and actions taken.)

   **Steps 1-3 should be complete before meeting with parent(s)**

4. If the above strategies are not successful, the CDS will schedule a meeting with the parent, classroom staff, center director (if available, family advocate & disabilities specialist) to discuss concerns and complete an Action Plan with timelines, implementation plans, and required documentation to show improvement or regression. The plan could include strategies to use at both school and home. KCI’s Mental Health Consultant may be asked for guidance/strategies on the Action Plan and to schedule an individual classroom observation.

5. CDS and/or disabilities specialist, center director, family advocate, teacher and parent will meet after two (2) weeks to evaluate the Action Plan and determine next steps (further work needed by program staff, continued individual or classroom child mental health observations, or referral.)

6. CDS/Disabilities Specialist will assist with scheduling continued observations and making referrals. Center Director and teacher will continue follow-up implementation of Action Plan and documentation.

CDS will schedule a meeting in the next 2-3 weeks to go over the Action Plan, observation and/or referral. Recommendations from parent, child development specialist, KCI Mental Health Consultant and disabilities specialist to be implemented into classroom and reflected in lesson plans or individualization for child within 5 working days. Follow up with child development specialist if any of the plans aren’t working in the classroom.
WITHDRAWING A CHILD FROM KCI DUE TO BEHAVIOR

If a child receives more than 5 completed Early Childhood Behavior Reports, Kids' Corps. Inc. has the right to evaluate the severity of the reports for discontinuation of services.

In order to discontinue services the following has to have occurred:

- **At the Center level:** An Action Plan to address the behavior(s) must be in place and the following must occur:
  - Documentation of strategies attempted
  - Referrals to appropriate outside agencies
  - Documentation needs to be made by classroom staff, and Disabilities Specialist or Child Development Specialist to help with documentation. An individual observation by the Mental Health Consultant may be included but is not needed.

- **Child Assistance Team meeting** consisting of, but not limited to, the following members: Center Director, teacher, assistant teacher, family advocate, parents, Disabilities Specialist, Child Development Specialist, and Mental Health Consultant.
  - An Action Plan will be written.
  - Parents need to sign an Exchange of Information for all agencies that they were given a referral. This is so the Disabilities Specialist and Child Development Specialist can work on helping families get placement for their child.

- **Individualized Action Plan** will be in place.
  - Parents will be given 5 – 10 days notice of discontinuation of services. At this time KCI will be coordinating Denali Family Services, Anchorage School District, thread, Stone Soup Group, Anchorage Community Mental Health Services, Hope Community Services or any other agencies that need to be involved.
  - During the 10-day period before discontinuation, KCI has the right to call parents to shadow or remove the child from the center if behaviors have escalated.
  - Approval for withdrawal must be made by the Education Manager.

- **Re-entry plan (to Head Start)**
  - Upon successful completion of outside agency services, a child is eligible for re-enrollment into the KCI program.
  - Re-enrollment will be monitored by Child Development Specialist to help ensure success.
CALLING A PARENT TO REMOVE A CHILD FROM A CENTER

The parent is not to be called as the first strategy in dealing with behavior. Refer to Standard Operating Procedure Guidance for appropriate guidance techniques.

A child’s parent is to be called if the child’s behavior is putting themselves, other children or staff at risk of injury. The child should be directed away from other children and given time to “cool down.” If the child’s injurious behavior still occurs and positive guidance techniques do not work, then the parents may be called to have the child removed from the center. Before calling the parents the Center Director should consult with the Disabilities Specialist or Child Development Specialist to ensure all other avenues have been exhausted.

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**TEACHER WILL:**

- Consult with Center Director
- Document the child’s behavior on the Early Childhood Behavior Report

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**CENTER DIRECTOR WILL:**

- Contact parent if child needs to be removed from the center
- If unable to make contact with the parent, the next person listed on the emergency form can be called
- Contact the Child Development Specialist and Education Manager
- Document parent contact in child file

If a child is removed from a center, a special staffing is to be scheduled by the Child Development Specialist and/or Disabilities Specialist within 2 days. The staffing members could include the parent, classroom staff, Family Advocate, Center Director and Mental Health Consultant.

During the special staffing, an Action Plan will be developed. The plan will establish timelines and the person responsible for initiating tasks. The Child Development Specialist and Center Director will monitor the Action Plan and provide guidance for the classroom staff.
EARLY CHILDHOOD BEHAVIOR REPORT

The Early Childhood Behavior Report (referred to as “Behavior Report”) is to be completed when a child displays undesirable or aggressive behavior, which may result in harm to self, others or the environment. (i.e. punching, inappropriate language, hitting, and biting.)

Prior to the Behavior Report being forwarded to the Child Development Specialist (CDS), do the following:

✽ The staff member who witnessed the behavior will fill out the Behavior Report.

✽ Parents/Guardians must be verbally informed on the same day of the behavior, sign the report and receive a copy.

✽ Confirmation of this conversation with the parent must be documented clearly on the Behavior Report, including a synopsis of parent comments and/or questions.

✽ The Behavior Report must be filled out completely, including strategies to be used with dates, reviewed for content and signed by the center director.

✽ The original Behavior Report will be forwarded to the CDS.

✽ The CDS will review the report and retain a copy for tracking/documenting purposes and send a copy to the PSA for data input. The CDS will return the original Behavior Report to the center.

✽ The original report will be filed in the Mental Health Section of the child’s file.

Depending upon the severity of the behavior, number of occurrences and other behavioral documentation, the CDS may follow-up with the child’s parent. The CDS will consult with the child’s teacher, Center Director and Disabilities Specialist to determine if any other services are currently being provided.

Action Plan:

✽ A child assistance team (CAT) may be formed to meet and discuss an Action Plan for the child. The Action Plan will be tailored to meet the needs of the child using timelines, implementation plans, and documentation to show improvement or regression while also taking into consideration the needs of the class as a whole.

✽ The CAT team will, at a minimum consist of: the parent or guardian, teacher and CDS, and if possible, the Center Director, Family Advocate and Disabilities Specialist. The parent may bring along other people to this meeting.

✽ The CAT team may make the recommendation of an individualized or classroom observation by KCI’s Mental Health Consultant.

✽ The CDS will contact the Mental Health Consultant to arrange the individual observation and notify the center director of the date. The Mental Health Consultant also should be asked for input/strategies/guidance regarding the Action Plan, classroom structure, teaching methods, interactions with classroom peers and other pertinent associations.
DISABILITIES ACCESSIBILITY PLAN FOR PLAYGROUND

FOR ALL KCI HEAD START CENTERS:

Per State Licensing Regulations, all licensed centers with playgrounds will provide access to all playground equipment for all children. All equipment will meet safety standards. Children with special needs will be provided the means to access playground equipment by:

- Sidewalks will be provided for trike and wheelchair, walker and cane access
- A ramp crossing over the gravel from the sidewalk edge to the play equipment and to the adjacent sidewalk edge from the play equipment, will be provided for wheelchair, walker and cane access.

These additions will be added on an “as needed basis” to meet the individual needs of children with special needs.
CLASS AND/OR BUS & OUTDOOR PLAY CANCELLATIONS

A CENTER DIRECTOR MAY CANCEL A CLASS OR BUS DUE TO:

- Hazardous or unsafe conditions – compliance specialist will need to be notified if maintenance requests or repairs are needed.

- Staff shortages – when a staff member is going to be absent it is their responsibility to notify their supervisor as soon as possible:
  - Staff is to arrange their own coverage for planned and unplanned leave –
    - contact all individuals on the substitute list.
    - if a substitute is unavailable, Center Director will contact staff who work opposite shifts.
    - if neither of these attempts work, Center Director will contact other sites to see if any staff is available.
    - if no staff are available, the Center Director will step in to provide coverage.
    - if the Center Director is unable to provide coverage, he or she will then contact the Education Manager and a decision is made whether or not to cancel class.
    - if a class is cancelled, the Center Director will note cancellation in the Monthly Report.

A Center Director may cancel outdoor play due to:

- Hazardous or unsafe conditions – compliance specialist will need to be notified if maintenance requests or repairs are needed.

- Weather conditions such as ice or quality of air.

- Weather alert or advisory by local authorities.

- Low temperatures (below 0 degrees) with wind chill factored in.

- If outdoor play is cancelled, children will need to have a structured physical activity/game in the hallway or classroom.

If a class or bus cancellation occurs:

- Staff call all parents to advise of cancellation.

- If unable to contact, leave the name of the parent at the front desk.

- Advise PSA at front desk (East Center) of cancellation.

- Class cancellation only, Health & Nutrition Specialist contact caterer to cancel lunch.

- Advise service providers (i.e. speech)
Class make up day: a class may need to be made up to meet the required time of service per Head Start Performance Standards – Education Manager will notify Center Director of required make up day.

- Transportation is scheduled by the compliance specialist (if East Center)
- A meal request is forwarded to the health assistant 2 weeks prior to make up day
- Parents are notified by a letter sent home 2 weeks prior to scheduled day
- A flyer is sent home to parents one week prior to scheduled day
- Staff makes reminder calls to parents the day before the scheduled make up day
TRANSITION

(For Head Start Children)

FAMILY ADVOCATE ROLE:

* Obtains the signature on the Authorization of Exchange of Information to the Anchorage School District during the enrollment home visit. (Forward to the assigned PSA with all other enrollment originals)

* Forward the portfolio and its contents (copy of SPC/PPC, Birth Certificate, Home Language Survey, Emergency Contact, Map, and Authorization for Exchange of Information for ASD) to the Center Director within 24 hours of completing the enrollment home visit.

* Ensure file/portfolio goes with the child if they transfer to another KCI center.

CENTER DIRECTOR ROLE:

* Reviews contents, includes the portfolio checklist and forwards the portfolio to the appropriate teacher within 24 hours of receipt.

* Removes copy of SPC/PPC and places it in binder in CD office until teacher and CD have signed the original copy in file.

* Review portfolios
  - Fall
  - Winter
  - Spring
  - Transition to Kindergarten

* Submit analysis of portfolio review in November, January, March and May monthly reports

* If a child exits the portfolio will be sent to parents last known address

TEACHERS ROLE:

* By Fall
  - Four Work Samples
    - Language Development
    - Cognitive Development
    - Physical Development
    - Social/Emotional Development
    - Review with parents and have them initial Portfolio Checklist

* By Winter
  - Four Work Samples
    - Language Development
    - Cognitive Development
    - Physical Development
    - Social/Emotional Development
    - Review with parents and have them initial Portfolio Checklist

* By Spring
  - Four Work Samples
- Language Development
- Cognitive Development
- Physical Development
- Social/Emotional Development

- Review with parents and have them initial Portfolio Checklist

**Transition to Kindergarten**

- Include:
  - Most current ASQ:SE
  - Most current Child Planning and Progress Report
  - Action Plan/IEP (if applicable)

- Review with parents and have them initial portfolio checklist

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**Assistant Teachers Role:**

- Include most current Physical and Immunization record before transition to kindergarten

**Child’s Role:**

- Select work samples
- Initial Portfolio Checklist (optional)

**Parent’s Role:**

- Set goals in partnership with teacher
- Select work samples to be included in portfolio
- Forward portfolio to Kindergarten Teacher
- Attend Anchorage School District / Kids’ Corps, Inc. Kindergarten Information Night

**Transition Advisory Committee Role:**

- Meet four times annually
- Schedule Kindergarten Information Night

**Disabilities Specialist Role:**

- Coordinates transition meetings with Anchorage School District for children with an IEP or IFSP

**Child Development Specialist Role:**

- Forward a copy of Action Plan to teacher with current information on progress/completion before child transitions to kindergarten

**Education Manager Role:**

- Submit information to the Executive Director in monthly reports
TRANSITIONING CHILDREN FROM EARLY HEAD START TO HEAD START

- Six months prior to the child’s third birthday the Early Head Start Home Visitor or teacher will meet with the parents to discuss transition options and set goals with the family regarding the upcoming transition.
  - At this time, the teachers or home visitor will begin to conduct targeted observations that correspond with the Head Start alignment of Teaching Strategies Gold and the Head Start Developmental Framework and completing these indicators in addition to the Early Head Start indicators when TSG checkpoints are due.

- If family is interested in applying for Head Start, EHS Home Visitor or teacher will assist family in completing the Head Start application and gather the needed documents (Birth Certificate, Income Verification, Physical, and Immunization Record).

- EHS Home Visitor or teacher will schedule a staffing with the receiving center’s teacher and Center Director to review the child’s portfolio and share important information about the child and family.

- EHS Home Visitor or teacher will schedule a transition plan meeting with the family, Center Director, Family Advocate and teacher of the receiving center (Disabilities Specialist, Mental Health Specialist and/or Health Specialist may also be invited if necessary).

- During the transition plan meeting an Individualized Transition Plan will be written and the team will discuss ways to introduce the child to the new classroom setting (this could include visiting the classroom with their parent, attending family night, etc).

- At the time of transition, Early Head Start Home Visitor or teacher will transfer the child’s file and portfolio to the receiving center.

- Any program age two child’s placement into the Head Start program must be approved by the Education Manager. The Education Manager will use the results of an ESI-R, parent completed ASQ:SE, and observation of the to make a determination if placement is appropriate.
CHILD CARE CONTRACT INFORMATION

Kids’ Corps accepts:
- Enrollment and attendance based child care contracts
- Full day child care contracts only

The full day rate will be assessed after five (5) hours.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Enrollment</th>
<th>Daily Attendance</th>
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</thead>
<tbody>
<tr>
<td>Preschool (3-5 Years)</td>
<td>$650.00</td>
<td>$39</td>
</tr>
<tr>
<td>Toddlers (18-36 months)</td>
<td>$800</td>
<td>$48</td>
</tr>
<tr>
<td>Infants (4-17 months)</td>
<td>$850</td>
<td>$51</td>
</tr>
</tbody>
</table>

Payments must be made in exact amounts (check, cash or credit card). There is no change available at the centers.

BILLING & PAYMENT POLICY

Childcare fees are due no later than the first of each month. A courtesy statement will be provided to parents with established Child Care Assistance contracts by the 10th of each month. Failure to pay or establish a payment plan by the third of the month will result in the child being offered a part-day program option (or home-based program option for Early Head Start) or a prearranged absence for up to two weeks. A prearranged absence means the child cannot attend. If the fees are not paid after two weeks, the family will lose their eligibility for full-day services.

The part day program option is scheduled from 9:00 a.m. to 12:30 p.m., Monday – Friday.

Payments may be made at your child’s center or at the administrative office, 1840 S. Bragaw, Suite 210, Anchorage, AK 99508. Payment by mail is also accepted.

Contact the KCI bookkeeper (279-2021) immediately if you have questions about your bill or need help setting up a payment plan.

All parents are responsible for renewing their contracts prior to the expiration of the contract.

FAILURE TO PAY

KCI reports all unpaid fees to Child Care Assistance. Failure to pay will result in suspension of Child Care Assistance benefits until all outstanding balances are paid in full.

CHILD CARE LATE PICK-UP CHARGES

Muldoon, South and the Mt. View Early Head Start Centers close at 6:00 p.m. Parents are required to make arrangements to have their child picked up from the center by 6:00 p.m. After 6:00 p.m. parents will be
assessed a late fee of $1.00 per minute per child. Multiple occurrences of late pick up could result in a required written plan for improvement, which, could result in the loss of full-day services.

Late pick-up fees will be forwarded to accounting.

DAILY SIGN-IN & SIGN-OUT

Parents/guardians sign children in each day as they come to class with the child’s name, time and the parent or guardian’s signature. The same procedure is followed for signing out at the end of each class.

WITHDRAWAL FROM PROGRAM

A two-week written notice is required from parents when children are being withdrawn from the program. All co-pays and fees owed to KCI must also be paid in full before the child leaves the program.

HEAD START & EARLY HEAD START FULL DAY TUITION

FULL DAY PROGRAM FEES: (SOUTH, MULDOON & MT VIEW EARLY HEAD START CENTERS)

All children must enroll in a 5-day per week schedule unless special arrangements are made with the center director. Preference is given to families needing full day care (more than 5 hours a day). KCI does not accept part-time contracts.

PRESCHOOL (3-5 YEARS)

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Full Day (more than 5 hours per day)</th>
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<tbody>
<tr>
<td></td>
<td>$650</td>
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INFANTS & TODDLERS (4-36 MONTHS)

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Full Day (more than 5 hours per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infants (4-17 months: $850)</td>
</tr>
<tr>
<td></td>
<td>Toddlers (18-36 months: $800)</td>
</tr>
</tbody>
</table>
CHILD CARE BILLING PROCEDURE FOR MULDOON & SOUTH CENTERS

NO CONTRACT, NO SERVICE

- Children cannot start without a current contract (we accept a written approval for authorization from a caseworker).
- Renewed contracts must be received by the Fifteenth of the month or the child will be offered a part-day program option (home-based program option for the Early Head Start program) or the child will be placed on prearranged for 2 weeks. If KCI has not received a contract after 2 weeks the family will lose their eligibility for full-day services.
- The part day program option is scheduled from 9:00 a.m. to 12:30 p.m., Monday – Friday.
- Self pay is not permitted.

PAYMENTS & CO-PAYMENTS ARE DUE AT THE FIRST OF THE MONTH

- Bills are delivered to the parent’s box at the centers.
- Payment is due the first of the month.
- Failure to pay or establish a payment plan by the third of the month will result in the child being offered a part-day program option (home-based program option for the Early Head Start program) or a prearranged absence for up to two weeks. A prearranged absence means the child cannot attend. If the fees are not paid after two weeks, the family will lose their eligibility for full-day services.
- KCI also reports the past due amount to Child Care Assistance. Child Care Assistance must be informed of unpaid balances within 30 days of the child’s withdrawal from the program.
- Parents may wish to set up a payment plan. To do this they should call 279-2021 and ask for accounting. The payment plan must be written to assure elimination of the debt. The executive director must approve payment plans. Failure to meet the conditions of the payment will result in the change of service that is described above.

CHILD CARE BILLING

Receipt of Payments

Payments may be made at the child care center or the Bragaw administration office. Parent payments should be accepted and documented by the Center Director or their designee. All checks will be cleared through the automated clearing machine provided the center at time of acceptance.

When funds are received, a written receipt is prepared in the pre-numbered receipt book provided by the finance office. Copies are distributed as follows:
  - Original (white) is given to payer
  - Yellow is sent to finance office
  - Pink remains in the receipt book at the center until the book are used up. Then it is forwarded to the finance office.

Funds received are attached to the yellow receipt copy and placed in a locked money bag along with the payment log to be transported to the finance office. The funds are to be counted in the presence of the courier and the payment log initialed by the person in charge of the payments. Payments are to be counted by the finance office in the presence of the courier.

All payments are to be forwarded to the finance office within 24 hours unless a weekend intervenes.
Early Head Start & Head Start Full Day Late Pick-up Fees

Parents are required to make arrangements to have their child picked up from the childcare center no later than 6:00 p.m. KCI parents must strictly adhere to this pick-up time as KCI incurs additional expenses for staff after 6:00 P.M.

In the event that KCI incurs additional staff expenses due to a late pick up a late pick-up fee will be assessed. Parents are assessed a late fee of $1.00 per minute for every minute after the point where additional expenses are incurred (as described by OHS – PC-A-002).

Parents may apply for a waiver if cause for lateness was unpreventable.

Late fees will be billed at the time of the regular monthly billing.

PROCEDURE FOR CHILDREN NOT PICKED UP ON TIME

Staff is to provide each late parent with a late pick-up form, listing the time of pick-up and the late fee that applies. The fee should be noted on the sign out log in the “comments” section. The parent may then complete the waiver form, explaining the cause for tardy pick-up, and submit it to the Center Director. A sample of the waiver form is below. The Center Director reviews the cause for late pick-up; if waiver is approved, no fee will be assessed. If the waiver is not approved, a fee is assessed at the point when KCI incurs additional staff expenses.

The Late Pick-Up Form must be turned into the Fiscal Department whether or not the waiver is approved. If the child is picked up late several times in one month, the Family Advocate will work with the family to make alternate arrangements (relative pick-up, change in work schedule, etc.) As a last resort, a child may be dropped if late pick-up is a documented, chronic problem.

LATE PICK-UP FORM

Name of Child: ____________________________

Name of Parent: __________________________

Date & Time of Pick-up: __/__/__  __:____ Fee Assessed: $__________

Reason for Tardy Pick-up: ____________________________

KCI STAFF ONLY

Late Fee Waived: □ Yes □ No Signature and Title: ____________________________
TRANSPORTATION

HEAD START TRANSPORTATION

Head Start bus transportation is provided to neighborhoods where most children live.

The time a child is in transit to and from the Head Start or Early Head Start program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical.

BUS ROUTE PLACEMENT:

- Child is placed on a bus route with a designated class by the enrollment advocate (in consultation with compliance specialist).
- After enrollment visit, family advocate forwards copy of the Emergency Information Form and direction map to the enrollment advocate.
- Compliance Specialist assigns child to a bus route and gives a copy of the Emergency Information Form and direction map to bus driver.
- Compliance Specialist provides updated Bus Pick Up/Drop Off Forms to the drivers, enrollment advocate and bus attendants.
- Bus driver makes an estimate of pick up and drop off times.
- Family advocate contacts parent/guardian with approximate pick up and drop off times.

LENGTH OF BUS ROUTES MAY VARY DUE TO:

- Weather/driving conditions
- Number of children riding the bus on a given day
- Number of parent contacts advising of absences

TRANSPORTATION MAY BE CANCELED DUE TO (FAMILY ADVOCATES NOTIFIES FAMILIES):

- Weather/driving conditions (cancelled by Compliance Specialist in consultation with supervisor)
- Staff absences (cancelled by Compliance Specialist in consultation with Center Director)
- Vehicle maintenance (cancelled by Compliance Specialist)
- If a bus route needs to be cancelled for an extended period of time, the compliance specialist will compose a rotation schedule of routes to minimize impact of services

Parents as volunteers may ride the buses on a space available basis and are expected to follow all KCI Transportation Procedures.
TRANSPORTATION CONTRACTOR RECORDKEEPING PROCEDURES FOR DRIVER RECORDS

The contractor maintains personnel records for the drivers they provide for Head Start. The contractor provides KCI with a letter stating that they have the following records on file in their office (in accordance with AMC 16.55):

- Background checks on drivers which include federal and state records
- Completed application which provides the whereabouts of the driver for the past 5 years with no breaks in employment
- 3 written references
- Physical examination
- Orientation and regular training in accordance with the Department of Transportation requirements and personnel policies and procedures

Kids’ Corps maintains on file the following records; in addition to the above letter:

- Release of Information form (ROI) – KCI maintains a copy and forwards the original to Municipal Licensing for additional background checking
- Standards of Conduct for Contractors
- KCI orientation (includes KCI’s child abuse and neglect overview)
- KCI training records for drivers
- Evaluation of drivers conducted by the Compliance Specialist which includes ride-along observations
TRANSPORTATION SAFETY

SAFETY

* Two (2) adults (driver & bus attendant) ride on the bus with the children.

* All bus riders use appropriate safety restraints any time they are on the bus – seat belt extensions must be available for all staff.

* Children will be restrained in an appropriate safety device and adults will wear seat belts anytime the bus is in motion.

* Bus attendant sits in the middle to the back of the bus (at least beyond the second seat) in order to observe all children. As children depart, the bus attendant may need to move forward or backwards to continue to be in the closest proximity to the children. The bus attendant may need to sit next to any children exhibiting undesirable behaviors.

CHILDREN RIDING THE HEAD START BUS MUST:

* Remain in their safety restraint until the bus has completely stopped.

* Remain safe (hands/body to self—no hitting, biting, kicking, etc.)

If a child or adult removes their safety belt while the bus is in motion, the bus driver will pull over at the nearest safe turn-out area and stop the vehicle until the person refastens their safety belt.

TRANSPORTATION ACTION PLANS (WHEN SAFETY IS AN ISSUE)

IF A CHILD RECEIVES WARNINGS FOR NOT FOLLOWING RULES:

* Using the ‘team’ approach with the bus driver, the bus attendant documents behavior on the Early Childhood Behavior Report and forwards to the child development specialist.

* Child development specialist may request writing a referral.

* Child development specialist will ride the bus to observe the child’s behavior and give recommendations to bus attendant, center director and compliance specialist.


IF BEHAVIOR DOES NOT IMPROVE:

Transportation will be stopped for one day (center director notifies parent) and a meeting is scheduled by the child development specialist to put an Action Plan into place. An Action Plan will be initiated to
determine what the child is seeking and/or getting from the inappropriate behavior. The meeting may include, but not limited to:

- Parent
- Teacher / Assistant Teacher
- Mental Health Consultant
- Compliance Specialist
- Family Advocate
- Center Director
- Combination Program Supervisor
- Disabilities Specialist
- Education Manager

**IF THE BEHAVIOR CONTINUES:**

* **Step 1:** The child development specialist or center director will be required to ride the bus the next class day with the child to reinforce desired behaviors. If none are available, the child will not be allowed to ride the bus.

* **Step 2:** Transportation will be stopped for one week and the Action Plan updated. Parent will be required to attend Action Plan update.

* **Step 3:** Transportation is stopped indefinitely. Another meeting will be scheduled to review the process for each child.

The step-by-step process is documented in the child's file by the bus attendant and child's teacher.
BUS SAFETY

All passengers on a Head Start bus must be in a seat restraint or seat belt. Seat restraints are not to be unbuckled until the bus has completely stopped at the drop off point.

All items on the Head Start bus are secured by a seat belt when driving bus routes. Items should be secured in the back seats and larger items, art projects etc. must be placed in a backpack or plastic bag with handles. Items cannot be transported on the bus if they cannot be properly secured with a seat belt. Parents may be notified to come to the center to pick up large items. Classroom staff will label each child’s backpack.

The bus driver walks to the back of bus to make sure there are no children on the bus after completing each route. Before the bus attendant leaves the area, the driver will notify the bus attendant that all is clear. The “Walk Through Complete” sign is hung in the back window showing that there are no children aboard when the bus is parked.

- The driver must remove the “Walk Through Complete” sign when bus is in motion.
- A seatbelt cutter is mounted within the driver’s reach when sitting in the driver’s seat. A sign for seatbelt cutter is affixed next to it.
- A fire extinguisher is mounted and has current inspection tag. A sign for fire extinguisher is next to extinguisher. It is the compliance specialist’s responsibility to ensure fire extinguishers have a current inspection tag.
- A first aid kit is mounted and has required items. A sign for first aid kit is next to first aid kit. If an item in the first aid kit is used, the bus attendant will, at first opportunity, notify the health assistant.
- A spill kit is available to clean up body fluids. Bus attendant and driver will work together to clean the spill.
- Seats are cleaned and sanitized once a week (or immediately due to pathogen settings) by drivers.
- Floors are swept clean daily by bus drivers.
- Drivers wash buses, as needed.
DAILY BUS ATTENDANCE

COMPLIANCE SPECIALIST

- Initiate and maintain current Bus Pick-Up and Drop-Off Forms
- Make two copies each weekly for driver and bus attendant
- Gives enrollment advocate updated Bus Pick Up/Drop Off Forms, as needed
- Will note on Bus pick Up/Drop Off Form any individualizing for the family
- Compliance specialist maintains files for forms
- Archive forms at end of each program year

BUS DRIVERS

- Record each pick-up and drop-off time
- Record departure and arrival times at centers
- Submit forms weekly to compliance specialist

BUS ATTENDANT

- Bus attendant will observe to ensure each child is escorted to and from the bus. (It is the bus attendants responsibility to notify the family advocate when escort is missing and document in the child’s file – this must happen each time of occurrence)

- If a child is not properly escorted to or from the bus for 2 times during a week or 4 times during a 4 week period, the bus attendant will complete a KCI Referral Form noting transportation. The referral will be forwarded to the Family Services Specialist who will then forward to the appropriate family advocate.

- The family advocate will meet with the family and document the "bus plan" on the Family Visit Report. The Family Services Specialist, in consultation with the Compliance Specialist, will make any final determinations according to the “bus plan” stipulated on the Family Visit Report. The same procedures will be followed when a family fails to call in or places the no pick up sign in the window when their child will be absent.

- Secure children in restraint systems
- Secure all lose items. (backpacks secured on back seat with seat belt)
- Prevent food from coming on the bus and from being consumed on the bus
- Handle all cell phone calls on the bus.
Kids’ Corps, Inc. - Standard Operating Procedures

- Record each pick-up and drop off with time of or no answer
- Bus attendant responsibility to pass on any changes with family profile to the family advocate and document parent conversation in the child’s file.

DROP-OFF ROUTE

- Take roll in the hallway before children leave to board the bus and after the children are seated on the bus (before bus leaves)
- Document drop-offs with time of drop off on Bus Pick Up/Drop Off Form
- Supervisor collects forms at the end of each week
- Shred forms after one (1) month
KCI Head Start provides door-to-door transportation for some of the children and families it serves. Part of this service is to use the bus route as an extension of the classroom as well as role model safety techniques. Below is a checklist to review with all new classroom staff.

**Safety concerns to address/role model during bus training by compliance specialist:**

- locations of the fire extinguisher and seat belt locations of the first aid kit, bodily fluids clean up kit, fire extinguisher and seat belt cutter are identified

- explanations and or examples are provided on the proper way to use the seat belt cutter (use at a 45 degree angle)

- explanation of emergency drills including bus evacuation procedures

- provides training on proper application of child seat restraint systems

- all items must be secured on the bus at all times -backpacks need to be secured on a vacant back seat with lap belt

- children are buckled into the bus seat by trained bus attendant (drivers may help during transition)

- children are encouraged to use walking feet at all times

- explains pedestrian safety (to include):
  - Don’t allow the child to cross the street without an adult escort
  - Wait for bus driver to acknowledge its safe before child begins crossing
  - Children are expected to walk next to the parent or staff and encouraged to hold the person’s hand
  - Children are to use the hand rail as they board and leave the bus stairs
  - Noise level (singing/tapes) is at the driver’s discretion

**Safety concerns to address/role model during bus training by center director:**

- food or drink are **not** allowed on the bus (children or staff)

- cell phone use policy

- new bus attendants are required to review the emergency form binder

- seat belts are never unbuckled until the bus comes to a complete stop at the unloading areas.

- child being returned to the center procedure

- if behavior on a bus needs the staff to move children, they communicate with the driver the need to pull over at the next available safe location

- appropriate placement of bus attendant and children on the bus

- completing the Bus Pick Up/Drop Off form
* reporting to family advocate if child is not escorted to and from the bus
* waiting time for pick up/drop off
* bus attendant is always the last person on the bus and the first person off – when unloading the bus, the bus attendant waits for the center director to greet the bus
* identification is checked and verification is made that the individual is on the Emergency Information Form and is at least 16 years of age or older by bus attendant

**Education – extension of the classroom-learning environment to address/role model during bus training by center director:**
* since KCI views the bus as an extension of the classroom, songs, finger plays and discussions on concepts or classroom themes are discussed
* each bus has some children’s tapes or compact discs that can be used
* a list of activities and songs are provided to all new bus attendants
* Other topics of discussion on the bus would be sequencing (who is the next friend dropped off) literacy, signs, counting, comparisons, colors, etc.
* positive reinforcement and redirection is continued on the bus

**Training Requirements:**
* All new staff assigned at East Center (and substitutes) must receive training on two routes (pick up and drop off) before they are qualified to be a bus attendant.
* At least one of the training routes must be conducted by the center director.
* The second training route can be assigned to an experienced bus attendant, per the center director discretion.
* All other staff will meet bus training requirements with training on one route.
BUS CHANGE FOR PICK UP / DROP OFF

Staff

✱ Forward information for requests of bus changes to appropriate Family Advocate.

Enrollment Advocate / Family Advocate / Family Services Specialist

✱ Fill out Request for Change of Status (COS) with the new address and which bus route (color & #) the request is for. If requested route is unknown, staff will need to contact the Enrollment Advocate for the correct route.

✱ Submit copies of the COS to Enrollment Advocate and Family Services Specialist

✱ File original COS in child file and document in the family contact section

Enrollment advocate / Family Services Specialist / Compliance Specialist

✱ Enrollment Advocate with assistance from the Compliance Specialist determines if request can be accommodated on the same bus route. If it can, the Compliance Specialist will initial the COS and determine the appropriate start date for new bus services.

✱ Enrollment Advocate will communicate with the Family Advocate the need for an updated Emergency Information Form.

✱ Family Advocate will meet with the family to obtain an updated Emergency Information Form and indicate the bus start date on the Emergency Information Form.

✱ Family Advocate will make copies of the Emergency Information Form and forward one copy to the Compliance Specialist, Enrollment Advocate, Family Services Specialist, Teacher, Center Director and the assigned Program Support Associate for COPA input.

✱ Family Advocate will file original Emergency Information Form in the information section of the child’s file and document in the family contact section.

✱ If request cannot be accommodated for the same bus route, Enrollment Advocate and Compliance Specialist will try to determine if another bus route during the same class schedule is available.

✱ If room on another bus route is available with same class schedule, Enrollment Advocate makes route change notation on the COS and communicates with the Family Advocate to obtain a new Emergency Information Form.

✱ If a class with a different time schedule (a.m. / p.m.) is required, follow regular placement procedure for new class and bus. Child may have to be withdrawn due to transportation and a COS completed to waitlist for an available bus route or opposite (a.m. / p.m.) schedule class opening.
CELL PHONES ON BUSES

Each bus driver is assigned a cell phone. They are used as follows.

- Bus drivers ensure the phones are properly charged and turned on.
- Once all of the children are in restraints (taking children home) or once the bus attendant arrives on the bus (picking children up), the driver will give the phone to the bus attendant.
- Once all of the children are out of restraints (taking children into the center) and the bus attendant is ready to escort the children off the bus, he or she will give the phone to the bus driver. Once a bus has returned to the center (taking children home) and the driver has completed the “walk through,” the bus attendant will give the cell phone to the driver.
- Only the bus attendant will make calls or answer the phone.
- Calls made or received are about children on the current route – no personal calls allowed. No personal cell phones are allowed on the bus.
- Compliance specialist, managers, supervisors make calls to the bus. Bus cell phone numbers are confidential and not to be given out. Front desk program support associate will, with the assistance of the center director and family services staff, call the bus to notify of cancellations.
- Avoid calling families daily that the bus has arrived. Only when individualizing to meet needs of families, and with approval of the family services specialist or the compliance specialist, will the bus attendant make regular calls to notify the family that the bus is ready for pick up or drop off. The family advocate will fill out the KCI Referral Form noting transportation to individualize services for families and the compliance specialist will note the individualizing on the Pick Up/Drop Off Form.
PROCEDURE FOR PICKING UP A CHILD ON THE BUS WITHOUT AN ADULT PRESENT AT THE HOME

The following procedure will be followed in the event that staff is unable to make contact with an adult when picking up a child for the bus.

1. Bus attendant secures child on bus if child is without an adult outside.

2. Bus attendant attempts to make contact with parent/guardian in the home by calling the house on the cell phone.

3. Bus attendant attempts to make contact with parent/guardian in the home by knocking loudly on door.

4. If bus attendant establishes that no adult (or no appropriate adult) is home, they will call A.P.D. at 786-8500.

5. Bus attendant calls center and asks for family services specialist to notify center of child situation. If family services specialist is unavailable, bus attendant will call the Early Head Start Manager.

6. Bus stays on site until A.P.D. arrives to secure the child.

7. If OCS or APD removes the child from the home, the bus attendant will post contact information on the parent’s door.

8. The bus attendant, with assistance from the family services specialist, will make a report to OCS

*KCI staff can never pick up a child and transport him or her to the center without making contact/communicating with the parent/guardian or a person who is listed on the Emergency Information Form.*
The following procedure will be followed in the event that a child has to be brought back from the bus to East Center due to no one available at the drop off or emergency drop off addresses.

- If a child cannot be left at their drop off address because there is no answer by cell phone and knocking loudly on the door, or the individual who is present is not on the Emergency Information Form and sixteen years of age or older, the bus attendant will call the person listed as the emergency drop off on the Emergency Information Form.

- If the emergency drop off contact is available, the driver will proceed to drop off the child at that location. Before the bus leaves, the bus attendant will leave an Emergency Drop Off Form stating where the child is at on the parents door and contacts the center. After returning to the center, the bus attendant will complete a KCI Referral Form and forward to the family advocate.

- If the child is being returned to East Center, the front desk is notified by the family advocate or family services specialist – the front desk does NOT receive the message from the bus attendant.

- If a child cannot be dropped off at the emergency drop off location, the bus attendant will leave an Emergency Drop Off Form stating the child is being returned to East Center on the parents door.

- The bus attendant will then call East Center to notify the family services specialist or the child’s family advocate that a child is being brought back to the center. The family advocate or family services specialist will pull the child’s file and begin calling the additional contact numbers to try and reach someone to pick up the child upon return to East Center.

- If the child is returned to East Center and the family advocate cannot reach the parent/guardian or any other persons listed on the Emergency Information form, he or she will notify the family services specialist. If the family services specialist is not available then the family advocate will notify the EHS Manager. The family services specialist will follow the guidance listed in KCI Standard Operating Procedure Child Remaining in Center After Closing.

- The attempts to reach individuals on the Emergency Information Form and the end result are documented by the bus attendant and family advocate on the Family Contact Report in the child’s file.
TRANSPORTATION ACCIDENT

If an accident occurs with a Head Start bus:

- Driver and bus attendant check the situation and make a decision if evacuation from the bus is necessary. The driver will report ALL accidents to Compliance Specialist, who will then notify the Education Manager.

- To evacuate the bus, bus attendant and driver (if capable dependant on injury):
  - Take emergency forms, first aid kit and cell phone
  - Keep children in a group and
  - Walk to the side of the road at least 50 feet away from the vehicle(s) to a secured surrounding.

- If evacuation is not necessary:
  - Remain calm and assist the children
  - Check for injuries
  - Bus attendant will document where children are sitting on the Bus Blueprint Form located in the Emergency Packet.

- Bus attendant gives phone to the driver who calls 911 and state that there has been an accident, location, and number of children and adults. If non-emergency call 786-8500

- Bus attendant gives phone to driver who calls KCI at 272-0133 with same information and notifies the compliance specialist. If Compliance Specialist is unavailable, call 279-2021 for the Education Manager.

- **DO NOT** discuss the accident with anyone except a police officer.

- When the police arrive
  - Ask the police officer to check children for injury and document findings.
  - Get a case number from the officer, his/her name and badge number (usually they have a card).

- After the accident
  - Business manager completes the insurance reporting form.
  - Fills out accident report and follow up forms for each child involved.
  - Obtain paperwork for drug screening from Human Resources and complete drug screening.

**EVEN IF THERE ARE NO CHILDREN ON THE BUS, THE POLICE NEED TO BE INVOLVED.**

**ALWAYS CALL THE POLICE.**
TRANSPORTATION RELATED RESPONSIBILITIES

**Education Manager**
- Supervises compliance specialist

**Compliance Specialist**
- Attends East Center team meetings bi-monthly to discuss transportation concerns and serve as a liaison for the bus drivers
- Places children on bus routes and meets, as needed, with enrollment advocate
- Establishes bus routes and provides updated Bus Pick Up/Drop Off Form to drivers, enrollment advocate, and bus attendants
- Approves placements on bus routes
- Monitors routes (times/lengths)
- Coordinates bus maintenance
- Coordinates inspections
- Maintains paperwork (Bus Pick Up/Drop Off Form, Bus Evacuation Drill Report)
- Trains new personnel (drivers) and bus attendants
- Rides each bus route twice a year to complete Bus Driver Evaluation form

**East Center Directors**
- Assigns bus attendants to ride buses, taking into account language needs for specific routes
- Assists with loading and unloading buses – is at bus, or assigns suitable replacement, to greet all buses as they unload
- Trains new bus attendants
- Assists with seating plans on buses, as needed
- Ensures each bus route in ridden twice a year to complete the Bus Attendant Evaluation form

**Human Resources**
- Arranges for training directly or in community
- Coordinates drug testing when an accident occurs

**Contracted Drivers**
- Subject to policies of contracting firm

**Health Assistant**
- Checks each bus’s first aid kit monthly using the First Aid Kit Checklist and forwards to compliance specialist. Ensures any needed items are replaced.