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3 EARLY HEAD START ADMINISTRATION

(Note: See also the Head Start Operations Manual Administration section. The following information appears here as it relates specifically to Early Head Start).

3 Monitoring Policy

Early Head Start Home Visiting staff will receive a minimum of four home visit observations and four in-depth record reviews by an Early Head Start Specialist within a program year. Program Managers complete Monthly Record Checklist each month for each Educator. Program Managers also conduct two unannounced Home Visit Observations each month.–In addition, ERSEA team members may conduct periodic record checks and routinely monitor recruitment applications. On-site monitoring and routine record reviews will occur monthly, with additional, more intensive reviews being conducted as specialists determine the need. Instruments used are:

1. **EHS Home Visit Observation** completed by each EHS Specialist, excluding ERSEA Specialists.
2. **EHS Child Development Record Keeping** completed by Infant/Toddler Specialist.
3. **EHS Health Record Keeping** completed by Health Specialist.
4. **EHS Family Engagement Record Keeping** completed by Family Engagement Specialist.
5. **EHS Program Manager Monthly Record Observation** completed monthly by Program Manager.

3 Petty Cash Procedures

Responsibility for disbursing, replenishing, and maintaining the integrity of the petty cash fund at each Early Head Start center is with the program manager or program assistant. Petty cash is used for smaller, incidental expenses, and not for routine purchasing of program materials, which require purchase orders and approval.

3 Dress Code

Early Head Start staff adheres to dress code as outlined in the general Administration section of the Operations Manual and the LCHS Policies and Procedures Manual. Casual Dress Day for Early Head Start Staff occurs on a designated “Staff Day” set aside for trainings and in-center work. However, staff is expected to follow dress code instructions for any outside meetings, trainings, or make-up visits occurring on Staff Days.

It is of particular importance that staff dress appropriately when making home visits. Low cut and/or tight fitting tops, bare midriffs, and revealing shorts or shirts, if worn by staff, not only can make families uncomfortable, but can send mixed messages or promote unwanted and inappropriate attention. Staff should dress in a way that shows professionalism, respect for one’s position, and the families being visited. Staff should also dress in a way that promotes personal safety and well-being.

4 Personal Safety

Because the majority of services for Early Head Start families are delivered in the home, staff is encouraged to practice personal safety precautions when making home visits and Recruitment visits.

1. Do not attempt to enter a home when there appears to be something questionable or unusual happening when you arrive. Leave and call the family from another location.
2. Be sure to always leave an UP TO DATE accounting of where you will be at the office, on the desk calendar and on the sign-out sheet.
3. If making visits after typical hours of operation, always be sure that a friend or family member knows what time you should be expected home.
4. Make every effort to schedule home visits during daylight, or as early in the evening as possible.
5. Be sure the family you are visiting knows how to reach the EHS office in case of an emergency involving a staff member.
6. In particularly concerning situations, it may be necessary to do visits in a team or at an alternate location. These situations are to be discussed on an individual basis with the Assistant Executive Director.
7. Report to the Program Manager immediately any potentially dangerous situations or circumstances you have witnessed or that you believe to be a threat to your personal safety.
8. Wear your Early Head Start ID badge.
9. Lock your car while on the visit and display the Early Head Start Home Visitor sign in your car window.
10. With family's permission, hang the Home Visit In Progress door tag on the door while visiting.
11. Identify alternate exits from families' homes in case of fire or other emergency.

4 Supporting Staff in Meeting the Needs of Families

Our work with infants, toddlers, and their families is often very challenging and emotional. Supervision exists to provide a respectful and thoughtful atmosphere where information, ideas, thoughts and feelings can be exchanged about the things that arise in our work.

When support is needed to address the needs of families in the program, staff are to contact the content area specialists. Generally, health, nutrition and safety issues are discussed with the Health Specialist. Concerns about a child's behavior or development are discussed with the Infant /Toddler Specialist. Child welfare issues, family emergencies and other needs are discussed with the Family Engagement Specialist. Family Educators are directed to contact the Program Manager and Specialists promptly whenever family needs arise for which assistance is needed. It is important that the approach we use in our work with families is in line with our agency mission and vision, as well as with the Head Start Performance Standards and other regulations.

(Refer families to the Negotiating the Networks, the Help Line at 1-888-829-1341, or 911 for immediate assistance).

5 Reflective Supervision

Periodically, staff meets with the program manager (or immediate supervisor) for reflective discussions in support of their work with children and families. Reflection means stepping back from the immediate, intense experience of hands-on work to consider what our experience tells us about the family and ourselves. Through reflection, we can examine our thoughts and feelings about our experiences and identify the interventions that best meet the family's goals for self-sufficiency, growth, and development. These meetings are arranged individually between immediate supervisor and staff person.

5 CHILD DEVELOPMENT

5 Screening and Assessment

Although the time frame for developmental and sensory screenings is within 45 days from the date of entry into the program, the rapid development of infants and toddlers makes it particularly important to begin services as soon as possible. Family and nurse educators, along with parents, complete the initial Developmental, Social-Emotional, Vision, Hearing and Oral Health screenings at the second home visit. Nutrition and Diet Questionnaires are completed at the third home visit, or as soon as possible thereafter. Home Safety Checklist are completed at the fourth home visit and "The Injury Prevention Program" age-appropriate handouts will be given. The screenings are completed as follows:

Newborn Developmental Questionnaire: Six weeks or less.

Ages & Stages -3 Developmental Questionnaire (ASQ-3): The first Ages and Stages screening will be performed according to the child's age at the second home visit. Available Questionnaire ages include 2,4,6,8,9,10,12,14,16,18,20,22,24,27,30,33,36,42 and 60 months of age. Frequency of Screening: Initially at 2 **and** at 4 months; then at 4-month intervals until they are 24-months old; and at 6-month intervals until they reach 36-months old.

Ages & Stages Social-Emotional Questionnaire (ASQ:SE- 2): Begin at 2 months. Continue at six-month intervals from 6 to 36-months old.

Vision Questionnaire: By 2 months, 3 months, 6 months, 9 months, and 12 months. Information for parents to utilize shall be obtained from the Prevent Blindness organization and the "Seven Key Vision Development Milestones to Monitor from Birth to First Birthday."

Hearing Questionnaire: 0-3 months, 4-6 months, 7-10 months, 11-15 months, 16-24 months, 25 - 30 months, and 31-36 months

Oral Health Questionnaire: Under 1 year, at 12 months, 15 to 18 months, 24 months and at 3 years

Nutrition Questionnaires: Initially at third Home Visit, then annually.

These tools are used to determine need for further evaluation, to seek medical attention, plan nutrition education, and to help individualize services for the family.

Procedure for Vision Screener Tool

A vision screening utilizing the SPOT screening tool must be completed with parental consent within the first 45 days of enrollment on all children age 12 months and older. This screening will be performed by the Family Educator and repeated annually. Vision screening days may be scheduled at each center.

The SPOT screening device evaluates a child's refraction, pupil size and visual gaze for determining the need for referral to a vision professional for further evaluation.

The Birth to 12 Months vision screening form is to be completed on all children up to 12 months of age at each appropriate milestone. The results are to documented on the developmental tracker. The completed form is to be sent to Health Specialist for review and input into ChildPlus

Turn SPOT unit on. Follow procedures listed to enter data in preparation to screen, making sure all required information is entered. Once the child's information is entered, look for the *Queue* icon, which can be used to select the subject to be screened.

Position yourself about 36" in front of the child. Select "GO" to begin the process. Slowly move SPOT up or down to locate the child's eyes. Adjust your distance from the child until both eyes are clear on the screen until the screening wheel appears. When the screening is complete, the results will appear on the screen.

SPOT will notify you to adjust the lighting in the room, which may increase pupil size.

When all screenings are complete, document results on Vision Screening form and send to Health Assistant or Health Specialist for review and input into ChildPlus. Additionally, print results from SPOT if child receives a "Complete Eye Exam Recommended"; a copy is to remain in the program year file and a copy is to be given to the child's parent/guardian with a vision referral. Family Educators will assit the parent to schedule an exam with a vision professional. The Family Educator will follow up on the exam results and any treatment which may be needed. The Family Educator will request the vision referral form back from the family or obtain the results from the doctor, which will be given to the Health Specialist for review and documentation in ChildPlus.

Procedure for Hearing Screening

Within 45 days of orientation, hearing screening either must be completed with an OAE or documentation of newborn hearing screening must be received. The newborn hearing screening results will only be accepted on those children under 12 months. An Otoacoustic Emission screener (OAE) is to be completed at 12 months and annually thereafter. Children with tubes in their ears are to be tested also.

To use the OAE, begin by visually inspecting the ear to be screened for any abnormalities. Note any small pits, holes or skin tags, which may indicate other abnormalities and require a professional evaluation, do not proceed with the screening. If there is drainage coming from the ear, or if the child displays heightened sensitivity to having the ear touched, do not proceed with the screening. In the event of any abnormal findings, do not proceed with OAE, complete the hearing screening form and notify the Health Specialist for further guidance.

Begin by gently pulling up and back on the ear to open and straighten the canal. Look for any obstructions. If some wax is present, you can proceed with the screening unless the canal appears to be totally blocked. If ear passes visual inspection, proceed with screening.

When the screening is complete, the screen will either display “Pass” or “Refer”. Document the results on the developmental tracker and on the Hearing Screening form and send to Health Assistant or Health Specialist for review and input into ChildPlus.

If the child receives a “Pass”, and there are no additional concerns about the child’s hearing or language development, no further action is necessary at this time until the next scheduled hearing screening.

If the ear does not pass on the first attempt during screening session, check the probe tip and opening to make sure it is not blocked with wax. Select a different tip size if needed, refit the probe and try the OAE screening again, making sure the environment and child remain relatively quiet.

If the ear does not pass after at 2 attempts during the first OAE screening session, document on Hearing Screening form and send to Health Assistant or Health Specialist for review and input into ChildPlus. Conduct the second OAE screening session within two to four weeks.

If the ear passes during the second OAE screening session, complete the Hearing Screening form and and send to Health Assistant or Health Specialist for review and input into ChildPlus. Unless there are additional concerns about the child’s hearing or language development, no further action is necessary at this time.

If the ear does not pass after multiple attempts, and the child is healthy and cooperative, refer the child to their primary health care provider for evaluation with a Hearing Referral documenting the prior attempts and results. Document the results on the Tracker and forward to the Health Assistant or Health Specialist for review and input into ChildPlus**.** Family Educators will follow up with parents until the referral is completed. Document all contacts and outcomes in Child Plus Action Notes.

A new OAE screening will be done if and when concerns are shared by the parent.

The three keys that will allow you to screen efficiently are:
-Ensuring good probe fit.
-Minimizing external noise in the environment.
-Minimizing internal noise caused by the child’s movement.

OAE Screening After Medical Evaluation
If the ear is medically cleared, no fluid or middle ear infection, conduct the OAE rescreen.

If the child receives treatment for a medical issue such as otitis media/ or middle ear fluid, wait approximately 4-6 weeks after treatment has been completed, allowing time for the fluid to dissipate, and then conduct the OAE rescreen.

The rescreening after medical clearance is extremely important. The OAE equipment is able to screen the inner ear only when the pathway through the middle ear is clear. If the ear passes rescreening after medical clearance, assume that both the middle and inner ear are functioning properly. No further action is necessary until the next scheduled screening.

If the ear does not pass rescreening after medical clearance, the Family Educator is to notify the Health Specialist for further discussion with family and possible referral for further evaluation.

After all rescreenings, complete the Hearing Screening form and and send to Health Assistant or Health Specialist for review and input into ChildPlus.

8 School Readiness, Curriculum and Assessment

Early Head Start Birth to Five School Readiness Goals are agency goals that can help measure a child's development gains throughout the program year and are aligned with the Pennsylvania State Standards and the Head Start Early Learning Outcomes Framework.

"Curriculum" for infants and toddlers includes just about everything they do - playing, feeding, sleeping and communicating. Family Educators work with parents to develop a plan of activities parents can do with their child aimed at enhancing his/her development so that he/she can be better prepared for school.

Hawaii Early Learning Profile (HELP) is an ongoing, family-centered, curriculum-based assessment process for infants, toddlers and their families. HELP domains include Cognitive, Language, Gross Motor, Fine Motor, Social-Emotional, and Self-Help. These domains are broken down into 685 developmental skills and behaviors, providing a comprehensive framework for ongoing assessment, planning and tracking progress. HELP is also aligned with the Pennsylvania Infant and Toddler Standards and the Head Start Early Learning Outcomes Framework. Using a HELP Strands booklet, we are able to track developmental levels, strengths, and needs within each traditional domain to determine what each child can already do, and what he/she is still working on. Your Family Educator will use this information to individualize your child's activities and families will take an active role in planning and carrying out the HELP at Home activities. The HELP assessment begins on the third home visit and is updated on an ongoing basis .Information collected from the HELP assessment is entered into the KinderCharts management reporting system four times per year in order to share child and program outcomes.

The Partners for a Healthy Baby (PHB) curriculum is a developmentally appropriate and research-based home visiting and parenting curriculum focused on prenatal services and children birth to three. The PHB curriculum includes suggested activities parents can do to promote their child's development, promotes secure parent-child relationships, promotes the parent's role as their child's teacher, is individualized to meet each family's needs, includes resources pertaining to education, health, family engagement, disabilities, transition services and services to pregnant women, addresses appropriate supports for emotional well-being and nurturing, the importance of father engagement during pregnancy and early childhood and facilitates family partnership development.

Family Educators are to use the curriculum with **fidelity**, following the 3-step process and planning for the home visit using the Purpose Page, Detailed Information Page and Parent Handout. Discussion and a provided handout for at least one topic should occur each home visit, based on individual child or family needs in the areas of Child Development, Health and/or Family Engagement. Detailed instructions for using the curriculum with fidelity is conducted during New Hire Training with the Infant/Toddler Specialist(s).

Other resources included in curriculum development include HELP At Home activities, Best Beginnings, PATHS (Promoting Alternative THinking Strategies), PIWI (Parents Interacting with Infants), Touchpoints, I Am Your Child, and Zero To Three.

In addition to the prescribed child development curriculum and other resources, the Early Head Start curriculum encompasses all service areas in a holistic approach to child and family development. Home visits incorporate health and safety, mental health, nutrition, parent engagement, social services, family partnering, community referrals, early intervention services, and transition so that families receive all components of Early Head Start services.

9 Sample Weekly 90-Minute Home Visit Schedule

Greeting Time and Review of week's Home Activity (15 Minutes)

Parent/Child Activity (40 Minutes)

Review of Family Circumstances / Family Partnering, including Health, Safety, and Nutrition (20 Minutes)

Planning For Week's Home Activities and Next Week's Visit (10 Minutes)

Gather Materials / Good-Byes (5 Minutes)

(Schedule is flexible and open to changes.)

10 The Use of Curriculum In The Home-Based Setting

- Is consistent with Head Start Performance Standards
- Is a written plan
- Contains goals, relevant experiences, roles for parents and staff, and materials required
- Flows from developmental screening/assessment
- Addresses appropriate age group (multiple ages, if necessary)
- Stems from parental goals for child (parent as decision-maker)
- Incorporates parents in activities (parent as teacher)
- Utilizes household items and child’s toys in the home
- Capitalizes on parent-child relationship
- Incorporates normal, daily interactions and routines
- Focuses on “whole child” (multiple domains)
- Is flexible and adaptable
- Is individualized
- Is culturally appropriate
- Is user friendly
- Incorporates all Head Start components
- Can be implemented by parents when family educator is not present

10 Services for Infants and Toddlers With Disabilities

The Early Head Start program is responsible to recruit, enroll, and serve infants and toddlers with disabilities. No less than 10% of the total enrollment opportunities in Early Head Start shall be available for children birth to three with disabilities. The Infant/Toddler Specialists keep a current list of enrolled Early Head Start children receiving early intervention services.

Early Head Start Family Educators screen enrolled infants and toddlers for potential delays within a maximum of 45 days from the time of enrollment. Because of the rapid development of infants and toddlers, every effort is made to complete this screening as soon as possible, usually during the second home visit. Referral to the Early Intervention system can be made based upon screening / assessment results, staff observation, physician report, parent concerns, or any combination of these. Referrals are made for children at risk, with parental consent, to the Part C provider for additional evaluation and determination of eligibility for Part C services. Family Educators inform the Infant/Toddler Specialists that the referral is being made and contact Early Intervention to make the referral.

If the parent does not consent to an Early Intervention referral, notify the Infant/Toddler Specialists. Document all attempts to obtain parental consent in Family Notes (these attempts should include parent education on suspected area of delay, etc.). If the parent continues to decline services, the Infant/Toddler Specialists will recommend use of the “Parent Acknowledgement of Recommendation for Treatment/Follow-Up” form.

At the time of the referral, the Family Educator notifies Early Intervention of Early Head Start’s involvement with the family, explains EHS’s desire to collaborate, and requests notification of all IFSP

meeting and reviews. Once the referral has been made, the Family educator is then responsible for supporting the parents in the following process:

1. The Early Intervention Service Coordination Supervisor will call the parent to discuss the concerns about the child and to explain the Early Intervention procedures.

2. The Early Intervention Service Coordination Supervisor will mail consent forms to the parent which should be signed and mailed back immediately. An addressed stamped envelope is provided by Early Intervention to the parent.

3. The Early Intervention Service Coordinator will schedule a time for the Multidisciplinary Team to do an evaluation. At the time of evaluation eligibility will be determined, if the child has been determined to have a disability, the team which includes the evaluators, service coordinators, parents, service provider, and EHS staff will write the Individualized Family Service Plan (IFSP). The Family Educator will make every effort possible to be at this MDE/IFSP meeting as a member of the IFSP Team. If participation in this meeting is not possible, the Infant/Toddler Specialist must be notified prior to the meeting.

If the child is found to be eligible for Early Intervention services, the Family Educator will have the family sign a Release of Information to obtain a copy of the child's Evaluation Report and IFSP, once completed. Upon receiving these documents, the Infant Toddler Specialists will scan the documents into ChildPlus, where the Family Educator can access them, under the Disability tab attachments. ITS will send the outcomes page(s) to the Family Educator to keep in their green "to go" folder in order to begin collaboration and ensure ongoing follow up on the teaching strategies established to meet the outcome goals.

Therapists are required by the Early Intervention system to give a session note to the family after each visit. If the Family Educator is providing services to a child with disabilities, the educator will ask the family to save these session notes and share the information so that the educator can continue to support the family in a collaborative manner with Early Intervention. These session notes will not replace phone or in-person contact periodically with the therapist, but will help the educator to be better informed about how to consistently support the IFSP outcomes. Documentation of reading/discussing the session notes will be made on the Home Visit Report in the Early Intervention or Behavioral Health Services section

Early Head Start Educators work with service coordinators and other early intervention professionals to provide services to infants and toddlers with disabilities. Educators attend Individualized Family Service Plan (IFSP) meetings and support the goals of the IFSP on a weekly basis through experiences and routines in the home. Educators attend Transition meetings and assist families through the transition process from Part C to center-based early intervention services when child turns three. The EHS Transition Plan requires documentation to be updated on the EHS Transition Planning Form on ChildPlus. Ongoing updates, related to or pertinent to transition, must be recorded here.

A Cross-Systems training also takes place annually, including Early Intervention and Early Head Start staff.

ERSEA

See ERSEA section of the Operations Manual for Eligibility, Recruitment, Selection, Enrollment, and Attendance procedures relating to Early Head Start.

FAMILY ENGAGEMENT

Family engagement is an interactive process through which program staff and families, family members, and their children build positive and goal-oriented relationships. It is a shared responsibility of families and professionals that requires mutual respect for the roles and strengths each has to offer. Family engagement means doing with—not doing to or for—families.

At the program level, family engagement involves parents' engagement with their children and with staff as they work together toward the goals that families choose for themselves and their children. It also involves families and staff working toward goals to improve the program. Head Start and Early Head Start staff work together with families, other professionals, and community partners in ways that promote equity, inclusiveness, and cultural and linguistic responsiveness.

From the beginning of life, families nurture their children to be healthy and to develop the capacities they will need to be ready for school and successful in life. Head Start and Early Head Start program staff share these goals and collaborate with families as they work toward these goals.

The Head Start Parent, Family, and Community Engagement Framework is an organizational guide for collaboration among families and Head Start and Early Head Start programs, staff, and community service providers to promote positive, enduring outcomes for children and families.

The Head Start PFCE Framework describes the program elements—Program Foundations and Impact Areas—in early learning programs that can work together to positively influence child and family outcomes. The Framework identifies equity, inclusiveness, cultural and linguistic responsiveness, and positive goal-oriented relationships as important drivers for these outcomes. There are 7 Family Outcomes that drive our goal setting with families. The 7 Family Outcomes from the Framework are: Family Well-Being, Positive Parent-Child Relationships, Families as Lifelong Educators, Families as Learners, Family Engagement in Transitions, Family Connections to Peers and Community, and Families as Advocates and Leaders.

Community Partnerships

The commitment of the Early Head Start program to provide high quality services to pregnant women, infants, toddlers, and their families encourages a community environment that shares responsibility for the healthy development of children. It is essential that Early Head Start staff communicate and cooperate with community agencies in the delivery of services. Early Head Start fosters collaborative relationships with prenatal programs, WIC clinics, Penn State Cooperative Extension, medical and dental providers, mental health providers, Children and Youth, County Assistance Office, Luzerne/Wyoming County Mental Health and Developmental Services, local churches, Legal Services, other home visiting programs, and more. Staff are responsible to identify family goals and needs, to make appropriate referrals, and to follow up on referrals. Early Head Start staff attend workshops,

presentations, and joint trainings with community partners in order to be knowledgeable about other services available to families. Collaborative relationships and communication also improve services delivered to families and avoid duplication of services. Educators are responsible to develop working relationships with other services providers who are working with Early Head Start families.

Family Services Advisory Committee

The Family Engagement team is responsible for hosting and conducting the Family Services Advisory Committee. The purpose of the Advisory Committee is to bring together community members and agencies whose shared goal is to provide resources to support the families and children we mutually serve. The Advisory Committee is made up of community members and partners from a variety of agencies in the social service field. Currently enrolled parents and staff are also included. Meetings take place 4 times a program year - October, February, April, and June.

Father Involvement

In keeping with the Office of Head Start's belief that responsible fathers can be important contributors to the well-being of their children, Luzerne County Head Start provides training and staff support to ensure that Early Head Start staff understand the beneficial impact of father involvement on the development and well-being of children. Research demonstrates that children with involved fathers do better in school, have healthy self-esteem, exhibit empathy and prosocial behavior, and are less likely to engage in risk-taking behaviors compared to children who have uninvolved fathers. Staff is trained to intentionally invite and include fathers to participate in all aspects of the program.

This training focuses on the use of such techniques as including signatures for both parents in paperwork, inviting fathers to join in the home visit, requesting fathers to become involved in socialization planning, and refraining from directing communication exclusively to the mother. Fathers' needs and goals are valued and made a part of the goal-setting process. Fathers are encouraged to participate in family literacy and adult education activities.

Orientation

Orientation to the Early Head Start program for newly enrolled families is completed on the first home visit. The purpose of the Orientation Visit is to familiarize parents with the program's policies and procedures, to obtain emergency information and parental consents, and to clarify the roles and responsibilities of both staff and parents in the program. Families receive the current **Family Handbook** during the visit. Much of the information covered at Orientation is contained in the Family Handbook, and this should be pointed out to parents for further reference.

Orientation is completed using the Early Head Start Orientation Binder, and all information to be presented and explained to the parent appears on the instructional pages of the binder. The Orientation Checklist lists all items to be covered, handouts to be given to the parent, and signatures / initials to be obtained.

Orientation is completed with new EHS families upon enrollment in the program. A Consecutive Year Orientation is completed with existing families at the beginning of each new program year (August).

Families who enroll in the program during the months of June and July, the last two months of the program year, will **not** need to complete the Consecutive Year Orientation in August.

It may be necessary to review pieces of this information with parents at a later time. Once the Orientation is completed, staff completes a Child Plus Status Changer indicating the child's name, date of change, "newly enrolled" status, and family/nurse educator's name. The Emergency Contact Information sheets are copied and placed in the "to go" folder, bus binder, socialization binder, and binder in the Early Head Start Health Specialist's office. The original emergency contact form is placed in the family's main file.

Family Assessment

The Family Assessment is completed collaboratively with staff and families 3 times during a program year. This Family Assessment is related directly to the PFCE Framework where families are assessed on the 7 Family Outcomes (see above).

Based on the results of the Family Assessment, families will establish relevant goals and enter into a Family Partnership Agreement - a joint agreement to collectively work on accomplishing goals. The Family Partnership Agreement is a strengths-based, family driven process, unique to each family. Partnerships are formed through building trusting and supportive relationships with families. In addition, goals a family may have with another agency should be incorporated into Early Head Start services in order to maximize resources and avoid duplication.

The Family Assessment and goal setting process begin around the 4th week, or home visit, when the staff/family relationship is becoming more secure. The Family Partnership Agreement/goals are updated **at least monthly** in Child Plus.

Parent Involvement and Family Engagement in Early Head Start
(See also Head Start Parent Involvement Section on Policy Council)

In home based options, programs are required to build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children. For parents of infants and toddlers, activities are planned collaboratively to support parents in their role as their child's primary caregivers. Parents play an integral role in the screening process and in curriculum development as they establish goals for their child's development based upon the ongoing developmental assessment. Parents are also involved in planning and participating in socialization activities. Parents spend time with their children between weekly home visits in activities which support the child development plan goals. Family educators stress the importance of active play and assist families in identifying safe areas for play both within and outside the home. Staff help parents to identify age appropriate materials, equipment, and activities for their children. Educators use a Home Safety Curriculum and Safety Checklist to help parents provide a safe and nurturing environment for their children.

Programs must provide opportunities for parent involvement as decision makers, volunteers, and employees. At the program level, parents are offered opportunities to participate in Parent Committee meetings, Policy Council, Advisory Boards, and other group activities.

Parent Committee in Early Head Start

Parent Committee is a group made up of parents of all participating Early Head Start children. For the purpose of Parent Committee membership, *parent* is defined as mother, father, or other family member who is a primary caregiver, foster parent, guardian, or other person with whom the child has been placed for purposes of adoption pending a final adoption decree. Pregnant women enrolled in the Early Head Start program are also members of the Parent Committee.

Some ways in which Parent Committees can contribute to the Early Head Start program are:

- Electing Policy Council and Advisory Board representatives
- Becoming involved in the program's curriculum and approach to child development
- Assisting in planning activities for socialization experiences and weekly home visits
- Locating resources to carry out program activities
- Bringing together parents to share common interests
- Working with Policy Council to support program development and implementation
- Planning programs and activities for parents and staff

Early Head Start Parent Committee meets six times within the program year. A chairperson, co-chairperson, and Policy Council representative are elected at the first meeting. One Policy Council representative is elected from each of the five family centers.

Policy Council representatives are asked to report to the Parent Committee regarding Policy Council activities. Likewise, these representatives will report to Policy Council any Parent Committee news at the following monthly meeting. In the event that a family center does not have an elected Policy Council representative, the facilitator or co-facilitator of Parent Committee will be responsible for completing the Parent Committee News form and submitting it to the current Policy Council Chairperson to be shared at the following Policy Council Meeting.

Volunteer Time Sheets

Volunteer time sheets are used to record time that parents and other volunteers contribute to the program. This time is important to record because it is a source of the non-federal share of our grant funds, which we must meet each year. In order to be considered non-federal share (in-kind), the volunteer time must be of benefit to the program. Allowable sources of in-kind from volunteer time would include participation of committees, such as Parent Committee, Policy Council, Self-Assessment, etc.

Individual volunteer time would include activities such as working at a food drive, coming into the center to help with an activity, etc. Home based programs are allowed to count as in-kind the time that parents spend with their child working on follow-up activities that relate directly to the goals of the curriculum. Therefore, we are able to count as volunteer time the parent/child activity time as stated on the home visit report. Parents will report the time spent weekly on these activities (up to seven hours/week). This time is to be recorded on the Early Head Start Classroom/Home Extension Sheet, which must be signed by the parent for each weekly entry. Timesheets are to be sent to the EHS Program Assistant at the end of each month.

Program Participation

(See also “Early Head Start Attendance” in the ERSEA section of the Operations Manual for details on entering attendance into Child Plus)

Program attendance means the actual presence and participation in the program of a child enrolled in an Early Head Start or Head Start program. In the Early Head Start home visiting program, the frequency and duration of home visits and socializations are required to deliver the intensity of intervention that is necessary for positive child development outcomes for infants and toddlers. Regulations require that Early Head Start families receive weekly, 90-minute visits year round.

Early Head Start families receive at least 46 home visits per year, and 22 socialization activities are conducted per year. Home visits are to be conducted in the family’s home with active participation of the parent/guardian. Visits cannot take place with babysitters or other caregivers. Additional family support services, such as transportation to doctor visits or other appointments, cannot be counted as home visits.

Family Educators are responsible for tracking all home visits through Child Plus. Reports can be generated to identify the dates home visits were completed, reason if not complete, and dates rescheduled.

In the event that a family has missed two consecutive home visits without a make-up visit, the Family Educator will develop an Action Plan with the family and the Family Educator will contact the EHS program manager to let them know the Action Plan has been put into place. If the missed visits are a result of illness or family situations, it will be determined whether all possible family support services have been made available to the family. If after the third missed visit, it is determined that continued participation in the program is in the best interests of the family, a letter will be sent to the family informing them that participation in home visits is critical to their continued enrollment. If it is determined that a family is not committed to participation in the program and that continued enrollment in the program is not warranted, the family’s slot will be considered an enrollment vacancy. A letter will be sent to the family informing them of this action. All withdrawals from the EHS program requires prior approval from the EHS Family Engagement Specialist.

If a family is not at home for a required home visit or cancels within a half hour of the visit, the family will receive an attendance letter stating the importance of participation in home visits and it will be counted as Unexcused. After 2 unexcused visits (parent was not home when FE arrived or did not give a 30 minute notice of the cancellation), the child’s enrollment in EHS will be evaluated. More than two of these Unexcused visits may result in termination from our services. If it is determined an illness or emergency has occurred, a Family Educator should be notified by the parent as soon as possible to determine if the absence is excused. All interactions with families concerning program participation are documented in the Attendance Module in Child Plus.

Scheduling and keeping regular visits with all the families in one’s caseload is not an easy task. It is recognized that every educator works with a few families who may be less likely to follow through than other families. But Early Head Start is a voluntary program in which families enroll because they want

to, and it is the job of the Family Educator to help families understand the purpose of the program and the importance of consistent program participation.

It is not a coincidence that the same Educators maintain excellent home visiting schedules time after time, even though their families may change. While there are many factors involved, some characteristics of outstanding work with families are:

• High expectations for home visits are made clear to the family.

• The Educator keeps a consistent visiting time.

• Cancellations/no-shows by the family are not taken lightly, as if the visits are not a priority.

• There is regular, ongoing communication with the program manager about families who are falling behind on visits. Educator shows genuine concern for a family's missed visits.

• The Missed Home Visit Policy is consistently adhered to.

• The Educator has been successful in educating the family about the purpose of the program and the importance of the visits.

• The Educator plans and conducts visits that are enjoyable.

• Most importantly, the Educator works on developing a relationship with the family. The family looks forward to the educator's visits and does not miss visits unnecessarily.

(Note: These same concepts can be applied to Socialization Activities).

Home Visit Rescheduling Policy

Families participating in the Early Head Start home-based program will be scheduled to receive minimally forty-six home visits within a twelve month period (August 1 - July 31). A makeup visit **must** be scheduled with a family whenever a visit is canceled or not scheduled on the part of the agency/staff as soon as possible. Whenever possible, make-up visits will be scheduled prior to the time of the next regularly scheduled home visit. If the make-up visit cannot be rescheduled during that time-frame, families will be asked to double up on weekly home visits so that they have the opportunity to participate in at least forty-six visits per year.

Home visits with families with newborns may occur at a reduced frequency to respect the families' needs for adjustment and rest. In all cases, Family Educators will be responsive to the unique needs of families when attempting to reschedule missed visits in order to develop respectful relationships with them. All attempts to reschedule home visits and interactions with families regarding their visits are documented in the Attendance Module in Child Plus. Family/Nurse Educators are responsible for entering all home visits, completed and cancelled, in Child Plus.

Early Head Start Home Visit Parent Acknowledgement

The Early Head Start *Parent/Staff Missed Home Visit Acknowledgement* form is to be used to substantiate the reason for any missed due to the family's or Educator's cancellation. At orientation, when the Home Visiting Agreement is reviewed, parents should be informed that they will be asked to sign a form documenting the reason(s) for any missed visits.

If a cancelled visit has been rescheduled and successfully completed within the same week as the original visit, it is not necessary to use the parent acknowledgment form. When a cancelled visit has not been made up within the same week, the Family Educator and parent/guardian will sign the form acknowledging the reason for cancellation.

The *Parent/Staff Missed Home Visit Parent Acknowledgement* form should be kept in the home visit "To Go" file (green) until the form is completed or the end of the program year and then filed in the right side of the folder.

Social Service Fund

The Family Engagement Team is responsible for maintaining a bank account specifically designated for assisting families in crisis. This account is called the Social Service Fund. These funds are not a part of the operating budget, and are secured through donations from friends of Head Start and Early Head Start, parent committees, and community donations. Family/Nurse Educators can request assistance for families by contacting the Family Engagement Specialist. Since the funds are driven by donation, we must limit the amount in which we can offer families. Once a family utilizes the funds, they will not be able to use them again in the future. It is important to ensure that a family has utilized all other community resources before requesting these limited funds.

Child Plus

Child Plus will be used to record all contacts with the family and to identify direct services, referrals, and follow-up on referrals. Also, all significant information regarding services to families MUST be recorded. The documentation in Child Plus are the staff's record of the work that has been done with each Head Start family. Remember: IF IT IS NOT DOCUMENTED, IT DID NOT HAPPEN!

Efficient and effective data entry provides a chronicle of a family's time in Early Head Start. Ideally, when a family leaves our program, the family's records should tell a story about the family from the time of enrollment to the last staff-family interaction. It is important to remember that each family has the right to review all records.

The Head Start Performance Standards direct each agency to establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff, while ensuring appropriate confidentiality of this information. When recording family information, keep the following points in mind:

- Make sure all recorded entries have a specific purpose.
- Point out the unusual or out of the ordinary.
- Record details that are normally omitted only if you believe that they might be significant at a later time.

- Record promptly to keep entries up to date (within 5 days of occurrence).
- Be accurate. Record entries based on your direct experience with the family.
- Focus on facts, instead of assumptions, feelings, and impressions.
- All information should be objective, **not** subjective.
- Check out the words you use in your entries. Avoid labels that give negative images about families.
- Use language that shows respect for the family.

Program Information Report (PIR) Data

Each year, Head Start and Early Head Start programs are required to submit specific information to the federal government. This data is called the Program Information Report, or PIR. PIR data also includes demographic information on the families that we serve.

When a new child is enrolled, or a new program year begins (August), Educators are required to enter the PIR data into Child Plus.

Family Services PIR in Child Plus:

PIR - Early Head Start 2017-2018 (Accepted)

- Homeless Family PIR
- Acquired housing during the program year PIR
- Referred for services by a child welfare agency PIR
- Foster care during program year PIR
- Program receives a child care subsidy for this child PIR

At Enrollment PIR	At End of Enrollment	
No	No	TANF PIR
No	No	SSI PIR
		WIC PIR WIC ID Note: WIC information can also be edited in Health
		Receiving Supplemental Nutrition Assistance Program (SNAP) PIR
		At least one parent/guardian is an active duty member of the United States military PIR
		At least one parent/guardian is a veteran of the United States military PIR

At least one parent/guardian completed the following during this program year:

At End of Enrollment
- Grade level in school, prior to high school graduation (e.g. 8th grade, 11th grade) PIR
- High school or was awarded GED PIR
- Associate degree PIR
- Baccalaureate or advanced degree PIR
- Job training program, professional certificate or license PIR

Activities a father/father figure engaged in during this program year:

At End of Enrollment
- Family Assessment PIR
- Family goal setting PIR
- Involvement in child's Head Start development experiences (e.g. home visits, parent-teacher conferences, etc.) PIR
- Head Start program governance, such as participation in Policy Council or policy committees PIR
- Parenting education workshops PIR

Need Identified PIR / Services Received PIR
- Emergency PIR
- Crisis Assistance PIR
- Food PIR
- Clothing PIR
- Transportation
- Housing Assistance PIR
- Mental Health Services PIR
- Literacy or Education
- English as a Second Language PIR
- Adult Education PIR

Need Identified PIR / Services Received PIR
- Job Training PIR
- Substance Abuse Prevention PIR
- Substance Abuse Treatment PIR
- Child Abuse and Neglect Services PIR
- Domestic Violence Services PIR
- Child Support Assistance PIR
- Health Education (including Prenatal) PIR
- Assistance to Families of Incarcerated PIR
- Parenting Education PIR
- Marriage Education PIR
- Asset Building Services PIR

Tips for Completing the PIR:

1. "At End of Enrollment" is defined as the end of the program year (July 31st) or the end of a child's enrollment in our program.

2. "Is family homeless" Question:
   A homeless or transitional family (as defined by the McKinney-Vento Act):
   a. Lack a fixed, regular and adequate nighttime residence
   b. Share the housing of others due to financial hardship
   c. Live in motels, hotels, trailer parks or camping grounds
   d. Live in emergency or transitional shelters

e. Are abandoned in hospitals
f. Await foster care placement
g. Live in a public or private place not designed for humans to live
h. Live in cars, parks, abandoned buildings, bus or train stations, etc.
i. Are migratory children living in above circumstances

3. Need Identified/Services Received:
The purpose of this section is to track all the referrals and services provided to families through our program. If an Educator makes a referral for one of the above Services, a “yes” would be answered in the “Need Identified” column. Any services that a family is receiving as a result of our referral or a service we are directly providing, answer “Yes” under the “Services Received” for that specific area. Referrals made by other agencies with which the family is working or self referrals cannot be counted in this section. If the answer to any of these questions is “yes”, it remains “yes” for the remainder of the child’s time in the program or until the end of the program year.

Each EHS family receives Health and Nutrition services and Parenting Education every month in which they are enrolled and participating - these are always answered “Yes”.

All referrals should also be indicated separately in Child Plus under Family Services events.

Collaboration with Head Start

The mutual goals of Luzerne County Head Start and Early Head Start are to coordinate services, maximize resources and avoid duplication, while at the same time preserving the often delicate staff/parent relationship. Head Start Family Workers and EHS Family/Nurse Educators may occasionally combine their home visits to best serve a family.

When a family has children enrolled in both the Early Head Start and Head Start programs, the Family Educator and Family Worker involved with the family will communicate monthly, either by phone or in person, using the “Consults” Module within the Family Services tab in Child Plus. The intention of this communication is to share information regarding family services in order to maximize services and avoid duplication. **It is the mutual responsibility of staff to arrange the meeting.**

Collaboration with Children & Youth Services

When working with families who have disclosed their involvement with Children & Youth services, Family Educators will make monthly phone contact with caseworkers to coordinate services, (a release of information is required). The attempts at contacting the current caseworker for the family, as well as, the conversations had with them, must be documented in the “C and Y Consults” module under Family Services in Child Plus. The information reviewed with the caseworker should include any Referrals made on behalf of the family, services being received, Transition information (as applicable), a review of current Family Goals, and anything additional that will be of help to the caseworker while they are working with the family.

Family Literacy Program

In partnership with Luzerne County Community College, our agency hosts the Family Literacy program at 3 of our Centers - Beekman Street, Hazleton, and Nanticoke. Parents of enrolled children have the

option of coming to one of these centers to focus on a specific area of educational need - obtaining their GED or taking ESL classes.

The Family Educator makes initial contact with the Family Literacy Instructor at the site where the parent will be attending. The Family Literacy Instructor will need information about family such as names of participants, contact information, etc. The Instructor will then contact the family directly to setup services.

Negotiating the Networks Parent Training

1. An index is located in the front identifying the 5 major areas of assistance: Crisis information, economic help, medical and dental, clothing, and food.

2. The telephone numbers that appear on the front cover can be called at any time for further information/referral to area resources.

MAINTAINING FILES

Closing Files

Review the File to be sure documents are filed and in the designated order. File labels are to be placed in the upper right corner of the file folder WITH THE FOLD TO THE TOP. When a file is closed, check the appropriate “TRANSITION” or “WITHDRAWAL” Block and write the DATE in red on the label. After the file is reviewed by the Specialists, it will be returned to the EHS Program Assistant to be filed in the appropriate closed file drawer.

EARLY HEAD START FILING PROCEDURES- Closed Files

Early Head Start files are to be maintained in the following order:

ON LEFT OF FOLDER (front to back):

- *All About Me* (copy) (if applicable)
- Tracking of Child Development, Health, Safety, Nutrition Screenings and Assessments
- TSG Individual Child Reports (Fall, Winter, Spring) (discontinued 17-18 Program Year)
- Newborn Developmental Screening (if applicable)
- ASQ-3 Questionnaires
- ASQ: SE-2 Questionnaires
- Child Assessment: Help Strands Report (begun 18-19 Program Year)
- Best Beginnings Questionnaires (if applicable - discontinued 17-18 Program Year)
- ~~IT^3 Temperament Tool~~
- Partners for a Healthy Baby Home Visit Planning Form (begun 17-18 Program Year)
- IFSP/IEP and/or Behavioral Plan (if applicable - discontinued 18-19 program year)
- Vision Screening form (copy of SPOT/physician results, if applicable)
- SPOT screening
- Hearing Screening
- OAE Screening
- Oral Health Screening
- Nutrition Questionnaires
- In-Home Nutrition Project Forms (if applicable - discontinued 18-19 Program Year)
- Well Child Check Forms

- Dental Exam Forms
- Flu Shot Letter
- Two-Week Postpartum Checklist (if applicable)
- Home Visit Reports (Divided by program year)

ON RIGHT OF FOLDER (front to back):

- Family Program Information Data (if applicable - discontinued 17-18 Program Year)
- Orientation Checklist
- Consecutive Orientation Update (if applicable)
- Consents, Authorizations and Emergency Contact Information
- Parent/Staff Home Visit Agreement
- LCHS Family Assessment
- Family Partnership Agreement/Family Goals
- Home Safety Checklist
- Parent Learning Style
- Family Worker/Family Educator Consultation Forms (if applicable - discontinued 16-17 Program Year)
- Transition Plan
- Health Requirements Form
- All other documents (monthly attendance letters, inter-agency correspondence, C&Y Consultations, letters sent to family, Release(s) of Information, etc.)
- Infant CACFP Enrollment Form

Current Files

The “To Go” folder (green) **must** include a copy of the Emergency Contact form, the latest Home Visit Report, resource information, and file documents that you will be using during the home visit. It is important to remember, however, that other file documents, such as screenings and health records, must be referred to and updated regularly.

When not in use, all files are to be stored in the cabinet or drawer designated for this purpose at the Family Educator’s desk. The cabinet/drawer must be kept locked at all times when not in use. Keys must be out of sight but accessible to program managers and specialists at all times.

EARLY HEAD START FILING PROCEDURES - NEW PROGRAM YEAR FILES

Begin a file for the new program year using the new program year’s colored folder. Include the **most recent copy** of the closing program year’s documents listed below and continue adding forms as usual.

Remember: You are not closing the file! If you forget something, it will be in your drawer.

ON LEFT OF FOLDER (front to back):

- Tracking of Child Development, Health, Safety, Nutrition Screenings and Assessments
- Newborn Developmental Screening (if 6-weeks old or less)
- ASQ - 3 Questionnaires
- ASQ:SE - 2 Questionnaires

- Child Assessment: Help Strands Report
- IT^3 Temperament Tool
- Partners for a Healthy Baby Home Visit Planning Form
- Vision Screening
- Hearing Screening
- OAE Screening
- Oral Screening
- Nutrition Questionnaires
- All Well Child Checks
- All Dental Exams

ON RIGHT OF FOLDER (front to back):

- Consecutive Orientation Update
- Consents, Authorizations, and Emergency Contact Information
- Parent/Staff Home Visit Agreement
- Home Safety Checklist
- Parent Learning Style
- Transition Plan
- Release(s) of Information, including hospital or physician releases
- Health Requirements Form
- CACFP Infant Enrollment (if applicable)

CHILD ABUSE AND MEGAN'S LAW

(Follow procedures as outlined in the Family Engagement section of the Agency Operations Manual.)

Should the situation arise where there is a suspicion of abuse or neglect during non-typical hours, employees are to report directly to ChildLine (1-800-932-0313). On the following business day, the employee must report immediately to the Family Engagement Specialist Team Leader to complete follow up paperwork in accordance with reporting procedures. If they are unavailable, then report to one of the following, in order: Assistant Executive Director, Executive Director, or Program Manager.

23 HEALTH, SAFETY AND NUTRITION IN EARLY HEAD START

Early Head Start services to children and families in the areas of health, safety, and nutrition are coordinated by the Early Head Start Health Specialist. In the early years, it is particularly important that parental health is linked to children's health, development, and well-being. Parents' needs for health, mental health, and nutrition services need to be considered as part of a two-generational model of health care. In order to be their child's most important caregiver and to provide safe and nurturing homes for their children, parents must have access to health and dental care, education and resources concerning their own well-being. Health services must be accessible for parents, with a special emphasis on women's health that occurs prior to, during, and after pregnancy. During the formation of the Family Partnership Agreement and throughout enrollment in the program, educators discuss with families the health, dental health, and nutritional needs of the family of the

Early Head Start child or pregnant women and assist in identifying and accessing services and provide education and support.

26 Child Health

Upon enrollment, it is the responsibility of the family/nurse educator to determine whether or not the Early Head Start child has access to ongoing health care (medical home) within 30 days. If not, staff must assist parents in obtaining a medical home.

Although a child's health status must be determined within 90 days after entry into the program, the rapid development of infants and toddlers makes it important to obtain this information as soon as possible. The information gathered from the child's medical provider is recorded in ChildPlus. Copies of physical examinations must be obtained *after* each well baby or well child visit. However, if parent does not have an accurate record of the medical checks, including height, weight, and immunizations, the information must be obtained from the medical provider. Well baby checks should happen no less frequently than at **newborn, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 36 months of age.** Early Head Start follows the schedule utilized by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and the latest immunization recommendations of the CDC (Center for Disease Control).
Early Head Start staff is required to track health care services on an ongoing basis. They must check regularly with parents be sure that well checks and any follow-up treatments are taking place. They must also assist parents in obtaining needed health care services and immunizations for their families. The Early Head Start Health Specialist monitors health records of EHS families. The EHS Health Assistant assists Educators in obtaining information when necessary and entering Health related data into Child Plus.

26 Dental Health

Early Head Start staff encourages and assists families in establishing ongoing dental care for their children if not already established at 12 months of age . LCHS, Inc. encourages all EHS children to go for a dental exam and fluoride treatment as the first tooth erupts or at 12 months of age, whichever happens first, and every 6 months thereafter.

The Nurse Educator completes the Adult Oral Health Screening with pregnant women and provide information on oral health during the prenatal period. Pregnant women are encouraged to seek dental services during that time. Nurse and family educators complete the Child Oral Health Screening with families for infants up to one year, at 12 months, from 15 to 18 months, and at 36 months. Families are given information and instruction on the importance of proper dental care, nutrition, and of avoiding unhealthy behaviors using a variety of teaching materials.

The program provides Early Head Start families with toothbrushes and dental educational material and instructs parents on their usage. Family Educators are to use the Cavity Free Kids Home Visitor curriculum every other month.

Parents are encouraged to wipe infant's gums with a clean cloth or gauze prior to the eruption of teeth. Parents are educated to brush child's teeth with a rice-sized amount of fluoridated toothpaste. Parents

are encouraged to discuss the use of prescription fluoride and fluoridated toothpastes with their dentists and/or physicians. Families should also be educated of fluoride additives in local water supplies and discourage use of bottled water in these communities.

Tooth brushing is encouraged after snacks during home visits.

CLEANING GUIDELINES

Clean means to remove visible soils by using a product suitable for the surface being cleaned. Clean with soap and water on surfaces or vacuum.

Sanitize means to sterilize by using a chlorine bleach solution or other approved cleaner. Sanitize with Clorox solution when spraying on non fabric areas. Use carpet cleaner when sanitizing carpets.

Disinfect means to kill germs by using a disinfectant cleaner, chlorine bleach solution or other approved. Disinfect with Clorox solution.

All items are to be air-dried following cleaning or sanitizing.

Use the following charts to determine which to use on each surface.

Sanitizing Areas	**Clean (First)**	**Sanitize (Second)**	**Disinfect (Second)**	**Air Dry (Third)**	**Frequency**	**Who is Responsible:**
Countertops/tabletops in non-food areas	X	X		X	When soiled or at least once daily.	
Tabletops/counters used for food	X	X		X	Before & after food is served daily.	
Food Preparation area	X	X		X	Before & after preparing food	
Floors	X	X		X	Daily or when soiled. Disinfect weekly.	
Carpet	X	X			Daily Vacuum. When soiled or once per month, use carpet cleaner.	
Disinfecting Areas	**Clean**	**Sanitize**	**Disinfect**	**Air Dry**	**Frequency**	**Who is responsible:**
Hand washing sinks	X		X	X	Daily and	

					when soiled	
Faucets and handles	X		X	X	Daily and when soiled	
Toilet bowls	X		X	X	Daily	
Toilet Seats	X		X	X	Daily or immediately if obviously soiled	
Toilet-Flushing handle	X		X	X	Daily and when soiled	
Door knobs	X		X	X	Daily and when soiled	
Changing Table if applicable	X		X	X	After each use	
Toys & Labeled Dirty Toy Bin	**Clean**	**Sanitize**	**Disinfect**	**Air Dry**	**Frequency**	**Who is responsible:**
Small toys that can go into mouth	X	X		X	After visible use and weekly.	
Larger toys	X	X		X	Weekly	
Dirty Toy Bin	X		X	X	End of every day if used or at least weekly	
Dress-up clothes	X	As needed.			As needed.	
Hats	X	As needed.			As needed.	
Floors	X			X	When soiled.	

Head Start classrooms will clean dress-up clothes and hats utilizing the washer/dryer at the Early Head Start Center in the Region in which the the Head Start Center is located.

Clean Immediately: **If a surface is contaminated with body fluids: blood, saliva, mucus, vomit, urine or stools: Alway wear disposable gloves.** Use a multi-purpose cleaner followed by a disinfectant, or you may use a disinfectant cleaner. Allow surface to air dry. (Adapted with permission from: The ABCs of Clean Teacher's Guide. The Soap and Detergent Association, 475 Park Ave., South, New York, NY 10016.)

27 BLEACH SOLUTION RECIPES

Disinfecting Bleach Solution Recipe for Bathroom Areas and Classroom Sinks

Add 1/2 cup of bleach to 1 gallon (128 ounces) of water
OR
1 TBSP of bleach to 16 ounces of water

Mix a fresh solution each day. A solution is only effective if mixed daily.

Use it to disinfect non-porous surfaces such as toilets and other bathroom surfaces immediately after they have been cleaned.

Dispense from a labeled spray bottle that you keep out of the reach of children in a locked cabinet.

Wet the entire surface until glistening and *leave* solution on the surface at least 2 minutes.

Dry Please refer to cleaning guidelines.

Sanitizing Bleach Solution Recipe for Tables, Toys, Chairs, and Play Surfaces Including the Water Tables

Add 1/2 cup of bleach to 1 gallon (128 ounces) of water
OR
1 TBSP of bleach to 16 ounces of water

Mix a fresh solution each day. A solution is only effective if mixed daily.

Use it to disinfect surfaces that have been cleaned.

Dispense from a labeled spray bottle that you keep out of the reach of children.

Wet the entire surface until glistening and *leave* solution on the surface at least 2 minutes.

Dry Please refer to cleaning guidelines.

28 Diaper Procedure for Early Head Start Facilities

Diapering of Early Head Start children at Socializations and other parent activities is generally done by the parent or guardian of the child. In the event that EHS staff must change diaper utilize the following procedure. Parents should be instructed also in the following diapering procedure; however, they do not need to wear gloves when changing diaper of their own child.

- Diapers are provided to parents during Socializations.
- Have all materials for changing ready before placing the child on the changing table.
- Remove wipes to be used to cleanse the child from the container so that the container will not be touched during the diaper changing.
- Place the child on the diaper changing area on the liner provided. Unfasten the diaper, but leave the soiled diaper under the child.
- Lift child's legs and clean the diaper area from the front to back, using a fresh wipe each time.
- Put soiled wipes into the soiled diaper and fold soiled surface inward.
- Slide fresh diaper under the child. Place diaper and soiled paper liner in plastic bag and place in designated container.
- Remove soiled gloves.
- Wash the child's hands at the child-size sink using soap and water no less than 60 degrees and no more than 120 degrees. If the child cannot stand at the sink, use disposable wipes or follow the following procedure:
    - Wipe child's hands with damp paper towel moistened with a drop of liquid soap. Wipe child's hands with a paper towel wet with clear water. Dry child's hands with paper towel.
    - Have parent wash their hands following hand-washing procedure of child.

EHS staff are to wash hands following procedure.

• Wearing clean gloves, clean any visible soil from the changing surface with soap and water.

• Wet surface with sanitizing bleach solution. Bleach solution should be left in contact with the surface for at least 2 minutes. The surface is left to air dry.

• Wash hands following hand-washing procedure.

28 Procedure for Tooth Brushing at Socializations

Children who are over 12 months of age or have had their first tooth erupt will brush their teeth after Socialization snack by the parents using a rice size smear of fluoride toothpaste and soft toothbrush. Children without any teeth will have their gums cleaned with gauze by the parent.

Procedure:

1. After mealtime and hand washing, parents will be given a small cup a rice sized smear of fluoridated toothpaste on the lip of the cup, along with a soft bristled, child-size, developmentally-appropriate, disposable toothbrush, and a paper towel.

2. The parent sits with the child on her/his lap, both facing in the same direction.

3. The parent lifts the lips to brush the front and back of the teeth at the gum line. Wiggle the brush gently back and forth using circular motions.

4. After brushing, older children may want to spit or drool into the cup. The mouth should not be rinsed, since it is important to retain the fluoride on the teeth. For children who do not spit after the brushing, the small amount of toothpaste used will not be harmful.

5. Parent wipes the child's face with a damp paper towel.

6. Finally, parent disposes of all materials and washes their hands and that of the child.

29 Home Safety

Early Head Start educators assist families in providing safe and nurturing home environments. Home Safety information is provided at Orientation to assist families in identifying needs and locating needed safety resources. Family/Nurse Educators complete Home Safety Checklists and provide anticipatory guidance to families regarding health and safety issues for which they can be prepared as their children grow and develop. At the Orientation visit, emergency contact information is obtained from the parent/guardian so that a family member or other designated person can be contacted in case of an emergency during a home visit, while on the bus, or at a group activity, etc. Emergency contact information should be updated each time a family moves to a different home, or if there is a change in contact information. Additionally at Orientation the staff and parents will identify an alternative exit from the home in case of fire or other emergency and note the route on the Emergency Contact form.

The TIPPS Injury Prevention Program (TIPPS) Sheets are given and reviewed with families at the following intervals:

• Birth to six months • 6 to 12 months	• 1 to 2 years • 2 to 4 years

Home Safety Checklist

After Home Safety Checklists are completed, educators review the findings with parents and discuss areas of concern. If families are in need of safety items for the home, family/nurse educators contact the EHS Health Specialist for assistance. It is important to remember that home safety is a topic that should be addressed during each home visit and documented on the Home Visit Report.

29 Mental Health Services in EHS

Social and emotional development in infants and toddlers is a part of the home based assessment and curriculum. In addition, home visits and Socialization experiences provide opportunities to strengthen the relationships between infants, toddlers, and their parents. The strength and quality of these relationships are essential to optimal child development.

Family counseling is available through referral to community agencies. Family notes and family enrollment packets should reflect that referrals have been made and services received.

The Ages and Stages Social/Emotional Screening is administered to Early Head Start children. (See Child Development)

***Women enrolled in the Early Head Start prenatal program are screened by a Nurse Educator for postnatal depression within two weeks of delivery, again at 4 weeks postpartum, and three months from the initial screening. In the event that the neonate is hospitalized immediately following birth, determination will be made by the EHS team as to the appropriate time to assess the child and mother. Women who have experienced miscarriage can remain in the Early Head Start program for up to one month after the end of the pregnancy, and longer in cases where additional support is needed. The postnatal depression screening is administered within two weeks of the miscarriage and again before exit from the program. Referral for follow-up treatment is made as necessary.

30 Nutrition

Nutrition assessments are completed for pregnant and lactating women and for infants and toddlers shortly after enrollment and at specified intervals thereafter. These assessments help educators to assist families in identifying nutritional needs and in providing parent education and resources. At the time of enrollment, families are provided with resources concerning feeding, formula preparation, and age-appropriate foods specific to the age of the child, as well as information for families on the importance of good nutrition for all family members.

Family/Nurse Educators encourage breastfeeding and provide families with resources and education concerning the benefits of breastfeeding. Educators determine families' involvement with Women, infants, and Children (WIC) upon enrollment and yearly as a resource for formula, food vouchers, growth tracking, nutrition education and lactation consultation.

Family/Nurse educators track well baby checks and prenatal visits and encourage families to maintain regular visits. These visits ensure that growth is being monitored by the family's medical team. In addition to providing education and resources to families concerning nutrition and feeding, family/nurse educators encourage families to address any growth, nutritional, or feeding concerns with their health care provider. Early Head Start staff can arrange for families to meet with the Nutrition Specialist for education and counseling.

Family/nurse educators include food preparation information and nutrition activities on home visits. This can include providing menus and meal ideas, conducting food preparation activities in the home, and guiding the family in making good shopping and money management decisions. Instruction and education is provided on the safe methods for storing and handling of breastmilk and infant formula and food storage and preparation. Information will also be provided to families on when to introduce age-appropriate foods. Based upon nutritional needs of families as determined by the Nutrition/Diet Questionnaire. In-home nutrition projects are conducted every other month with recipes approved by the Nutrition Specialist or EHS Health Specialist.

Food served at Socialization activities must be planned in advance and according to the approved menu prepared by the Early Head Start Health Specialist and Nutrition Specialist, who is responsible for the agency's participation in the Child and Adult Care Food Program (CACFP). Snack at Socializations are to be served in accordance with the Head Start Nutrition Philosophy (See Nutrition Section of Head Start Operations Manual). CACFP guidelines must be followed as instructed by Nutrition Specialist. All foods must be developmentally and age appropriate. Special menu items or activities must be approved by the Nutrition Specialist or the EHS Health Specialist.

All bottles brought to Socializations or other center activities must be labeled upon arrival. If the breastmilk or formula is not to be used right away, it must be refrigerated. Bottles are not to be heated in the microwave, as uneven heating can occur. All bottles are to be taken home after the activity.

Formula is provided for infants one and under at Socializations. Whole milk is provided for children ages one to two. Fat free (skim) milk is provided to children two years of age and older. Lactose-free milk or other approved substitute is provided, as needed.

31 Smoking Awareness Policy for EHS Home-Based Services

Luzerne County Head Start, Inc. cares about the health and safety of our children, families, and staff. It is part of our mission to promote health and wellness. In addition, our Federal Performance Standards require us to provide information to our families regarding preventative health, including environmental hazards. We must make available to families information on maternal and child health and the prevention of Sudden Infant Death Syndrome. Through our prenatal services, we are required to provide education on fetal development, including the risks from smoking.

Education can be provided to the parents that the Pennsylvania Department of Health reports that children exposed to smoke experience frequent colds and ear infections, increased risk of developing asthma, higher risk of Pneumonia and Bronchitis, and weaker lungs. A large amount of children who have been exposed to secondhand smoke were more likely to experience breathing problems while under general anesthesia. Smoking during pregnancy can put a woman at risk for miscarriage and stillbirth, and premature birth, and can cause the baby to have less oxygen than needed, low birth weight, and respiratory problems.

Secondhand and thirdhand smoke can cause serious health problems. Invisible particles from smoke stay in a room for 3-4 hours after a person has smoked a cigarette. Tobacco products contain over 4,000 chemicals.

Family/Nurse Educators should make the parent aware to not smoke when their child is present, especially in the car. If they choose they should smoke OUTSIDE their home. And to ask other to not smoke around them or their children.

Family/nurse educators should stress that due to the LCHS, Inc. regulations and the staff health and the health of the children, parents are to make every effort to refrain from smoking or the use of e-cigarettes, or any vaping devices during home visits.

Smoking, including use of e-cigarettes and vaping devices, is prohibited in and around all Luzerne County Head Start sites and in agency vehicles.

32 SERVICES TO PREGNANT WOMEN

Services to pregnant women are provided by a Registered Nurse in cooperation with Family Educators. Late or inadequate prenatal care, malnutrition, stress and substance abuse are associated with shortened gestation, low birth weight, birth defects, and underdevelopment of the brain. These, in turn, have been associated with higher probabilities for infant mortality, illness, disabilities, child abuse, learning disorders, and difficulty in relationships. A goal of the Early Head Start program is to intervene with a family as early as possible to have the greatest possible impact on the family.

1304.40(c)(1)(i)(ii) and(iii) Health and Mental Health

Upon entering the Early Head Start program, it is determined by the Nurse Educator whether the pregnant woman has medical insurance and a medical provider. If she does not, the Nurse Educator immediately assists her in securing these. The Nurse Educator tracks prenatal visits and encourages the pregnant woman to keep these visits. Assistance is offered to attend these visits, if needed.

The Nurse Educator assesses the pregnant woman's nutritional status using the Prenatal Nutrition and Diet Questionnaire, and provides nutrition information as needed. The Nurse Educator can enlist the assistance of the EHS Health Specialist and Nutritional Specialist to provide additional information and counseling, if appropriate. The Nurse Educator makes certain that the pregnant woman is aware of the services of Women, Infants, and Children (WIC).

The Nurse Educator covers information on the Prenatal Oral Health Screening and discusses the importance of dental care and hygiene. If the client is not receiving dental care on a regular basis, the nurse educator encourages her to do so and provides information on available dental services.

Mental health services are available to pregnant women through community agencies/partners on a referral basis. Mental health issues are discussed with the pregnant woman during pregnancy, as well as during the Postpartum Visit. Women enrolled in the prenatal program are screened by the Nurse Educator for postpartum depression within two weeks of delivery. Family Educators will screen again at 4 weeks postpartum, and at 3 months from the initial screening. In the event that the neonate is hospitalized immediately following birth, determination will be made by the EHS team as to the appropriate time to assess the child and mother.

1304.40(c)(2) Fetal Development

Using the Prenatal Curriculum, *Partners For A Healthy Baby, Baby Basics'* as well as any other information individualized to the pregnant woman, the Nurse Educator educates the client about infant feeding, including breastfeeding. The Nurse Educator emphasizes the positive effects of good prenatal health on the unborn baby, and the dangers of poor health, poor nutrition, substance misuse and nicotine. The pregnant woman is educated about newborn care, preparing for labor and delivery, and other topics which may be of relevant concern to her. The Nurse Educator also assists the pregnant

mother with obtaining safe equipment and supplies needed to care for her newborn baby, such as a car seat, crib, clothing, linens, and diapers. Pregnant mothers are made aware of community resources where they can obtain assistance when needed.

Nurse Educator provide instruction to pregnant women on fetal development and well-being, which can be monitored through daily kick counts. Beginning at 28 weeks gestation, expectant mothers are instructed to complete daily kick counts. The Nurse Educator discusses results at weekly home visits.

1304.40(c)(3) Breastfeeding

The nurse educator provides information and instruction to the pregnant woman on the benefits of breastfeeding. Instructional materials include printed information, visual aids such as a breast model, and videos/DVD's The nurse educator instructs the pregnant woman on preparing for breastfeeding as well as discussing breast assessment during the Postpartum Visit. A Lactation Consultant is available to speak with pregnant women and mothers through the agency's affiliation with the Women, Infants, and Children (WIC) program.

1304.40(i)(6) Two-Week Postpartum Visit

Within two weeks after an infant's birth, the Nurse Educator visits the mother and newborn to ensure the wellbeing of the mother and child. The Nurse Educator completes the postnatal depression screening and the Two-week Postpartum Checklist and follows up on any needs the family may have. The Nurse Educator may continue working with the family until transition to a family educator is made. Women who have experienced miscarriage can remain in the Early Head Start program for up to one month after the miscarriage has occurred, and longer if additional support is needed. The postnatal screening will be administered within two weeks of miscarriage and repeated prior to exit from the program. Referral for follow-up treatment will be made as necessary.

33 COORDINATING PRENATAL SERVICES IN EARLY HEAD START

1. Entry in ChildPlus of Unborn and Born Child: Pregnant mother is the enrollee during the prenatal period. Mother's status of "Enrolled" will be changed to "DROPPED Delivered Child/Child Subsequently Enrolled" after birth of the baby. Child's Date of Birth and verification documentation is recorded on the same Status Changer. The 'clock starts ticking' for the 45-day screening requirements.
2. Nurse Educator will begin the Postpartum Checklist on ChildPlus; Family Educator will then be required to complete appropriate information within the checklist.
3. Early Head Start staff should assist families in obtaining a birth certificate for their child if they do not already have one. Families will be asked at Orientation if they are in need of obtaining a birth certificate and again at the commencement of the transition period. Staff will document in notes all assistance provided to families in this process.
4. Pregnant women are enrolled directly into the caseload of the Family Educator who will work with the baby after birth. The Nurse and Family Educator will work together to plan the Orientation Visit so that both can attend and begin the relationship-building process. Family Educators will make every effort to increase involvement in the prenatal visits during the third trimester, and will plan with the Nurse Educator to attend the 2-week Postpartum visit. This is the first home visit for the EHS child.

5. The 2-week Postpartum Visit: The Nurse Educator completes the Prenatal Packet, Newborn Assessment, begins Postpartum Checklist, and first Edinburgh Depression Screening. The Family Educator completes the Newborn Developmental Screening, and Vision and Hearing paper screens.
6. In some cases, such as when the mother or newborn has a medical issue, the Nurse Educator may visit or converse with the family for a short time after the postpartum has taken place. Any postnatal services related to the mother will be recorded in ChildPlus
7. Occasionally a pregnant mother may be enrolled in the prenatal program and also have an infant or toddler in the EHS program. In this case, the Family Educator will be responsible for all ChildPlus data entry relating to the EHS child and family. The Nurse Educator will be responsible for data entry related to the prenatal services. When a pregnant woman is enrolled with no other EHS children, the Nurse Educator is responsible for all data entry.
8. Prenatal home visits are not to be combined with child EHS visits, although the visit can happen before or after the child visit, if convenient for the parent. Prenatal and child visits have distinct and different purposes, and therefore full attention should be given to each.

34 Transition From Prenatal to Children's Services

Children who are born to mothers receiving services through the prenatal program are automatically enrolled in the Early Head Start at birth. The Nurse Educator must complete the Postpartum Visit within two weeks of the birth. The Nurse Educator may continue services in cooperation with the Family Educator for a period of time due to such factors as medical needs of the mother or baby. All three postpartum depression screenings are kept in the prenatal file.

It is important that we assist families in obtaining documentation following the birth of the baby. A checklist of necessary information to be obtained is located in ChildPlus under the mother's name, which is only used when the mother was under the prenatal service. A new file is opened for the child, and contains the following:

• New Consent, Authorization, Release and Emergency Contact information
• Family Partnership Agreement/Goals/Family Assessment
• Home Visiting Agreement *(New educator should review/revise with family)*
• Orientation Checklist
• Checklist of Needed Information
• Postpartum Newborn Assessment
• Newborn Developmental Screening
• Copies of other checklists, such as Home Safety Checklist, Learning Styles Questionnaire
• Transition Plan

The following documents are retained in the prenatal file when it is closed:

• Copy of FPA/Goals
• Prenatal Medical Records
• Prenatal Oral Health Screening
• Copy of Home Visiting Agreement
• Home Safety Checklist (if completed)
• Copy of Orientation Checklist
• Learning Styles Questionnaire (if completed)
• Postpartum Depression Screenings
• Copy of Postpartum Newborn Assessment
• Prenatal Enrollment Packet, Prenatal Health & Pregnancy History

35 Early Head Start Prenatal Filing Order

Files of expectant mothers in the Early Head Start program are kept as follows:

ON LEFT SIDE OF FOLDER:

- Prenatal Curriculum Checklist
- Home Visit Reports
- Prenatal Oral Health Screening
- Physical Exams
- Nutrition / Diet Questionnaire
- Postpartum/ Newborn Assessment (goes in child's file unless child is not enrolled)
- Depression Screenings

ON RIGHT SIDE OF FOLDER:

- Enrollment Forms - Prenatal Enrollment Packet, Prenatal Health & Pregnancy History
- Orientation Checklist
- Consents, Authorizations and Releases
- Home Visiting Agreements
- Family Partnership Agreement/Goals/Family Assessment
- Home Safety Checklist
- Parent Learning Style
- Family Notes (If any; now done electronically)
- Any other documents, such as inter-agency correspondence, etc.

35 EARLY HEAD START SOCIALIZATION

Group socializations are opportunities for Early Head Start parents to observe their children responding to other children and adults, to share and learn from others in a group setting, and to be supported by EHS staff in their roles as the primary caregivers and teachers of their children. Socializations are conducted with the child's parents or legal guardians, and may not be conducted with child care providers or other substitute caregivers. Parents take an active part in the planning of socialization activities.

Early Head Start programs are required to offer families two socializations per month, or 22 in a program year. The socializations are to be conducted on a regular basis, approximately every two weeks. Socializations that are canceled due to weather conditions or other circumstances must be rescheduled. Socializations are to be conducted in small groups to allow children, families, and staff greater opportunities for individual attention and meaningful interaction. All socialization experiences are planned to address child development issues, parenting, and the parent-child relationship. We must also ensure that children with disabilities can fully participate by making any necessary adaptations to settings and materials to allow for active engagement with others in activities.

The EHS Program Assistant will notify the Operations Manager with a monthly calendar and will record the Family Days on the (EHS Calendar- via Google Forms. Family Educators will take turns as coordinator of Family Days on a rotating basis. The coordinator will arrange a planning meeting at least

a week prior to the socialization and complete the EHS Socialization Planning Checklist during the meeting.

The coordinator will need to be sure the following is done for each Family Day:

- Agree upon a time and date with other staff. In most cases, this should remain constant.
- Plan the Family Day activities. **Remember to involve families in the planning and to draw from family goals for ideas. Refer to the sample socialization schedule for ideas.**
- Be sure you have all the materials needed for the activity.
- Make arrangements for the space you will be using. Do a safety check. Is the environment clean, safe, and free from any safety hazards? Are toys arranged attractively in a manner which promotes play?
- Send notices to families. Tell them what will be happening. Make it sound interesting! Tell them what snack will be served and remind them about the formula we serve. (Meals must be approved by Nutrition Specialist and CACFP guidelines followed). Plan and purchase food as needed.
- Send list of families needing bus transportation to the EHS Program Assistant prior to the scheduled Socialization date as requested. You will need to include names, addresses, phone numbers, and your needs for car seats.
- Know the location of diapering supplies, emergency contact forms, and first aid kit.
- Prepare tooth brushing supplies.
- Clean up as necessary.
- Complete these forms:
  - Socialization Meal Count Form (Menu on back)
  - Child Adult Care Food Program (CACFP) Infant Meal Patterns for Children 0-11 months
  - Socialization Attendance Form
  - Socialization Report
- Make a copy of the original Socialization Attendance form for your Socialization Binder.
- Make a copy of the Socialization Meal Count Form for your Socialization Binder and send the ORIGINAL (Menu on back) to the Health Specialist.
- Staple the following together and put in your Socialization Binder:
  - Flier given
  - Socialization Meal Count Form (Menu on back) (COPY)
  - Socialization Attendance Form
  - Socialization Report
  - Any resources given to Parents
  - Your Socialization Planning Checklist
- Add the socialization information to your Socialization Tracker in the front of the binder.

37 Sample Socialization Schedule

WELCOMING (10 minutes)
Arrival
Hand Washing
Informal Conversation
Free play and exploration

CIRCLE TIME (15 minutes)
“Hello” Song
Other songs
Roll the ball and exchange names
Put family picture on board

SNACK TIME (20 minutes)
Wash hands
Enjoy snack and conversation
Tooth brushing- including parent/child hand washing

PARENT/CHILD ACTIVITY AND OBSERVATIONS (30 minutes)
Directed and explorative activities
***Activities are based on child development goals as well as health, nutrition, and family support services.

CLEAN-UP TIME (5 minutes)

CLOSING (10 minutes)
Review activities
Sing “goodbye Song”

(Schedule is flexible and open to changes).

See Health Section for Exclusion Policy, cleaning and sanitizing of toys and equipment and diapering procedures at Socializations and center activities.

Any medications brought to Socializations or other activities must be labeled with the child’s name and placed in the box provided for this purpose. All medications must be kept in a locked container. Medication administration is the responsibility of the parent.

All bottles and sippy cups must be labeled with the child’s name upon arrival at the activity and taken home with the parent that day. No bottles are to be heated in the microwave, as heating can be uneven.
All diaper bags and purses must be stored out of reach of children. No parental outside food or drink are allowed at Socialization or on the LCHS Inc bus.

Sun Safety Policy For Socialization

Sunscreen is to be applied to all children, over the age of 6 months, before participating in outdoor activities. Sunscreen is provided at the Center and is to be applied to all exposed areas of the skin at least 15 minutes before going outside. Parents are responsible for applying sunscreen to their children. To further provide sun protection, parents are asked to bring long sleeved shirts, long pants, and hats to be worn while outside.

Shade is provided in the outdoor play areas (trees, canopies, etc.)

Illness

If a parent or child is knowingly ill on the day of Socialization, that family would be expected not to attend.

Recommendation for Infants at Socialization

The following recommendation is based on input from physicians who are on the Head Start Health Services Advisory Committee. When bringing an infant to a group setting, the child's immune system should be taken into consideration. In any group setting, a person can be exposed to people who have symptoms of illness or who are unknowingly ill. Parents are advised to make an informed decision and to use caution before bringing a newborn into a socialization setting. As per state guidelines, infants are encouraged to have their first set of immunizations prior to attending Socialization.

38 EARLY HEAD START TRANSITION

Early Head Start staff support families' transition into the program through the Orientation process. When services are begun prenatally, the Nurse Educator and Family Educator work together to ease the transition from one to the other for the mother and new infant. Staff and parents support infant and toddler transitions by:

*Learning the individual characteristics and temperament of each child;
*Creating predictable daily routines so that child can learn to trust outcomes;
*Being flexible and open to new learning as child changes and grows;
*Taking cues from the child;
*Providing appropriate new experiences to prepare the child for the next developmental stage;
*Praising the child's efforts and developmental successes;
*Creating consistent and caring environments.

38 Transition Planning

Planning for transition from the Early Head Start to Head Start or another preschool setting must begin at least 6 months prior to the child's third birthday. (IT IS IMPORTANT TO NOTIFY FAMILIES THAT INCOME MUST BE RE-VERIFIED PRIOR TO TRANSITION TO THE PRESCHOOL HEAD START PROGRAM. Depending upon individual family circumstances, an over-income family may or may not be offered placement in the preschool Head Start program).

Early Head Start children who will reach the age of three by **September 1st** of the program year and who are transitioning to the Head Start preschool program will begin center-based preschool programming at the beginning of the new program year. (If the child is receiving early intervention services through Part C, the family educator will contact the child's service coordinator).

Children turning three after September 1st will be selected from the Head Start Transition Waiting List as spaces become available, and will be given priority. The Head Start Family Worker will review the transition list in Child Plus and follow the Center Enrollment Policy.

Procedures for Transition from EHS to Preschool Head Start are outlined in the ERSEA section of the Operations Manual

Communication between EHS/HS Regarding EHS Transition

In order to improve communication between EHS and HS staff with regard to Transition, the following practices have been implemented and are being re-emphasized:

EHS Educators are reminded that slots in Head Start can become available without prior notice, so if a child they are working with is on the Transition List, the possibility of a quick transition should be anticipated.

EHS Family Educators should be aware that this year, Beekman has several classrooms with bilingual staff. If interested, parents who solely speak Spanish could utilize any of these classes, as opposed to waiting for a slot in the Bilingual classroom which seldom has openings. Family Educators should relate this information to transitioning families and to the Lead Family Worker if they are interested. A prior visit to such a classroom might help the family in making this decision.

As you are planning for Transition remember bussing may not be available. Consult the FW or CM for availability.

Some HS locations CANNOT take EHS Transitioning children on their 3rd birthday. Consult a member of the ERSEA Staff with individual questions or concerns.

1. The Family Educator will update the transition plan in Child Plus 45 days before the child's 3rd birthday. Any special circumstances which may need to be considered in placing the child in a classroom should be documented. Information should be documented in the child's transition plan under "transition notes" Example: Transportation concerns, custody issues, possible moves, pick up/drop off locations (CYC), health issues, etc. If the information changes Child Plus should be updated immediately.

2. Family Workers will call Family Educators to let them know when one of their families is being selected. If the Family Educator can't be reached, immediately send an email. FW will document this contact on the Transition List in CP.

3. Family Educators will confirm receipt of this contact and notify ERSEA staff of pending transition. FE will place a note in the child's family services tab "Other Note". FE's may request to continue EHS services with the child for up to **7** days when the opening occurs to close out the case, say goodbye to the family, complete make-up home visits, and any other needs. Important--In some circumstances this may NOT be possible.

4. Once FE confirms receipt of potential transition. FW may contact the family to review details such as; transportation, times, p/u d/o locations, etc…… If FW does not hear from FE within 24-48 hours FW can contact either the Program Manager or a member of ERSEA to ensure FE is not out for a long period of time, vacant caseload, etc….

5. FE and FW need to communicate regarding dates of last EHS home visit, HS orientation date and Pre-Service Team meeting date and time. The FE will make arrangements to be at the meeting in person or via conference call. Once the Pre-Service Team meeting occurs FW's must document this in CP under Family Services tab, Event heading "Team Meeting".

6. Family Educators will complete an EHS Child Plus Status Changer immediately on the date of change. Family Workers will also complete a Status Changer on the date of change & fax to ERSEA at CO.

COMMUNICATION IS THE KEY. We can't always plan or control the exact order in which things will take place, but keep in mind that open communication will lead to smoother transitions for the children, families, and staff involved. We are all on the same team!

The I/T Specialists/ Health Specialist and Education Specialists will address specific developmental, behavioral and health concerns during team meetings.

(Note: Transition procedures can be adjusted to meet the child's individual needs. For example, in some cases, the child may need to begin attending center-based services for a limited number of days, and gradually increase to a regular schedule. These decisions will be made by the Education and Infant / Toddler Specialists).

Visits for Early Head Start families to a center will be arranged through the Family Educator. The Family Educator will contact the center where the child is due to transition and schedule a classroom visit. This visit needs to take into consideration the classroom schedule as well as the family's schedule.

If the child transitioning is receiving services through Part C, the Family Educator will attend the Transition Meeting between the Part C provider and the Early Intervention provider. Arrangements to have the child receive EI services at Head Start will be made, whenever possible.
The Family Educator will complete the Transition Plan document which will become a part of the child's file.

During the program year, the Head Start Family Worker and the Early Head Start Family Educator will each complete a Status Changer on the date the child begins at the Head Start center. The date of enrollment in Head Start will match the date of withdrawal from EHS on the EHS Status Changer. EHS children transitioning in September are Aged Out of the Program from EHS on the last day of the program year, July 31.

Early Head Start children can be considered for special programs such as Jump Start when they meet the criteria specified for that program.

40 TRANSPORTATION IN EARLY HEAD START

Because it is particularly important that pregnant women and families with infants and toddlers have access to on-going, regularly scheduled health services and other community supports, family and nurse educators assist families with transportation needs when other means of transportation are unavailable. This type of transportation is provided utilizing agency vans and safety approved car seats, and is not considered regularly scheduled transportation. Family and nurse educators can provide transportation only when it does not conflict with other scheduled home visits. Every effort is made to assist families in identifying alternate means of transportation.

✻ Transportation to regularly scheduled activities such as socialization activities and parent meetings is provided in Early Head Start vehicles using child restraint systems, which are appropriate for the weight of the child.

✻ When families are being transported to Early Head Start activities, family educators will provide each passenger with an identification and emergency contact sticker.

✻ At no time are Early Head Start children transported without being accompanied by a parent or guardian. Only children enrolled in the Early Head Start Program their siblings, and parents can be transported in agency vehicles.

✻ The Early Head Start Health Specialist is responsible for ensuring that car seats are in good condition and are replaced when needed. The EHS Health Specialist will arrange for car seat safety training for staff.

✻ Parents/guardians are provided with training on Bus Safety and Pedestrian Safety at initial Orientation and at yearly updates. Monthly, as part of a socialization procedure, the Early Head Start staff person assigned to ride the bus will review bus safety information with families upon arrival. Additional Pedestrian Safety Training is provided monthly in the EHS Parent Newsletter.