

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 1-ADMINISTRATION

~~2013-2014~~2014-2015

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I. Program Governance

A. Service Area

Contra Costa County Employment and Human Services Department, Community Services Bureau (CSB) is the designated Community Action Agency for Contra Costa County. CSB is the Head Start and Early Head Start Grantee for Contra Costa and also administers the California Department of Education Child Development Programs, Community Services Block Grant, Stage 2/Alternative Payment Programs, Low-Income Home Energy Assistance and Weatherization Programs.

B. Service Recipients

The Bureau's services are directed toward building self-sufficiency among the county's low-income residents and vulnerable populations. CSB serves pregnant women and children ranging in age from birth through kindergarten, individuals and families. All service recipients served under the various CSB funding streams must meet the eligibility requirements of the funding source.

C. Program Governance

1. The Board of Supervisors

The Board of Supervisors is a body of publically elected officials whose role is to oversee the operations of county departments and to exercise executive and administrative authority through the county government and county administration. The BOS also is charged with responsibility and oversight to the Head Start and Early Head Start grants as outlined in Appendix A in this section.

2. Policy Council Composition and Formation

The County Board of Supervisors and the Policy Council determine the total size of the Policy Council, procedures for electing parent members, and selection of community representatives.

Policy Council composition is reviewed annually to ensure that it meets the General Membership guidelines of HSPS 1304.50(b)(2). Consideration is given to the number of Head Start and Early Head Start currently enrolled children along with program options (Full Day, Part Day, and Home Base). The following steps explain how to determine Policy Council composition:

- Determine the total number of Head Start and Early Head Start slots
- Determine the total HS/EHS slots for each site by program option based on the current CSB slot map (HS/Full Day, HS/Part Day, EHS/FD, and Home Base (EHS/HS collectively). Calculate the percentage of each program option (multiply the number of program option slots for each site by the total number of slots). This will give you the percentage of membership that each option should represent.
- The number of ~~currently enrolled~~ representatives is set at 39. This is determined using the formula 1/60 (1 representative per site for every 60 HS or EHS slots).

Head Start Part Day 29%	9 13 Representatives
Head Start Full Day 540%	134 Representatives
Early Head Start 179%	5 6 Representatives
Home Based Option 4%	1 Representative

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This information will be included in the Policy Council Bylaws approved annually by the Board of Supervisors and the Policy Council. The term for members is one year, October to September. Parent representatives will be (re)elected annually by each center's parent committee. Community representatives will be selected annually. The maximum number of one-year terms an individual can serve is three. No grantee or delegate agency staff (or members of their immediate family) may serve on the Policy Council or on the Delegate Agency's Policy Committee, except parents who occasionally (no more than 10 hours/month) substitute for regular Early Head Start or Head Start staff.

Immediate family is defined as any parent, child, sibling, grandparent, significant other, co-parent or spouse of Community Services Bureau staff. At least 51% of the Policy Council members must be parents of currently enrolled children.

3. Procedures for Electing Parent Representatives to the Policy Council

The parent committees at each site will elect parent representatives as early as possible in the program year. This is done by voting at the parent meeting. Parent representatives must be parents of currently enrolled children in the program.

4. Procedures for Electing Community Representatives to the Policy Council

Community representatives are drawn from the local community. They represent past parents and local community agencies. All Community Representatives must be elected by the Policy Council. Membership for Individual Community Representatives is also limited to 3 one-year terms (1304.50(b)(5)).

- **Past Parent Community Representatives**
The past parent representatives must submit a letter to the Policy Council requesting consideration to be a community representative. Letters are read during a business meeting, and the Policy Council must vote to approve the parent's request. If the Policy Council receives more requests than vacancies, all letters are read for consideration, and the Policy Council votes, and the majority decision rules.
- **Community Agency Representatives**
The Policy Council determines which community agencies they would like to invite to participate on the Council. Agencies are drawn from the local community and are familiar with resources and services for low-income children and families. CSB staff to Policy Council assists by contacting agencies to seek interest in joining and requesting the name of an agency representative to be elected onto the Policy Council as early in the program year as possible. Agency representatives are presented and considered for approval by the Policy Council.

5. Parent Committee

The Parent Committee must carry out at least the following minimum responsibilities:
Advise center staff in developing and implementing local program policies, activities, and services.
Plan, conduct, and participate in informal, as well as formal, programs and activities for children, parents and staff.

6. Policy Council Responsibilities

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The Policy Council has policy-making authority and is governed by its By-Laws. Each year, through ongoing trainings, the Policy Council and Board of Supervisors are trained on Governance and Head Start Performance Standards, and oriented to CSB program services. CSB staff provides a comprehensive orientation to CSB and Policy Council roles and responsibilities each year. A make-up orientation is also provided for members joining later in the program year. A joint training with the Board of Supervisors is also scheduled annually.

7. Appendix A: Governance and Management Responsibilities

The following chart outlines the shared responsibilities between the Board of Supervisors, Policy Council, Head Start Director and EHSD Director.

FUNCTION	BOARD OF SUPERVISORS	POLICY COUNCIL	HS* PROGRAM DIRECTOR	AGENCY DIRECTOR
I PLANNING 1304.50(d)(1)(iii)				
(a) 1304.50(d)(1)(iii)	A & C	C	B	C
Procedures for program planning in accordance with this Part and the requirements of 45 CFR 1305.3 (this regulation is binding on Policy Councils exclusively).				
(b) 1304.50(d)(1)(iv)	A & C	C	B	C
The program's philosophy and long - and short - range program goals and objectives (see 45 CFR 1304.51(a) and 45 CFR 1305.3 for additional requirements regarding program planning).				
(c) 1304.50(d)(1)(v)	A & C	C	B	C
The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively) (see 45 CFR 1301.33 and 45 CFR 1305.3(a) for additional requirements about delegate agency and service area selection, respectively).				
(d) 1304.50(d)(1)(vii)	A	C	B	(Review Only)
Criteria for defining recruitment, selection, and enrollment priorities in accordance with the requirements of 45 CFR Part 1305.				

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(e) 1304.50(d)(1)(i)	A & C	C	B	C
All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Councils).				
(f) 1304.50(f)	A	C	B	(Review Only)
Policy Council, Policy Committee, and Parent Committee reimbursement. Grantee and delegate agencies must enable low income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members.				
(g) 1304.50(d)(1)(viii)	A	C	B	C
The annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the federal monitoring review (see 45 CFR 1304.51(i)(1) for additional requirements about the annual self-assessment).				

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FUNCTION	BOARD OF SUPERVISORS	POLICY COUNCIL	HS* PROGRAM DIRECTOR	AGENCY DIRECTOR
II GENERAL PROCEDURES 1304.50 (d)(1)(vi)				
(a) 1304.50(d)(1)(vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen.	A & C	C	B	C
(b) 1304.50(g)(1) Grantee and delegate agencies must have written policies that define roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program.	A & C	C	N/A	C
(c) 1304.50(d)(1)(ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision-making.	A & C	C	B	C
(d) 1304.50(h) Internal dispute resolution. Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.	A & C	C	B	C
(e) 1304.50(d)(2)(v) Establish and maintain procedures for hearing and working with the grantee or delegate agency to resolve community complaints about the program.	B	B	B	B
(f) 1304.50(g)(2) Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard federal funds in accordance with 45 CFR 1301.13.	A	N/A	B	B
(g) 1304.50(d)(1)(ix) The annual independent audit that must be conducted in accordance with 45 CFR 1301.12.	A & C	N/A	B	B

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III HUMAN RESOURCES MANAGEMENT 1304.50(d)(1)(x)				
(a) 1304.50(d)(1)(x) Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers.	A & C	C	B	B
(b) 1304.50(d)(1)(xi) Decisions to hire or terminate the Early Head Start or Head Start Director of the grantee agency.	A & C	C	N/A	B
(c) 1304.50(d)(1)(xii) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee agency.	C	C	B (Grantee Only)	C
(d) 1304.50(d)(1)(xi) Decisions to hire or terminate the Early Head Start or Head Start Director of the delegate agency.	N/A	N/A	N/A	B
(e) 1304.50(d)(1)(xii) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the delegate agency.	N/A	N/A	B (Delegate Only)	C

KEY AND DEFINITIONS AS USED IN CHART

* When a grantee or delegate agency operates an Early Head Start program only and not an Early Head Start and a Head Start program, these responsibilities apply to the Early Head Start Director.

A. General Responsibility. The group with legal and fiscal responsibility that guides and oversees the carrying out of the functions described through the individual or group given operating responsibility.

B. Operating responsibility. The individual or group that is directly responsible for carrying out or performing the functions consistent with the general guidance and oversight from the group holding general responsibility.

C. Must Approve or Disapprove. The group must be involved in the decision-making process prior to the point of seeking approval. If it does not approve, a proposal cannot be adopted, or the proposed action taken, until agreement is reached between the disagreeing groups.

D. Determined locally. Management staff functions as determined by the local governing body and in accordance with all Head Start regulations.

Procedures, Plans, & Applications

Requiring Board & Policy Council Approvals (rev. 5/19/09)

(Existing Appendix A requirements PLUS the added ones from the 2007 HS legislation)**

Procedure/Plan/Application	Approval Required		Frequency of Approval
	Board of Directors	Policy Council	
Planning Procedure (Road Map)	X	X	Annually

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Goals and Objectives	X	X	Annually
Child Recruitment/Selection Procedures	X (added)	X	Annually
Budget and Grant Application	X	X	Annually - and as needed for supplements
Self Assessment and Plan for Corrections	X (added)	X	Annually
Board Composition Requirements for non-governmental agencies	X (added)	—	One-time (until changed)
Board and PC Conflict of Interest requirements	X (added)	X (added)	One-time (until changed)
Board approval of PC Composition Procedure for how PC members are selected	X X (added)	— X (added)	One-Time (until changed)
Policy defining roles/ responsibilities of governing board members for implementing a high quality program	X	—	One-Time (until changed)
Procedures describing how shared governance is implemented	X	X	One-Time (until changed)
Dispute Resolution & Impasse Procedure (OHS will issue procedure)	X	X	One-Time (until changed)
Procedures to resolve community complaints, conduct investigations.	X Previously "operating" role	Previously "operating" role	One-Time (until changed)
Personnel Policies & Procedures (Revisions to originally approved)	X	X	As Needed
Service Area Plans	—	X	Annually
Financial Management Accounting & Reporting Policies including audit	X (added)	—	One-Time (until changed)
Board: Hiring/Termination procedures for Executive, Head Start, Fiscal, and HR Directors	X (added)	—	One-Time (until changed)
Policy Council: Hiring and firing criteria for program staff.		X (added)	

Required Reports	To Board	To PC	Frequency
Budget and Program Reports	X	X	Periodic
Budget Reports	X	X	Monthly
Credit Card Expense Reports	X	X	Monthly

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USDA Meals/Snacks	X	X	Monthly
Program Information Summaries	X	X	Monthly
Enrollment Reports	X	X	Monthly

** Additional clarifications and revised regulations will be forthcoming from OHS.

8. Responsibilities of Board of Supervisors, Policy Council, Employment and Human Services Executive Director and Community Services Bureau Director

i. Background

- The responsibilities of the Board of Supervisors, Policy Council, and Director of Program Services are described in the Head Start Performance Standards. The Performance Standards describe certain responsibilities for the Director of the Head Start program, leaving decisions regarding other responsibilities to Executive Directors of the local Head Start Grantee.

ii. Reference

- Head Start Performance Standards, 45 CFR 1304.50(g)(i)
- Policy

The Employment and Human Services (EHSD) Director and the Community Services Bureau Director shall ensure that the Policy Council and the Board of Supervisors are routinely and frequently informed of, and trained on, management procedures and functions, as well as the Federal laws and regulatory compliance issues required to ensure a quality program. Mutual communication and understanding between the governing board, the policy council and program management are fundamental prerequisites for a healthy Head Start Program. The EHSD Director and the Community Services Bureau Director will also ensure that the Board of Supervisors has an understanding and appreciation of the Head Start Philosophy and the role of parents and Policy Council in shared governance. Careful and complete communication and planning will ensure effective oversight and appropriate actions and interventions that will foster the mutual understanding and actions of all entities responsible to maintain a quality Head Start Program.

iii. Procedures

- The Employment and Human Services Department (EHSD) Director will meet monthly with the County Administrator's Office.
- Topics for the monthly meetings will include, but not be confined to:
 - Fiscal/budget issues
 - Personnel matters
 - Facility issues
 - Policies and Procedures
 - Program planning
 - Annual Self Assessment
 - Annual independent audit
 - Grant development and submission
 - Correspondence with ACF
 - Program issues
 - Enrollment and Average Daily Attendance
 - Regulatory changes
 - Parent Involvement
 - Planning for joint Board of Supervisors/ Policy Council training activities

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- A meeting report will be generated by the Employment and Human Services Director and the Community Services Bureau Director.
- The report of the meeting will be sent monthly to the Health and Human Services Committee of the Board of Supervisors, agendaized by the Board of Supervisors and the Policy Council.
- The Employment and Human Services Director and Community Services Bureau Director will jointly meet throughout the program year, individually, with each member of the BOS to review reports, give updates and advice, and train on new regulations and initiatives.

9. Role of Policy Council in the Annual Grant Development Process

Throughout the year, the Policy Council is involved in the grant process through a variety of ways:

- The Program Services/Ongoing Monitoring subcommittee meets throughout the year to review and update the annual program goals and objectives and the annual parent services budget and activities.
- The Fiscal subcommittee meets monthly to develop, adjust and approve the program budget for the coming year's grant and tracks it throughout the year.
- The Policy Council approves the annual program goals and objectives.
- The Policy Council reviews and approves the Community Assessment annual updates and the full assessment every three years.
- The Policy Council also reviews and approves the Annual Planning Calendar, Child Recruitment and Selection Criteria, the Self Assessment and Plan for Corrective Actions, all of which are included in the submission of the Annual Grant Application.

Once these components of the grant are reviewed and approved, the Policy Council approves the full grant in the fall before submission to ACF.

10. Resolution of Disputes between the Board of Supervisors and the Policy Council (Impasse Policy)

i. Background

- The Performance Standards require that Head Start grantees establish a policy and necessary implementation procedures for the resolution of internal disputes between the Board of Supervisors and the Policy Council.

ii. Reference

- Head Start Performance Standards, 45 CFR 1304.50(h)

iii. Policy

- It is the policy of Contra Costa County to resolve any disagreements between the Board of Supervisors and the Head Start Policy Council fairly and expeditiously. Whenever possible, disagreements will be resolved through processes of mediation and conciliation, including discussion, compromise, and consensus-seeking between parties, and, if necessary, professional mediation.

iv. Administrative Procedure

- Informal Resolution

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The Chairpersons of the Board of Supervisors and the Policy Council will monitor actions and decisions of each body as they relate to their respective responsibilities. In the event that a conflict exists, they will initiate informal discussions between representatives of the two bodies and seek a mutually acceptable resolution.

- Mediation

If informal resolution is not effective, the Chairpersons of the Board of Supervisors and the Policy Council shall request that the Community Services Bureau Director identify qualified individuals who provide professional mediation services. The Chairpersons will confer and mutually designate a professional mediator who will be retained to mediate the disagreement. The mediator will use conciliation, compromise and consensus-seeking between the two bodies. The mediation process shall be non-binding.

11. Resolution of Community Complaints

i. "Community complaint" is defined as any complaint from anyone other than staff.

ii. The Policy Council is generally responsible for (and has the legal and fiscal responsibility for guiding/directing/carrying-out the establishment of) a method of hearing and resolving community complaints about the Contra Costa County Community Services Bureau.

iii. Process for Solving Disputes/Complaints

- Any parent (enrolled or applying for services) or community member may report a complaint to a program staff member of any of our program/sites, i.e. Site Supervisor, Teacher, Associate Teacher, or Comprehensive Services, Analyst, or clerical staff. If the complaint comes in by phone, the staff member documents that complaint. Complaints may come from sources other than the site, i.e. Board of Supervisors. Anyone receiving a complaint will immediately contact a program manager by phone with the following information:
 - Step 1: Document the complaint in writing to include the following information:
Contact information of the complainant: Name, Address, Phone Number, email (if appropriate);
Information Shared: When was the occurrence, Who was involved, What happened, Where did it occur, What was the impact.
Other information that the complainant wishes to share.
If the complaint comes in by phone: program staff document call, note time, date & staff member name
 - Step 2: Complaint goes first to Site Supervisor who must discuss the details with their Assistant Director within 24 hours of the report. The Assistant Director works with the program staff to attempt resolution within 48 hours.
 - Step 3: Complaints not resolved within 48 hours will be brought to the attention of the Division Manager, Bureau Director, or their designee.
 - Step 4: If the complaint is then resolved, the Bureau Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.
 - Step 5: If satisfactory resolution is still not achieved, the Bureau Director will request the EHSD Director to review all documentation. When the complaint is then resolved,

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the EHSD Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.

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II. Planning

A. Philosophy

The Community Services Bureau Philosophy of Program Management is as follows:

To establish a culturally competent, systematic and innovative process of program planning that demonstrates forward mobility and strategic thinking, in an effort to meet the changing needs of the children and families within the community.

In efforts to fulfill our philosophy, administrative staff including fiscal, personnel, information technology and administration, is committed and dedicated to carry out the following program goals:

- (1) Poor health and nutrition are significantly correlated to children and families living in poverty. CSB will address the need to improve indicators of nutritional health through increased education and physical activity.
- (2) Disabilities and mental health needs continue to trend upwards. CSB will expand mental health and disabilities assessment, treatment, and case management linkage opportunities for children and families.
- (3) Exposure to violence has a lasting impact on children's development including their emotional, mental and physical health. CSB will promote positive and enduring adult-child relationships that increase a child's level of secure attachments by providing services to promote the safety and well-being of children and families.
- (4) CSB will provide ongoing learning opportunities to enhance employees' career development and assist in meeting new job requirements.

CSB implements a systematic, ongoing process of program planning that includes consultation with the programs' governing body, policy groups, program staff, and with other local community organizations that serve enrolled families. CSB planning includes: community assessment, multi-year (long-range) program goals and short-term objectives, systems planning calendar, and written plans for implementing services in each of the program areas.

B. Methodology

1. Community Assessment

- The Community Assessment is conducted once every three years with annual updates during the onset of each program year. The community assessment helps keep CSB abreast of substantive issues facing the community which informs all systems and services of the bureau. Strengths, resources, needs and trends in the CSB service area are identified and integrated into the planning process and into the development and implementation of policies, procedures, service plans, goals and objectives. The findings of the Community Assessment are used to help reach decisions in areas such as: to help determine CSB program philosophy, long-range and short-range program objectives, help determine the type of services and program options to be provided, help determine the recruitment areas of the program, help identify locations of centers and home-based programs, and help set the criteria for recruitment and selection.
- The Community Assessment process is led by a CSB Analyst. The data that is collected externally and internally consists of, but is not limited to demographic make-up of eligible children and families, other child development and child care programs serving eligible children including infant/toddler, and pregnancy programs, services for children with disabilities, education, health, nutrition and social services needs for eligible children and families and community resources that could address the needs of eligible children and families.

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- The Community Assessment helps to identify strengths, disparities, needs and trends in the community which guides management, Policy Council, and the County Board of Supervisors in the planning process for eligibility, recruitment, selection criteria, site and classroom placement, as well as general program management, including curriculum and family support services. The Community Assessment also guides the program goals and objectives.

2. Self-Assessment

- Once each program year, CSB conducts a joint Grantee and Delegate Agency self-assessment of the effectiveness and progress of our programs in meeting program goals and objectives and in implementing federal regulations. Self-assessment tools include resources from the OHS Monitoring Protocol, and Classroom Assessment Scoring System (CLASS™)-assessment. The modes of assessment in the protocols include: Observation, Interview, and Records Review.
- A training and overview of the self-assessment process is given prior to the designated week the self-assessment is conducted. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to the team. The analyst responsible for the self-assessment is the Team Leader and may be supported by a consultant. Teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. Teams are formed in November of each year.
- The self-assessment process concludes with the team leader and/or his designee(s) writing a cumulative and comprehensive report that addresses program strengths as well as potential non-compliances. If needed, a corrective action plan is developed to remediate areas of non-compliance. The final report of the self-assessment, including the certifications of corrective actions, is presented to the Policy Council, Local Policy Committee, Delegate Board, and Board of Supervisors for approval in March of each year. As soon as these approvals are secured, the final report is then forwarded to the ACF Program Specialist.
- The results of the self-assessment are used in the planning process, in developing and improving program services, and in formulating the program approach included in grant applications.

3. Strategic Plan

- With the support of the Employment and Human Services Director, CSB adopts the Program Goals and Objectives as the bureau’s five year Strategic Plan. The plan addresses needs and concerns that are identified through the community assessment, self-assessment, and ongoing monitoring results. They are also developed with input provided from parents through the Policy Council’s Program Services Subcommittee. The strategic plan is reviewed and updated semi-annually by the Senior Management Team. Annual updates are presented to the Policy Council and Board of Supervisors.

4. Bureau ~~Systems~~ Planning Calendar

- The purpose of the CSB Planning Calendar is to provide chronological guidance and a timeline for critical events such as: reviews, audits, reports, etc. that occurs within the year.
- The planning calendar ensures continuity within the programs as well as throughout the bureau. Included in the planning calendar are methods to ensure consultation and collaboration with the program’s governing body, policy groups and program staff. The planning calendar is updated and submitted for approval annually by the Policy Council and the Board of Supervisors.

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5. Management Planning Meetings

- Planning is conducted on an on-going basis at varying levels throughout the bureau during planning meetings, staff summits, and management retreats. Additional information regarding management planning meetings is found under Section III-Communications.

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III. Communications

A. General Description

All staff is expected to communicate within the department and externally using the following communication tools:

- Common, not technical terms
- A professional tone
- Assurance that the approach is based on each family's cultural/linguistic preferences
- Adherence to the principles of Facilitative Leadership
- Encouragement of a team approach
- Ensure that translation services are available when needed

B. Internal Communication

Employees must follow County policy with regards to courtesy and confidentiality. High staff morale is dependent on friendly greetings, active listening and a display of a helpful attitude toward team members. The following are methods of internal communication with program staff:

- Staff summits
- Regularly scheduled staff meetings at varying levels, such as:
- Senior Administrative Management
- Senior Management
- Comprehensive Services
- Cluster-based
- Site-level
- Daily Interactions
- Staff newsletters
- Internal memos
- Policies and Procedures
- Fax
- Email
- Payroll notices
- Telephone
- Bureau Reports
- Computerized Tracking Systems (COPA)/CLOUDS
- Video Conferencing System
- Annual Planning Calendar

C. The following are methods of internal communication with parents:

- Monthly Policy Council meetings – program planning, policy and financial information is shared
- Monthly Policy Council sub-committee meetings
- Monthly Policy Council executive board meetings
- Monthly parent meetings
- Parent surveys
- Parent-teacher conferences
- Home visits
- Monthly Comprehensive Services Team newsletters

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- Quarterly family newsletters
- Parent bulletin board that includes:
 - Upcoming activities; posted memos; health and safety information logs; site emergency procedures; parents' and child's rights; and Policy Council minutes and agendas
- Daily classroom schedules
- Weekly lesson plans
- Parent policies and procedures
- Dissemination of pertinent information regarding program planning, communications from Office of Head Start, financial reports and grant applications.
- Planned site activities
- Planned community events
- Social Media Tools
- Communication with Delegate Agency and Community Childcare Partners:
- Regularly scheduled meetings
- Regular monitoring
- Joint trainings
- Appointed members from the delegates on the Policy Council
- Joint annual self-assessments
- Email
- Telephone
- Fax
- Monthly reports

D. Communications with Governing Bodies and Policy Groups

1. The Policy Council serves as a link between public and private organizations, Delegate Agency Policy Committee(s), Subcontractors, the Grantee-Operated Program Site Committees, the Grantee, County Board of Supervisors and the community it serves.

Mutual communication and understanding between the governing board and program management are fundamental for a high quality Head Start Program.

2. Monthly meetings with the County Administrator's Office: The Employment and Human Services Department (EHSD) Director and the CSB Director also ensure that the Board of Supervisors has an understanding and appreciation of the Head Start philosophy and the role of parents and Policy Council in shared governance.

Monthly meetings are held with the County Administrator's Office to discuss various areas of the program. A meeting report is generated by the EHSD Director and the CSB Director. The meeting's report is sent monthly to the Health and Human Services Committee of the Board of Supervisors. In addition, the CSB Director and other assigned staff, meet throughout the program year, individually, with each member of the BOS to review reports, tour centers, give updates and advice, and train on new regulations and initiatives.

E. External Communication

1. Communication with Partnerships

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CSB has several types of Community Partnerships and all of them provide valuable services to our children and parents. Our reputation in the community is often dependent upon the respect and assistance provided our partners when in contact with them. Every employee is responsible for delivering clear and helpful information to the public at large and to our partners in particular. External Partners include:

- State/Local Policy Groups
- State Department of Education
- Local Planning Council
- First Five Commissions
- County Departments
- Community-based Organizations
- Contra Costa County SELPAs
- Child Care Partners
- Policy Forum
- County Board of Supervisors
- Local Education Agencies
- Contra Costa County School Superintendents
- Contra Costa One Stop Consortium
- California Welfare Directors Association Committees
- News / Media Inquiries

2. Press Calls

i. All press calls should come to, or be referred through, Legislative and Community Relations Coordinator at (925) 313-1676 or the Advanced Level Secretary at (925) 313-1769 in the Office of Administration for the Employment and Human Services Department. This will guarantee that the Bureau Director and Senior Administrative Staff know which stories and issues are attracting press attention. It will also make it easier for the reporter to be connected with the proper Department spokespersons who can respond fully and accurately. It will enable the Legislative and Community Relations Coordinator or the Advance Level Secretary in the Office of Administration for the Employment and Human Services Department to follow up with reporters and Department Staff to ensure that deadlines are honored and follow up questions, issues and photography are well managed.

The Legislative and Community Relations Coordinator or the Advanced Level Secretary in the Office of Administration for the Employment and Human Services Department will be available to prepare staff for interviews, review the topic of interest and discuss points that will help the interview be complete and accurate while getting the Department's message across to the public.

On occasion, members of the press will take a shortcut into the Department and contact staff directly. If the staff member has been authorized by their Bureau Director to respond to the press, they are free to respond to the reporter. They should then contact the Legislative and Community Relations Coordinator at (925) 313-1676 or the Advanced Level Secretary at (925) 313-1769 in the Office of Administration for the Employment and Human Services Department to discuss the story and allow for the Legislative and Community Relations Coordinator or the Advanced Level Secretary in the Office of Administration for the Employment and Human Services Department or designee to follow up.

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ii. If the staff person has not been authorized by their Bureau Director to respond to the press, they are required to adhere to the following:

- Do not respond directly to print, vocal, and/or visual media representatives;
- Politely refer all contacts to the Legislative and Community Relations Coordinator at (925) 313-1676 or the Advanced Level Secretary at (925) 313-1769 in the Office of Administration for the Employment and Human Services Department;
- Inform your manager/supervisor immediately;
- Provide the following information: date, time, and location of contact;
- Media representative's name, organization, and phone number and
- Summary and nature of the inquiry

There are many differing aspects and/or components related to the successful operation of our program. It is unfair for individual staff members to be placed in and/or to place themselves in a position of stating, explaining, and/or formulating policy for the department. An innocent comment intended to project a positive view can be reproduced with a negative spin or violate the right to privacy of our clients. Proposed dialogue:

- "I would like to respond to your questions. My concerns rest with preserving and protecting the privacy of our children and their families. Please give me your name, organization, and phone number so that I can properly refer your request."
- Staff with story ideas or events to promote are asked not to contact the press directly, but to call the Legislative and Community Relations Coordinator at (925) 313-1676 or the Advanced Level Secretary at (925) 313-1769 in the Office of Administration for the Employment and Human Services Department, so these stories can be channeled to the press most likely to publish them.

4. Tools for External Communication are as follows:

- Formal/informal agreements
- Regular meetings
- E-mail
- Telephone
- Membership activities
- Social Media Tools (Facebook/Twitter and etc.)

F. Reporting for County Child Protective Services and State Community Care Licensing

The purpose of these policies and procedures are to provide all department employees with instructions on what specific steps they must take to properly handle any incident involving an abused and/or neglected child, the injury of a child, or a potential child's rights violation. It is important to note that while all employees are charged with the responsibility of reporting incidents involving an abused and/or neglected child, only the EHSD Director or Bureau Director or designee is charged with the responsibility of reporting potential child's rights violations to State Community Care Licensing.

In addition, this policy is intended to make clear the procedure for reporting incidents that may occur both off site and on site.

1. Definitions

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- CCL (State): The acronym for State Community Care Licensing, which is a Division of the State of California Social Services Department, and which is responsible for the licensing of the Department's Child Care facilities.
- EHSD Director: The Director of the Employment and Human Services Department
- Bureau Director: The Director of the Community Services Bureau.
- CFS (County): The acronym for Children and Family Services, formerly Child Protective Services, which is a Division of the County's Employment and Human Services Department and is mandated by the Federal and State government to assess and investigate all referrals which allege that a child is endangered by abuse, neglect, or exploitation.
- Major Injury: Any incident involving a child that requires the intervention of any medical professional (examples of medical professional include: medical advice nurse, hospital, clinic, doctor, ambulance service, emergency room).
- Minor Injury: Any incident involving a child that does not require the intervention of any medical professional as noted above.
- Child's rights violations: Any incident that occurs at a Community Services Bureau facility and involves an employee, contractor, or volunteer of the Department that might violate either the Head Start Code of Conduct or the rights of a child in accordance with State Child Care Licensing Regulations.

All employees, at all levels, are expected to follow the policies and procedures so that accurate and timely reporting can be assured to both the County CPS and the State CCL.

2. Children and Family Services (CFS) (Protective Services, County)

Any employee or contractor who knows or suspects that a child has been abused and/or neglected off site should immediately inform and discuss his/her concerns with ~~a Site Supervisor or Assistant Director~~the direct supervisor.

Reports shall be made to Child Protective Services in accordance with mandated reporting responsibilities and laws. If the discussion leads to the reasonable suspicion that a child has been abused and/or neglected off site, the employee or contractor should report his/her concerns immediately to CFS.

The employee or contractor making the report will provide a copy of the above referenced report to their ~~Site Supervisor~~ or Manager, who is responsible to inform their ~~and~~ Assistant Director.

Additional policies and procedures related to Mandated Reporting can be found in the Child Development Section of this document, "Child Development Reporting Policies".

3. Child Injuries

i. Minor Injuries: (any incident not involving any medical professional) immediately report the injury to your Supervisor and the parent after you have tended to the child.
Employees do not report minor injuries to CCL.

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If a parent of a child who has sustained a minor injury reports back to the center that they subsequently took the child to be seen by any medical professional, the injury needs to be reported as a major injury. All head injuries regardless of staff determination that it is minor or major shall be reported to the Supervisor immediately who shall contact the parent immediately to pick up the child. "Head Injuries" are defined as injuries to the skull or cranium, and do not include the mid and lower facial areas. Staff shall complete a written injury report for the parent prior to pick-up time and at pick-up time talk with the parent to explain the injury, action taken by staff, and provide a copy of the written report. Supervisor shall make a complete entry in the Supervisor's Injury Log for all injuries, minor and major.

ii. Major Injuries: Report the incident immediately to a Site Supervisor, the Assistant Director, and the parent. Depending on the severity of the injury, all staff present shall:

- Comfort the child.
- Phone 911 immediately.
- Report the injury to the Assistant Director, Bureau Director and/or Executive Director.
- The Site Supervisor or designee will make an Unusual Incident Report to Licensing in accordance with the Unusual Incident Reporting policy and procedure.
- The Bureau Director may assign staff to investigate.
- The Department's Licensing Liaison may prepare a written report.
- Staff shall complete a written injury report (form CSB-208) for the parent immediately and provide a copy of the written report to the parent.
- Supervisor shall make a complete entry in the Supervisor's Injury Log for all injuries, minor and major.

iii. Potential Child's Rights Violations

- Any incident that occurs on site at a facility and involves employee(s), contractor(s), or volunteer(s) of the Community Services Bureau that might violate the rights of a child in accordance with Child Care Licensing Regulations or the Community Services Code of Conduct must be immediately reported to the CSB Administration in Martinez using the following protocol:
 - Any potential and/or unusual incident must be reported by CSB employees to the Center's Site Supervisor or the designated person-in-charge no later than 15 minutes after being made aware that an alleged incident has or may have taken place.
 - The reporter shall be any employee, contractor or volunteer who has witnessed or heard about an alleged incident, or any employee, contractor or volunteer who was involved in an alleged incident.
 - The Site Supervisor or person-in-charge must phone-in the alleged incident to the Assistant Director and, as directed by the AD, one or together the AD and Site Supervisor will call CSB Administration Office at [\(925\) 313-1777](tel:(925)313-1777) [\(925\) 681-6300](tel:(925)681-6300) no later than one hour after being made aware of the alleged incident.
 - Caller shall make it clear to the clerk answering the phone at CSB Administration Office that you are reporting a possible licensing incident that must be handled by the appropriate staff immediately.
 - When the Unusual Incident Report is phoned into the CSB Administrative Office, the front desk clerk who receives the phone call shall immediately and personally notify the Division Manager. If the Division Manager is not in, the notification succession shall be to the Bureau Director.

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- The Site Supervisor or person-in-charge will then complete, obtain AD approval of report, and fax CSB Unusual Incident Report to CSB Administrative Office within two hours of the alleged incident. The completed form shall be faxed to ~~(925) 313-1772~~ [\(925\)313-8301](tel:(925)313-8301) to the attention of the Division Manager immediately followed up with a telephone call to CSB Administrative Office at ~~(925) 313-1724~~ [\(925\) 681-6300](tel:(925)681-6300) to verify that a copy of this report has been received.
- Site Supervisor shall compile and send upon request all written documentation related to the incident to the Assistant Director, Division Manager and Personnel Services Assistant III. Documentation may include but is not limited to CSB incident Report, small group conference forms, notes on discussions with parents or other employees, and observation notes. Materials shall be complete, legible, objective, and fact-based.
- It is a requirement of CCL that unusual incidents must be reported to CCL by a telephone call within 24 hours of the County learning that an incident may have occurred.
 - In accordance with CCL protocol, the Site Supervisor remains the official contact with the CCL during any on-site CCL review/investigation process.
 - The Assistant Director must be notified by the Site Supervisor any time a representative from CCL conducts an on-site visit for any reason.
- Any employee who fails to report an alleged incident as outlined above will be subject to disciplinary action, up to and including termination.
- Any Site Supervisor or person-in-charge who fails to follow the protocol instructions as outlined above will be subject to disciplinary action, up to and including termination.

iv. CSB Administration Responsibilities

- When the Unusual Incident Report is received by CSB Administrative Office, the front desk clerk will personally deliver copies of the faxed report to the Personnel Administrator, Division Manager, and Bureau Director, and EHSD Director for review. When the review process is completed and approved copy of the Unusual Incident Report will be faxed to the appropriate Assistant Director to sign and either fax/scan to CCL or authorize the Site Supervisor or designee to fax/scan to CCL.
- A fact finding team will be immediately convened and directed to visit the center to gather information and determine if a child's rights have been violated and report these facts back to the Bureau Director.
- After reviewing the facts, if the Bureau Director determines that a true incident has not occurred, the case will be documented as such and closed.
- After reviewing the facts, if the Bureau Director determines that an incident may have occurred, the EHSD Director, Bureau Director or designee will make the mandatory telephone call to State Licensing.
- Only the EHSD Director or designee has the authority and responsibility on behalf of the County to report these matters to Licensing.
- Upon the notification by the EHSD Director or Bureau Director that an incident may have taken place, an investigation team will be sent out by the next business day to investigate and prepare a draft investigative report and findings.

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CSB Administrative Office, in conjunction with the Assistant Director and Site Supervisor of the impacted center, will make all decisions related to protecting the rights of children on behalf of the Department until the investigation has been concluded.

Any employee who is considered to be involved with the violation of the rights of a child in connection with the incident report will be directed to leave the facility for the day and then report to the [1470 Civic Court, Suite 200 office in Concord](#)~~40 Douglas Drive office in Martinez~~, or other designated site, for work by the next business day.

Failure on the part of the employee to report to, and remain at the ~~40 Douglas office~~[1470 Civic Court, Suite 200 office](#), or other designated site as directed, will cause the employee to be docked for absence without leave and subject to further discipline, up to and including termination.

The investigative team will have three business days to perform the required investigation and prepare a draft report for the Bureau Director and EHSD Director.

The Bureau Director and EHSD Director will review the report and decide next steps, including, if necessary, any disciplinary or remedial action that should be implemented as a result of the report's findings and conclusions.

The investigator's written report shall also include a "holistic analysis" of the causes associated with the incident, and develop specific recommendations to prevent their recurrence.

Recommendations will be reviewed by the Bureau Director and EHSD Director for consistency with appropriate personnel policies prior to being entered into the final report.

After appropriate action is taken by the Department, pertinent information regarding each incident shall be shared with key managers and Site Supervisors to prevent the recurrence of a similar incident at another site (1).

For major incidents, a detailed critique by management of the incident itself shall be provided to all employees on a Department-wide basis to prevent the recurrence of a similar incident at another site.

G. Reporting for Partner Agencies including the Delegate Agency shall:

- Notify and provide County with copies of any licensing citations, licensing visit reports, unusual incident report, and/or any other citations within 48 hours of Contractor's receipt of the report or citation.
- Maintain full compliance with Community Care Licensing Regulations and State and/or Federal Regulations as applicable given other funding sources received by CSB.
- Notify and provide CSB with copies of any Medical Alerts (such as infectious disease outbreaks) within 48 hours.

¹ Any report information shared with Department employees must be pre-reviewed by CSB Administration to ensure that it does not violate the confidentiality of any employees or children involved in the incident.

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IV. Record Keeping and Reporting

A. General Description

Record-Keeping and Reporting Systems

The effective and efficient reporting system used in CSB meets federal guidelines as spelled out in the Performance Standards Record-Keeping Instruction and the state guidelines as required by state contract and licensing requirements.

The system provides for accurate and timely information regarding children, families and staff and meets the Confidentiality Policy of the bureau.

Each area of program services maintains the appropriate record-keeping and reporting systems according to the above mentioned federal and state guidelines to include: child and family records, site safety records, child records, child health records, family records, and personnel records. Systems for maintaining the records, specific to a program service area, are described in each section of these policies and procedures.

A file and records system is established/maintained by the Contra Costa County Community Services Bureau personnel office. In addition, copies of certain personnel records pertaining to all permanent staff, including Teacher Assistant Trainees job qualifications are kept at each child care center as required by state licensing.

i. Confidential files and records system shall be maintained in a locked cabinet to include official documents for each staff member.

- **Procedure for File Transfers**

When staff transfers to another site, it is the responsibility of the Site Supervisor at the new site to assure all required personnel files are sent to the new site by communicating with the Site Supervisor of the site from which the employee is transferring.

- The following procedures are in place to protect confidentiality of all sensitive material:

If files are faxed by CSB Personnel to the employee's new location, CSB Personnel will contact the site supervisor and request the site supervisor to oversee the fax machine to verify all confidential information is transmitted to the site supervisor only, protecting the employee's HIPAA rights to privacy.

- After the Personnel Staff receives a confirmation from the fax machine, the Personnel Staff will call or e-mail the Site Supervisor to ensure that all the documents sent to that site have been received.

- The site supervisor at the employee's previous location will shred all documents pertaining to the transferred employee, and will send email verification to CSB Personnel when shredding is complete.

- Employees have the option of personally transporting their files to their new site. The employee must sign for the file material, and immediately transfer the file contents to their new site supervisor. The site supervisor must send verification to CSB Personnel when proper filing procedures have been completed.

- Under no circumstances may files be transmitted by interoffice or "pony" mail.

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B. Personnel Files

All personnel files are stored in the Personnel Unit in a locked cabinet and in a locked office. The access to the personnel files is granted only to the authorized personnel. An employee's union representative must have a written authorization from the employee to obtain access to his/her personnel file. When reviewing a personnel file, a member from the personnel staff must accompany the authorized personnel at all times in the closed door office. The authorized personnel must sign, date and write the reasons on the "Access to File" card located in front of each personnel file.

C. Family Files

The Site Supervisor, comprehensive service staff or the head teacher at each site is responsible for maintaining the family's basic data file at each site. All children's files must be kept in a locked file cabinet. Access to files is permitted only by authorized personnel. When authorized personnel must access a child's file, the protocol must be adhered to. Two types of access and removal of a file from the cabinet can take place.

- The file is taken off site for audit or review
Authorized staff must record the removal of the file off the site premises on the Shared Folder called "Record Keeping Log" He/she must log: "check in/out status by completing the required information on the site template. "
- The file is accessed on site
Authorized staff needing to work on a file on site must pull the file and in its place insert the file check-out card indicating: date, name and signature of staff pulling file. Upon return of the file, staff must sign in verifying the return of the file, and the check-out Card is removed.

In both of the above situations, an Access to File form must also be completed by the authorized person accessing the file. This is located on the right hand side of the first section of the child's file. One must indicate date, name, and purpose for accessing the file.

Files are kept on site for the current enrollment year until after the annual audit is complete. After the audit, files are prepared to be archived, and sent to a warehouse for storage. Children's files are kept for five years after our services to the family ends. Files are then shredded.

Effective January 1st 2014, any document or record may be maintained on electronic format if it was originally created in an electronic format and kept in its original unconverted electronic format. Documents or records created in paper form cannot be scanned and stored electronically alone. These records must be stored in their original paper format. Independently of being hard copy or electronic format, all records must be kept for at least five years.

D. Fiscal Files

Fiscal records and documents are stored and filed in designated cabinets inside the Fiscal, Purchasing and/or Personnel units. Staff is required to maintain current and accurate records of financial activities. This includes fiscal and accounting records in order to show the costs incurred by each program. Records adequately identify the use of funds for Federal and State programs. Accounting records are supported by documentation such as purchase and travel receipts, invoices, journals, etc. and show a clear audit trail for all funds received and disbursed.

The following documents are maintained by the designated units:

- Accounting Policies & Procedures Manual

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- Administrative Reports - Head Start & Early Head Start
- BRASS Files
- Budget Statement
- CAFR
- CDE Projections
- CDE Contracts
- CDFS8501
- CDFS9500
- CDFS9529
- CDFS9530a
- CDFS CalWORKS, APP or FCCH Fiscal Report
- CDFS CalWORKS Caseload Report
- Child Development Audit Reports
- Child Nutrition Expenditure/Revenue Report
- Child Start Allocations Binder
- Contractors' Files – Purchasing Unit
- Delegate Agency Files
- Employee Timesheets – Personnel & Purchasing Units
- Expenditure Activity Report - Energy Programs
- Expenditure Detail Report
- Federal Financial Reports to ACF (SF-425:Semi-Annual, Annual and Final)
- Financial Monitoring Report - Head Start & Early Head Start
- Financial Projections Package
- Financial Report for Drawdown - Head Start & Early Head Start
- Financial Status Report (SF425) - Head Start & Early Head Start
- Journals
- Open Encumbrances Report
- Partners' Files – Purchasing Unit
- Payment Ledgers – Contracts/Purchasing Units
- Payroll Detail Report – Payroll/Purchasing Units
- Payroll Register Report – Payroll/Purchasing Units
- Policy Council Financial Reports
- Procurement Card Files – Personnel Unit
- Program Improvement Grant
- Purchase Requisitions/Orders – Purchasing Unit
- Recommended Budget Binders
- Revenue Detail Report
- SBFS Files
- Single Audit Reports
- Supplemental Funding Applications
- Travel Demands – Purchasing Unit
- Vendors' Invoices, Bills, D-15 – Purchasing Unit

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E. Contract Files

Contract files are stored in designated cabinets in the Contract & Grants Administration office. Contract staff is required to maintain current and accurate records of contract activity. This includes contracts, board orders, insurance verifications, required clearances and Internal Revenue Service (IRS) documentation. The documents are kept in individual contract files, labeled by contractor name and contract number. Board orders are kept with each corresponding contract and in a general board order file, organized by month and year. EHSD Contracts and Grants Unit will maintain a record of all contractors' files and will include all licensing and program mandated forms. The following documents are maintained by the Contracts & Grants Unit:

- Independent Contractor contract files
- County Administrator Office Questionnaire for determining Independent Contractor status
- Corporation (non-profit and for-profit) Contractor contract files
- Contract files for contracts with other legal status, such as general partnership
- Contra Costa County Small Business Enterprise award forms (where applicable)
- Board of Supervisors board orders
- IRS W-9s and IRS W-4s (where applicable)
- Certificate of Liability Insurance
- Fingerprint clearance form (where applicable)
- Current Health Screening Form or proof of current physical exam and TB clearance (where applicable)
- Contra Costa County Auditor-Controller Insurance clearance
- CSB Contract Request forms, with authorizing signatures

F. Public Access to County Records

In accordance with the California Public Records Act and the Better Government Ordinance, any person is entitled to inspect and to receive copies of the public records of the County, including records of individual departments. Upon a request for a copy of public records, county staff is to make the requested records available to any person upon payment of applicable fees. Disclosable county records may be inspected anytime during regular business hours. Every attempt should be made to allow prompt inspection of the requested disclosable records. If copies are requested, they should be provided no later than the next business day if possible to do so.

i. Disclosable Records:

Any existing writings containing information relating to the conduct of the public's business prepared, owned, used or retained by the County regardless of physical form or characteristics are considered public records and should be disclosed by request. These include, but are not limited to, papers, books, maps, charts, photographs, audio tapes, and video tapes, information stored in non-paper form on a computer or other electronic media and other material. Additionally, writings that are not, in whole or in part, exempt from disclosure under the Public Records Act and the Better Government Ordinance.

ii. Exempt from Disclosure Records:

Personnel, medical or similar records which cover intimate and personal information such as: employee performance evaluations, employee home address, home telephone number and all personal

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information. Certain other public employee information may be released: (1) amount of an employee's gross salary and benefits, job classification, and job duties; (2) Merit board and arbitration disciplinary proceedings and writings submitted in such proceedings; (3) information in case of emergency or need when such disclosure appears reasonable to protect any person's health or welfare; (4) information for authorized criminal law enforcement purposes; (5) information required by subpoena, testimony or other legal process; (6) information authorized to be released to third parties by the written consent of the effected employee; and (7) any other information, when reviewed and approved by CC County Counsel prior to release.

- Investigatory records compiled for correctional or law enforcement purposes such as: records of complaints, preliminary inquiries if a crime or violation has been committed, full investigations, and memoranda "closing" an investigation.
- Examination data such as questions, scoring keys, examination data used to administer a licensing, employment or academic examination.
- Confidential legal writings such as writings to or from the CC County Counsel to an attorney who represents the County or writings especially prepared for or by the County Counsel providing legal advice, analysis of proposed legislative actions or positions, terms of settlement of litigation, post-negotiation reports.
- Health Services contracts between the County and the State and writings related to those contracts.
- Particular statutory exemptions related to specific situations such as information about health facilities, assessment records, agricultural information, etc.
- Real estate appraisals or engineering studies relating to the acquisition of properties or to prospective construction contracts.
- Preliminary drafts, notes, memoranda and "deliberative process".

CSB employees are encouraged to contact Personnel when approached with requests for disclosure of documents by the public. Personnel staff will provide advice or contact County Counsel for additional clarification. In such cases, the employees are expected to provide the requestor/s with timelines in which the requested information will be provided to them.

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V. Monitoring

A. Purpose

CSB Ongoing Monitoring is a key management system for ensuring program quality and compliance with Head Start/Early Head Start Performance Standards, California Child Development Title V Regulations, California Desired Results and Environment Rating Scales, NAEYC Standards and Title XXII Child Care General Licensing requirements. Ongoing Monitoring ensures that the program is moving toward achieving its goals and objectives while providing high quality, comprehensive services to the ever-changing needs of the children and families served. CSB is committed to the continuous improvement of our programs through regular and ongoing monitoring of all aspects of our operations.

B. Methodology

The ongoing monitoring process is comprehensive in scope. The system provides a method to examine service delivery including the tracking of child and family outcomes on an ongoing basis and incorporates a process to connect the results to management systems. Staff at all operational levels participate in the ongoing monitoring process and any identified concerns are communicated in writing to the appropriate staff responsible. Corrections are validated according to specific timelines.

Ongoing monitoring occurs on a regular and routine basis to assess systems and program operations for evaluation and continuous improvement of our programs. It includes the review and evaluation of services and systems, documentation of results, tracking and analyzing areas of concern and correction, and validation that correction has been completed. Results of monitoring and completion of corrective actions for findings are shared by the Bureau Director or designee with: EHSD Director, Board of Supervisors, Policy Council, Assistant Directors, Site Supervisors and their staff. Results are used to conduct root cause analysis and develop plans for improvement and program planning.

C. Multi-Level Monitoring

i. Center-Level ~~and Cluster-Level~~ Monitoring is conducted by Site Supervisors, Comprehensive Services Assistant Managers, Clerks, and Teachers for the purpose of monitoring day-to-day center operations, delivery of services, and overall health and safety of internal and external environments of children at the center for which they are assigned. Assistant Directors receive monthly reports from Site Supervisors that provide an overview of each of the centers they are assigned to track any concerns as well as highlight strengths and special activities occurring each month.

For partner centers, the CSB Partners Unit visits subcontracted centers weekly to monitor the delivery of services and health and safety to ensure ongoing communication. The delegate agency provides monthly communication reports to the Analyst responsible for partners and the delegate agency.

ii. Cluster and Content ~~and Service~~ Area Monitoring is conducted by Site Supervisors, Comprehensive Services Managers and Analysts responsible for a specific content or service area to ensure that staff are trained and comply with funding requirements and regulations around a specific content or service. CSMs and Analysts review trends across centers and services and identify risks or concerns and provide ongoing training as well as targeted training when needed.

For partner agencies, the designated Analyst reviews monthly reports and monitoring performed by the agencies and provides support and training as needs are identified. The delegate agency completes its

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own internal ongoing monitoring. Monthly reports on these activities, including corrective actions, will be submitted to the Analyst overseeing the Partner Unit.

iii. Agency-level monitoring is conducted by the CSB Quality Management Unit (QMU). This unit is responsible for conducting compliance monitoring of directly operated, partner and delegate agency centers in five key areas: center health and safety, comprehensive services compliance, need and eligibility, education (environment), and Classroom Assessment Scoring System CLASS™ observations. Corrections for non-compliances are completed by the responsible person at the center and are validated by a Comprehensive Services Manager or designee. The Assistant Director or designee completes a final review of correction and validation.

Each directly operated; partner and delegate agency center is monitored once per year (July-June). A random sample of 30% of files is reviewed in the areas of need and eligibility and comprehensive services compliance. Thirty percent sample of classrooms in the center receives a health and safety monitoring. All directly operated, ~~and partner,~~ and delegate agency classrooms are monitored for education environment.

~~Classroom Assessment Scoring System (CLASS™)~~ Observations are conducted by a trained CLASS™ reliable observer working with the QMU. Fifty percent of the eligible classrooms are randomly selected using an automated system. Selected classrooms receive CLASS™ observations twice in the year. The following year, CLASS™ will be completed for the remaining classrooms that did not receive observations. Ratings below cut-off scores require a corrective action. CSB's CLASS™ cut-off scores for corrective action may vary from year-to-year as they are established after the National Designation Renewal System trigger scores have been made available.

Upon completion of each area of monitoring, the QMU distributes results and the Feedback Form listing areas of non-compliances and strengths to the predetermined group responsible for that center, classroom, or service area monitored. The designated responsible person corrects non-compliances which are then reviewed and validated by a Comprehensive Services Manager. The Assistant Director reviews all non-compliances, validations, and submits verification to the QMU.

Data collected from monitoring is compiled into agency reports for review by staff, managers, the Policy Council and Board of Supervisors to inform of agency trends, strengths and areas in need of improvement. All reports and findings are shared with the partner and delegate agencies.

The Analyst overseeing the QMU compiles results and findings and distributes reports to senior management, Comprehensive Services Managers, Site Supervisors, center staff, Board of Supervisors, and the Policy Council twice per year. These reports are a high-level representation of the agency's compliance and non-compliance concerns in the five areas monitored by QMU. Comprehensive Services Managers and senior managers responsible for a content or service area reviews these bi-annual reports to identify trends and develop staff training.

iv. The Bureau Director or her designees will monitor all administrative internal team members with responsibility over service areas. This may include periodic walk-through activities or unannounced visits to sites.

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v. Additional information on multi-level monitoring is available in the Appendix of the Policies and Procedures.

D. Fiscal Monitoring of the Delegate Agency by the Grantee

The Grantee certifies that the Delegate Agency is complying with regulations and generally accepted accounting principles. Monitoring is conducted using the following format:

- **Monthly Reports:**

Delegate Agency shall submit monthly financial reports that record cumulative and accrued expenditures and obligations through the end of the contract year. Monthly reports are due on the 20th of each month for the preceding month. Reports shall be submitted on Form M2092 (Monthly Financial Report) and shall include, at a minimum:

- Separate reports for Program Accounts 20 and 22
- Reimbursement reports for the Child Food Program
- Line item documentation of administrative expenditures
- Copies of contractor's monthly financial statement and payroll reports
- A separate monthly report summarizing the local share reported in the financial report.

E. Early Childhood Environmental Rating Scale and Infant Toddler Environmental Rating Scale (ECERs and ITERs)

- ECERs and ITERs observations are conducted annually for the grantee operated programs. Corrective action plans are developed to address any identified areas of weakness.
- For the partners, the Education Manager assigned to the partners will conduct annual validations on the ECERs and ITERs that they submit. If a partner site has more than one classroom, one classroom will be randomly selected for validation. If a significant discrepancy is found between the partner's ECERs/ITERs scores and the CSB validation of the scores, additional ECERs/ITERs from other classrooms will be validated.

F. Fiscal Officer or his/her designee reviews the financial information for content and consistency before reimbursing monthly expenditures

- **Annual On-Site Monitoring:**

After the annual audit by a Certified Independent Accountant, the Grantee performs an on-site review of the Delegate Agency records using the OHS Monitoring Protocol. This procedure is performed no later than May of each year for the prior award year. The following is monitored:

- **Accounting Records:**

Records are reviewed to assure that they adequately identify the source and application of funds for contract-supported activities, and that they are maintained. Records are reviewed to make sure that they contain information pertaining to contract awards, authorizations, obligations, unobligated balances, assets, outlays, income, and liabilities.

- **Internal Controls:**

Controls are reviewed for effectiveness, and that accountability is maintained for all contract cash, real and personal property, and all other assets. Contractor is reviewed for adequately safeguarding all such property and that property is used solely for contract purposes.

- **Budgetary Controls:**

The actual and budgeted amounts for each contract allocation are compared.

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The grantee will conduct regular and routine monitoring including delegate agency annual management and fiscal systems review.

G. Center Visit Documentation

- CSB Director, Assistant Directors, or other Administrative Managers may conduct unscheduled/unannounced monitoring visits at directly operated or partner agency sites. These visits are documented on the Center Visit Documentation form. Any issue requiring a corrective action is documented and validation of correction is assigned and verified upon completion.

H. Procedures for Review, Analysis and Reporting

The monitoring analyst will ensure that the data is entered into the Monitoring database and that reports are distributed to all stakeholders, including the Bureau Director, Assistant Director, and Comprehensive Services Managers and site staff. A monitoring results report is also prepared for the Delegate Agency. All monitoring results will be formally submitted to the delegate agency. Issues or corrections cited will be communicated with corrective action requirements as part of the notification.

i. Monitoring Database

- The program uses databases designed in-house to track monitoring findings and areas of strength to inform the reporting process and ensure the system is working effectively and efficiently. ~~The databases produce lists such as the top ten issues to improve, the top ten areas performing well, as well as the top 10 sites to improve and the top 10 sites that are performing well.~~ The analyst responsible for the ongoing monitoring system uses the database to track completion of corrective actions to ensure that closure is established for any item found to be non-compliant.
- The databases allow program managers to view trends and isolated incidences and assist them in conducting root cause analysis and plans for improvement as appropriate in a timely fashion.
- Non-compliances will be utilized by all staff to: to identify program weaknesses; to correct identified non-compliance issues; and to seek continuous improvement.

ii. Monitoring Reports

- Monitoring analyst compiles results and findings such as: program strengths, areas of improvement, site performance reports and other reports as needed.
- Reports are disseminated to: senior management, comprehensive services unit, site supervisors, and site staff, Board of Supervisors, and Policy Council.
- Monitoring Analyst will complete a semi-annual analysis report and provide roll up summaries within 4 weeks of completion of Quarter 2 Period 1 (July-December) and Quarter 4 Period 2 (January-June).

iii. Root Cause Analysis

- Content Area Managers will review semi-annual monitoring reports for trends across their service area and complete a Root Cause Analysis and provide an Ongoing Monitoring Corrective Action Plan in response to areas identified as needing improvement within 4 weeks of report distribution.
 - Review the monitoring reports for areas needing improvement to address and identify root causes for non-compliances (tangible, materials items failed, something was done incorrectly, system or process to do work requires revision).

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- Define the problem, collect data, identify possible causal factors surrounding the problem, and identify the root cause.
- Submit an action plan to the Assistant Director to recommend and implement solutions, identify responsible persons.
- Effectiveness of action plan will be reviewed at the release of the following semi-annual monitoring report.

I. The Ongoing Monitoring Plan

For more detailed description of the ongoing monitoring system, refer to the The Ongoing Monitoring Plan located in the CSB Intranet.

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VI. Self-Assessment

A. Self-Assessment Team

The Grantee and the Delegate Agency conduct a joint Self-Assessment each year. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to team. The analyst responsible for the Self-Assessment is the Team Leader and may be supported by a consultant. Small teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. A cross-section of staff is represented on each team. Teams are formed beginning in ~~October~~November of each year and finalized in January.

B. Methodology

1. ~~In January of e~~Each year, the team leader and consultant, if applicable, identify sites and classrooms for the self-assessment. The following factors are considered in site selection:

- Monitoring results, including recent Federal Review, licensing visits, and assessment Findings
- History of site inclusion in last three years of self-assessment
- Program options and funding models to ensure all variations are assessed
- Representation of Supervisory Districts
- Site based special initiatives and projects
- Operational days

2. The current Office of Head Start (OHS) Program Monitoring Instrument and the Classroom Assessment Scoring System (CLASS[™]) are the tools used for the self-assessment each year. Slight modifications may be made to the tool by the team leader to streamline it for ease of use by community partners, parents, and board representatives. Other tools may be introduced as needed.

3. A timeline is established which includes ample time for site visits and report writing, scheduled team check-in sessions, and ongoing training and technical assistance.

4. Training is provided to all team members in January of each year and addresses the following items:

- Purpose and Approach
- Self-assessment process
- Methods of collecting applicable data
- Timelines
- Confidentiality
- Reporting procedure used in the “non-compliant” portion of each review team’s report
- Report writing format and techniques

C. Parent Involvement

The Policy Council has a Self-Assessment sub-committee, which forms in ~~October~~November of each year after being provided with a description of the work of the committee. The Policy Council is oriented to the self-assessment process and timeline in November, at which time additional members of the sub-committee are recruited. These parents are trained fully with the rest of the team in January and are paired with an experienced manager to mentor them through the process, if necessary. The varying availability of parents is accommodated to maximize the involvement of all parents who express an

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interest in participating. Non-English speaking parents are encouraged to get involved and are paired with a staff person who speaks their language.

D. Process of Self-Assessment of Agency's Program Services

The Self-Assessment is conducted in February of each year. Each team is assigned specific service areas and several sites to assess and determine compliance. Examples of tasks of the various teams include:

- Interviewing appropriate staff, community partners, and parents
- Observing the classroom environment
- Reviewing documents such as policies, procedures, and service plans
- Observing procedures as they are implemented in the field
- Completing checklists for health and safety and eligibility

Teams check in regularly to report progress, problem solve questionable compliance areas, and plan their next day. At the conclusion of the data-collecting process, individual teams meet and review their findings, and determine the following:

- Program strengths and compliances
- Non-compliances
- Recommendation of a plan of action to meet compliance
- Evaluate the process using a plus/delta approach which is used to inform the process for the next year.

E. Self-Assessment Results

Individual results of the self-assessment teams are submitted to the Analyst, who consults with the Bureau Director and Delegate Agency Director, and then compiles a complete report of the self-assessment.

The written report is sent out to staff, and if non-compliances are found, content area experts are assigned to develop a corrective action plan. Once the corrections are validated (immediately for health and safety items and within 30 days for all other items), the self-assessment report and plan of action are submitted to the Policy Council and Board of Supervisors in March. An approval is obtained for any corrective action plan involved. The final report, inclusive of the validation of submission and/or approval by the Policy Council and Board of Supervisors, is then submitted to the Administration for Children and families (ACF).

The results of the self-assessment are to be used in the planning process, in developing and improving program services, and in formulating the program approach, service plans, and goals and objectives for the program.

F. Monitoring the Plan of Action Resulting from Self-Assessment

Throughout the year, management staff responsible for any areas of non-compliance identified in the self-assessment process shall continue to monitor the status of the corrective action, using the results of ongoing monitoring efforts, to ensure the issue is resolved and continues to remain compliant.

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VII. Program Human Resources Management (Personnel Policies & Procedures)

A. Statement of Purpose of Policies and Procedures

These personnel policies are produced for the purpose of:

- Promoting an effective, efficient, and economic operation of programs;
- Providing fair and equal opportunity to all qualified individuals to enter employment with Employment and Human Services Department, Community Services Bureau (CSB) and assuring that employees are promoted or advanced under impartial procedures;
- Maintaining a program of recruitment and advancement which will provide career development opportunities;
- Maintaining a uniform plan of evaluation, duties and wages based upon the relative duties and responsibilities of positions in CSB;
- Employing persons who can perform their duties with competence and integrity.

B. Governing Board

The ultimate authority to manage the Head Start and Early Head Start program is vested in the County Board of Supervisors. According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department has the authority to act on behalf of the County Board of Supervisors on certain personnel actions as stipulated throughout the regulations. All authority for day-to-day administration of CSB is delegated to the Community Services Director.

The Board of Supervisors, upon the recommendation of the Employment and Human Services Director, reserves the exclusive right to hire, evaluate, compensate or release the CSB Director (HS/EHS Director), Human Resources and Fiscal Officers. The Policy Council shall approve or disapprove in advance the hiring of the Community Services Director.

The Board of Supervisors delegates the authority of the Head Start and Early Head Start program to the Community Services Director or his/her designee, who is responsible for carrying out the policies, procedures, and intent of these policies to include power to employ, promote, assign duties and responsibilities, evaluate, train, reprimand, suspend, discharge, or reward employees within the guidelines of all applicable federal, state and local regulations.

CSB will observe standards of organization, management, and administration that will ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purpose of Head Start Performance Standards and the objective of providing assistance effectively, efficiently, and free of any taint of partisan political bias or person or family favoritism.

C. Organizational Structure

This section contains policies governing the activities of all CSB employees. It is not intended to supersede the Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One (MoUs), the Personnel Management Regulations (PMRs) or any other policies adopted by the County Board of Supervisors. It establishes standard procedures which are applicable to all programs operated by CSB, irrespective of funding source. Unless otherwise noted, all provisions of the manual apply to each and every employee of CSB. If the requirements of MoUs, PMRs, funding sources, et cetera are less stringent than the provisions of this section, then these provisions will apply. If personnel provisions imposed by the MoUs, PMRs, funding source, et cetera conflicts with the provisions of these policies, then such regulations shall apply.

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The Community Services Director or designee has the authority to identify and interpret regulations which conflict with these policies. Employees may not take it upon themselves to interpret regulations which may permit them or require them to behave in a manner which is inconsistent with the provisions of this policy. If doubt arises, employees must request their supervisors to secure a ruling from the Community Services Director or designee.

In addition to these policies, the MoUs, PMRs, management bulletins, memos, side letters, et cetera regarding personnel policies issued by the County and funding sources shall be considered a part of CSB's personnel policies and procedures whenever applicable. All personnel policies and practices contained herein are established in accordance with current applicable rules and regulations of CSB funding sources and other mandates. All CSB staff members are required to become thoroughly familiar with these policies and adhere to their provisions.

The Community Services Director and senior management are charged with the responsibility for assuring that all provisions of these policies are administered fairly and impartially.

According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department has the authority to act on behalf of the County Board of Supervisors on Certain personnel actions as stipulated throughout the regulations.

D. Additional Personnel Policies Relating to Employees of Program Services

1. Criminal Record Clearance (Fingerprinting)

i. Live Scan Process

- According to the Head Start Act, 45 CFR 1304.3(a)(18) and California DSS, 101170(f), all employees/adults must be fingerprinted. Failure to obtain clearance free of an exemption or to comply with fingerprinting regulations will result in refusal of employment.
- Applicable employees must be fingerprinted and cleared before their first day of employment. CSB will not employ anyone without an active clearance nor will they hire anyone who has a clearance with an exemption.
- CSB Personnel schedules a Livescan appointment and provides the applicant with a Livescan form to take to their appointment.
- After the Live Scan is completed, the Department of Social Services notifies CSB Personnel Unit of the following clearances via a Letter of Criminal Record Clearance. The following checks are conducted:
 - FBI
 - Child Abuse Index
 - State Department of Justice
- Should a conviction occur while the employee is employed, CSB receives an "Immediate Action Required (IAR)" letter from the Department of Social Services Caregiver Background Check Bureau. In this case:
 - The Community Services Bureau Director determines the appropriate action to be taken based on individual circumstances.
 - If a manager receives an IAR letter, he/she is to notify CSB Personnel Unit immediately. If CSB Personnel Unit receives an IAR letter, they will notify the Manager, Site Supervisor and immediately have the employee removed from the facility. Disciplinary actions may be taken up to and including termination.

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- It is the responsibility of the employee to obtain a waiver form from DSS and submit the waiver. Any employee who obtains a waiver may apply for reinstatement and applications will be considered by personnel. If no waiver is obtained as requested by the Personnel Unit, the employee may be terminated from employment with Contra Costa County.
- Declaration-The State requires that all current/prospective employees must sign a declaration, Criminal Record Statement prior to employment, which reveals any background information that might be detrimental to their employment with CSB. The declaration or Criminal Record statement must list:
 - All pending and prior criminal arrests / charges related to child sexual abuse and their disposition
 - Convictions related to other forms of child abuse / neglect
 - All convictions
- The grantee must review each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.
- The declaration may exclude listing of:
 - Any offense, other than the ones related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was adjudicated in a juvenile court or under a youth offender law
 - Any conviction the record of which has been expunged under Federal or State law
 - Any conviction set aside under the Federal Youth Corrections Act or similar State authority

2. Emergency Procedures

i. Chemical Accident

In case of a shelter-in-place emergency, a manager will notify all affected sites. In this case, all employees are required to follow shelter-in-place protocols.

SHELTER—Go inside a building immediately to avoid exposure to airborne chemicals.

SHUT—Seal all doors and windows/turn off ventilation systems. (Locking doors and windows creates the best seal.) Parents must be informed during orientation that staff is not authorized to release children during a shelter-in-place accident.

LISTEN—Turn on the radio/listen for up-to-date information. Avoid using the telephone unless you have a life-threatening emergency. All sites must have a working radio available at all times.

ii. Earthquake Emergency

Duck and cover under a table or desk, crouching on knees with face down and hand covering the back of the head.

Stay clear of outer walls, windows, glass, cabinets, files, or shelves.

Evacuate the building to Assembly Area after counting 100.

- Avoid re-entry into the building.
- Allow the Building Warden to re-enter the building (searching for missing persons, assessing the extent of damage, turning off utilities as needed, and checking for gas leaks).
- Keep clear of overhead wires, poles, buildings, trees, and falling objects if outside.
- Prepare for aftershocks.

iii. Fire Emergency

Notify the fire department immediately, giving required information:

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- CSB building, room number, address, and other means of identifying location of the fire
- Description of size / type of fire
- Information regarding any injured people
- The name, telephone number, and extension of the employee reporting
- Evacuate all people from the fire area and close off the fire area using posted emergency routes.
- Report to Assembly Area (consult the Evacuation Plan)
- Use appropriate type of fire extinguisher. If smoke or heat endangers safety, evacuation of the area is required (to allow emergency personnel to handle the situation).

iv. Medical Emergency

- Provide appropriate first aid and/or cardiopulmonary resuscitation (CPR).
- Call the Fire Department if advanced first aid is required (911).
- Call an ambulance if appropriate (911).
- Send the injured to either the physical location of his or her choice or to the nearest medical emergency center or hospital. Notify the family of the injured.
- Report injuries to the appropriate supervisor immediately. The supervisor is responsible for notifying Community Care Licensing via telephone within 24 hours and in writing within 7 days.
- If an injury results in death or hospitalization of an employee for over twenty-four hours, notify CSB Personnel and the Workers' Compensation/Safety Coordinator. She/he is responsible to inform the CCC Risk Management and the State Division of Occupational Safety and Health (CAL/OSHA).

3. Work-Related Injury and Illness

All County employees who are injured or become ill as a result of their job are covered under Workers' Compensation.

Workers' Compensation is a no-fault insurance plan paid for by the County and supervised by the State. It is a plan where fault does not have to be proven to receive medical expenses and lost wages. If an employee is unable to work because of a work-related injury or illness, (s)he is eligible for benefits. All benefits are determined by the California State Legislature.

i. If an employee is injured or becomes ill as a result of her/his job, the following steps should be taken:

- The employee must immediately notify her/his supervisor. All work-related injuries/illnesses, including first-aid, need to be reported
- The supervisor must notify CSB Personnel (the designated Workers' Compensation/Safety Coordinator)
- The supervisor and the employee are to complete the required workers' compensation forms: CCC Supervisor's Occupational Injury or Illness Report Procedures (AK 30 –Part A & B), and Workers' Compensation Claim Form (DWC – 1), as soon as possible
- The supervisor is to submit the completed forms to CSB Personnel (CSB Workers' Compensation Coordinator) by the end of the business day of the injury/illness or by the end of the day (s)he became aware of the injury or the illness; The Supervisor is to fax the first white page of the DWC-1 and parts A & B of the AK-30, Supervisors Report, to the CSB Worker's Compensation/Safety Coordinator at Personnel on the day of the injury and to send the original paperwork via the Interoffice Mail.

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- The CSB Workers' Compensation Safety Coordinator will submit the required documentation to CCC Risk Management Office. County policy requires the documentation to be submitted to Risk Management within 24 hours of the injury/illness
- Injured/ill employees are encouraged to seek immediate medical attention. The CSB Workers' Compensation/Safety Coordinator will provide information on medical facilities that can be visited in case of a work-related injury/illness
- The injured/ill employee may only return to work with a doctor's note stating that employee is cleared to return to work on that date. If the employee is placed on "Off Work" or any modified work status, (s)he must notify her/his supervisor and the CSB Workers' Compensation/Safety Coordinator about her/his status and fax/deliver the appropriate doctor's note to both parties
- Modified work will be assigned only by the CSB Workers' Compensation/Safety Coordinator in coordination with the employee's supervisor if accommodations are viable
- If an employee is ordered for follow-up doctor visits or therapy as a result of a job-related injury or illness, (s)he is required to attend all prescribed visits and furnish Work Status Reports to her/his supervisor and the CSB Workers' Compensation/Safety Coordinator after each visit
- Employees leaving work for appointments connected to work-related injuries/illness are to claim the time off as workers' compensation time (WC) on their time cards
- Doctor bills and hospital expenses related to on the job injuries or illness will be paid directly by the County. If an employee receives a bill that is related to a job-connected injury or illness, (s)he should notify the CSB Workers' Compensation/Safety Coordinator and should not pay the bill.

ii. Return-To-Work Program

CSB participates in the Return-To-Work (RTW) Program. It is a plan utilized by Contra Costa County with the main objective to manage the employees' successful and timely return to work after a work related injury. The program facilitates the earliest possible return of an injured employee to meaningful, productive work within the parameters of her/his physical capabilities. If necessary, the program allows for temporary modifications to the employee's job description or position to accommodate the physical restrictions identified by the medical provider. Employees participating in the program are assigned transitional jobs. Two main transitional jobs are available for employees through the RTW program:

- Modified work within the employee's unit – this is usually for on-the-job injured employees who can perform their usual jobs full time or part time with significant accommodations
- Bridge Assignments – these are for employees who cannot perform their usual jobs, but can be assigned to other meaningful jobs. Usually, Bridge Assignments are much broader and employees assigned to them may be placed in any of the EHSD's Bureaus or even other County Departments.

Assigning employees to transitional jobs is facilitated by the CSB RTW Coordinator (Personnel) in collaboration with the employee's supervisor. While in the RTW program, each employee is required to furnish Personnel with Work Status reports after each visit with the Worker's Comp doctor.

Employees with work related injuries benefit from participating in the RTW Program by returning back to work quickly, by continuing to participate in meaningful jobs and maintaining their self-esteem, by the on-the-job hardening, and faster recovery.

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4. Ergonomic Safety and Evaluation

All employees are expected to maintain their work environment and equipment safe and in good repair. Employees are to organize their work space considering basic ergonomic and safety practices such as, easy access/reach of desk equipment, appropriate lighting, use of appropriate equipment, avoidance of forceful lifting, pushing or pulling, prolonged repetitive motions. Employees performing mainly sitting jobs are encouraged to periodically change activities and positions, take small stretch breaks to reduce repeated stress to various parts of the body.

Employees who experience discomfort by using their work equipment or have doctor's recommendation for ergonomic evaluation are to notify their direct supervisor and request evaluation. The supervisor should contact CSB Personnel, the Workers' Compensation/Safety Coordinator and request ergonomic evaluation for the employee. The CSB Workers' Compensation/Safety Coordinator will review the request and arrange for the evaluation.

After the completion of the ergo evaluation, the employee and her/his supervisor will receive a copy of the evaluation report and an Ergonomic Equipment Acknowledgment Form. The employee is to review and keep the copy of the evaluation. Both the employee and the supervisor are to sign the Ergonomic Equipment Acknowledgment Form and return the original to the CSB Workers' Compensation/Safety Coordinator at the Personnel Unit for authorization of the recommended ergonomic equipment.

The CSB Workers' Compensation/Safety Coordinator will work with the CCC Ergo Lab to ensure the appropriate accommodations are made and that the employee is trained on ergonomic and safety practices. Ergonomic Equipment Acknowledgment forms sent by the employees directly to the CCC Ergo Lab without the authorization of the CSB Workers' Compensation/Safety Coordinator will not be accepted by the Ergo Lab and the requested equipment/accommodations will not be provided.

5. Employee Relations

As a part of a team providing services for the benefit of the public, each employee must cooperate with co-workers and supervisors and the public through professionalism and mutual respect in order to set a high standard of work performance. The entire staff of CSB must function as a team. Each employee is required to make a positive contribution in the interest of efficient public service.

Unwillingness or failure to cooperate will not be tolerated and will be cause for disciplinary action.

6. Smoke-Free Environment

CSB will create a smoke-free environment and eliminate exposure to tobacco smoke by children, staff, ~~and~~ parents, and visitors in the Head Start program.

Under California labor code, it is unlawful for any individual to smoke tobacco products in an enclosed workplace.

~~By state regulation, smoking is prohibited at all times in all space utilized by the program. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, outdoor play areas, county vehicles and vehicles used for transporting children.~~

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Furthermore, in June 2014 the Contra Costa County Board of Supervisors adopted a Smoke-Free Contra Costa law which prohibits smoking, including use of medical marijuana and electronic smoking devices such as e-cigarettes. This law, which will be fully enforced on March 1, 2015, prohibits smoking as follows:

- In all buildings, vehicles, and other enclosed areas occupied by county employees, owned or leased by the county, or otherwise operated by the county.
- In all outdoor areas owned or leased by the county, including parking lots, the grounds of the county's hospital and health clinics, and the grounds of all other buildings owned or leased by the county.
- In personal vehicle, whether parked or in motion, if it is located on property owned by the county.

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If there is a designated smoking area, it will be located out of the children's sight, and at least 20 feet away from the main entrances, exits and operable windows of the building (California Government Code, Sections 7596-7598). All smoking trash, including butts and matches, will be extinguished and disposed of in appropriate containers. Employees leaving the County property to smoke or use electronic smoking devices, have to be mindful of their personal safety while off county property. Staff is encouraged to wear protective wear, such as a smoke or "smoking jacket" so that when they finish smoking, they can remove it so as to not carry the tobacco chemicals on their clothing into the classrooms or offices.

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If a CSB program shares a building with other occupants, staff will take steps to reduce children's exposure to smoke from other sources in the building by altering traffic patterns or establishing a "smoke-free zone" around the site.

Adults are also prohibited from smoking during group socialization activities, such as field trips, neighborhood walks, and other outdoor activities. The only situation under which this does not apply is during a presentation or field trip related to American Indian cultural customs in which tobacco is utilized.

Educational and wellness activities, such as smoking cessation programs for adults and inclusion of developmentally appropriate activities in health education for children will be developed to assist in carrying out smoke-free policies. Staff and parents are encouraged to call the California Smokers Helpline at 1-800-NO-BUTTS (English speakers) or 1-800-No-Fume (Spanish speakers) or to visit <http://cchealth.org/tobacco/time-to-quit-smoking.php> for a list of local cessation for help in quitting. Smoking cessation programs for adults are available through the program's collaboration with the WIC Program. Additional resources. Additional information and resources are available by contacting the Comprehensive Services Unit's Health Services Manager.

Field Code Changed

8. Drug-Free Work Environment

In Compliance with the Federal Drug-Free Workplace Act 1988, the Contra Costa County Board of supervisors instituted a Drug-Free Workplace Policy (Resolution No. 90/674 from October 16, 1990). The Board is committed to a Drug-Free Workplace because of the inherent dangers to employees who abuse drugs and/or alcohol. According to the Drug-Free Workplace Policy:

- The County prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in the workplace, and/or during work hours.

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- Any violation of this policy may result in disciplinary action, up to and including termination, or when needed, mandatory participation of the employee in a drug-abuse assistance or rehabilitation program.
- Any employee convicted of any State or Federal criminal drug statute for a violation occurring in the County workplace or on County time, shall report the conviction to their supervisor, department manager or personnel officer no later than five (5) days after such conviction.

CSB strives to maintain a workplace that is reflective of the County Smoke-Free and Drug-Free Workplace Environment Policy. CSB employees are expected to conduct themselves responsibly. Upon report that an employee appears to be under the influence of alcohol or illegal drugs, the employee's supervisor must notify the Assistant Director or the Division Manager, or the Personnel Administrator. One of these CSB Senior Managers and the employee's supervisor will immediately meet with the employee and determine if she/he is under the influence of alcohol or illegal drugs. If they determine that the employee is under the influence, the employee shall be instructed to immediately leave the workplace. An employee under the influence of alcohol or illegal drugs is to report back to work sober and clean of drugs at least one day after the incident. The employee has the option to claim unpaid time or to use her/his own accruals.

8. Solicitation of Goods

Contra Costa County prohibits the solicitation of goods on any County property. Goods for sale will not be accepted, bought, or sold at any Grantee office or CSB center. This applies to commercial activities only. This does not apply to parent fundraising. Parent fundraising activities are reviewed and approved by the Policy Council and the Bureau Director.

9. CSB Telephone Usage Policy

There may be times when personal telephone calls must be made or received during working hours. Personal telephone calls must be kept to a minimum, and may not interfere with classroom or business activities. CSB expects employees to make these calls during break or lunch periods. No long distance calls can be made on CSB telephones. Personal cellular phone use ~~unless in an emergency situation,~~ is prohibited in the classroom and business offices at all times.

10. Food in the Classroom

Food for individual staff consumption is not allowed in the classroom unless the staff member is eating a meal or snack with the children. Any other food and drink must be consumed by the staff member during break or lunchtime, away from the classroom.

E. Analysis of Staff Needs

The needs of individual staff members for assistance and training, as well as the training tools are analyzed regularly to ensure optimal performance and efficiency of services. The Community Services Director or designee assesses staff needs by considering levels of responsibility, experience, performance of assigned tasks, and other relevant factors. On the basis of such assessment, the Community Services Director or designee determines the delivery of needed assistance after considering funding limitations. Assessment of staff needs is performed annually or as needed.

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F. Recruitment and Selection

It is the policy of CSB to employ qualified, capable, and responsible personnel who are of good character and reputation. Consideration will be given to provide employment opportunities to parents of enrolled Head Start and Early Head Start children. CSB will follow the guidelines for recruitment as required by the MoUs, PMRs, Management Bulletins and other provisions established by the County and funding sources.

CSB shall make certain that its recruiting procedures afford adequate opportunity for the hiring and career advancement of its parents and staff. The attainment of a high level of education may be important to performance in certain positions; however, formal educational qualifications, unless required by state, local or federal law, where practical, shall be made discretionary rather than required for employment and advancement. Head Start staff will be required to meet the educational requirement as established in the Head Start Act and/or Head Start Performance Standards.

The Policy Council will approve or disapprove all Head Start and Early Head Start employees prior to employment including the Head Start Director, Director of Human Resources, Chief Fiscal Officer and any other person in an equivalent position in CSB.

G. Hiring of CSB Staff

A position will not be filled until concurrence is reached between the Community Services Director and the Policy Council. The following steps are taken when hiring staff:

- Following the approved Contra Costa County Personnel Management Regulations, the Personnel Unit will work with the County Human Resources Department, as required, to publicly announce a position for employment.
- Upon receipt of applications, the Human Resources Department or designee will screen the applications to ensure that applicants meet the minimum requirements for filling the position.
- The Human Resources Department shall designate selection procedures that may be written tests, oral tests, physical agility tests, assessment centers, training and experience evaluations or other selection procedures, or any combination of these. Selection procedures shall be practical and job related, constructed to sample the knowledge, skills, abilities and / or personal attributes required for successful job performance.
- When, after public announcement, the number of accepted candidates is equal to or less than the number necessary for a full certification, after consulting with the Community Services Director, the Personnel Unit may waive competitive testing and certify the applicants without rank or score. Under these circumstances, the Community Services Director will appoint a Qualifications Appraisal Board within the Community Services Bureau to conduct oral interviews of the applicants.
- In examinations where an oral interview is to be conducted as part of the total examination, the Personnel Unit shall appoint two or more qualified staff, as well as a Head Start Parent to conduct oral interviews.
- After completion of the examination process, the Personnel Unit will certify to the Bureau Director in rank order, according to the overall scores in the examination process, the names, addresses and phone numbers of the persons entitled to certification.

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- The designated interview panel consisting of staff and parents will interview the prospective employee to determine:
 - If the individual will be able to work effectively with parents and/or children in a positive, supportive manner;
 - If the individual will be able to work with staff in a cooperative, team-like manner;
 - The individual's commitment to low income families and the community;
 - The experience the individual has working with or the understanding the individual has of culturally diverse groups;
 - Personal characteristics such as warmth, strength, flexibility, understanding, empathy, ability to respond quickly under stress;
 - The ability of the individual to work within systems;
 - The individual's respect for authority and ability to work under supervision; and
 - Any other special skills such as speaking, reading, or writing in other languages.
- After the interview, the Personnel Unit will conduct personal and employment reference checks on all potential new hires prior to names being recommended to the Community Services Director or designee and Policy Council.
- After the interview, staff will submit a recommendation to the Policy Council that will include the prospective employee's suitability for employment in the position being considered.
- The name and qualifications of the candidate/s will be considered for approval by the Policy Council. Only after the candidate has been approved for employment by the Policy Council may the candidate be officially employed and report for work.
- No Head Start funds may be obligated for payment of salary to any permanent employee not previously approved by the Policy Council.
- All newly hired employees will serve a probationary period as outlined in Section 9 of the Personnel Management Regulations and Section 20 of the Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One.

H. Reject from Probation

When an employee is being separated from employment while on probation, a CSB Manager or Assistant Director will serve a copy of a Project Employee Probation Report (CSD-50) to the employee and at that time shall ask for any keys and/or employee badges they may have to the facility.

I. 9/80 Work Schedule

A 9/80 work schedule has been established for a period determined by the Community Services Bureau Director. The schedule is available for Senior Management and some management and middle management classifications. There may be some job functions or classifications that are not feasible for participation in the 9/80 schedule. Additionally, probationary employees are not eligible for a 9/80 schedule until successfully completing their probationary period. Furthermore, temporary employees are excluded from the 9/80 work schedule. The Director of Community Services Bureau has the authority to determine the exclusion or the participation of particular jobs or classifications in the 9/80 shift.

The 9/80 schedule is voluntary. An employee who participates in the 9/80 schedule is not obligated to maintain it except for a two-week cycle from the beginning of the 9/80 shift. If an employee opts out of the schedule, she/he may opt back in once in the following three-month period. Work expectations do not change as a result of an employee's participation in a 9/80 schedule. If her/his performance

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deteriorates due to participation in the 9/80 schedule, the employee may be returned to a regular schedule. This action requires the approval of the Community Services Director or designee.

Employees requesting participation in the 9/80 work schedule should complete a Participation Request form that can be obtained from CSB Personnel Unit. The employees are to submit the completed form to their supervisor. Approval is granted by the Community Services Director or designee with consideration for adequate coverage of the Department and the individual units. A copy of the approved request should be submitted to the Fiscal unit and to CSB Personnel to be filed in the employee's personnel file.

Employees participating in a 9/80 schedule must take a day off during the two-week pay period. During the period, the employees work one 8 hour day and 9 hours each day thereafter. The total work hours for the pay period should equal 80. If a holiday falls on the employee's day off, the employee should take her/his 9/80 day within the pay period before or after the holiday. If a holiday falls on a work day, the employee must use 1 hour accruals to make the required 9-hour work day since a holiday is 8 hours.

9/80 Work Schedule For Employees Temporary Disabled Due To Industrial Injury

In accordance with the Memorandum of the Office of the County Administrator, dated November 23, 2009, and the Contra Costa County's Return to Work Policy for Industrial Injury or Illness, Section VI, A. Restrictive Duty, the 9/80 or flexible work schedule for every employee who has sustained industrial injuries, who has an accepted worker's compensation claim and is temporarily disabled from working full time will be temporarily revoked. Upon release to full time work by the treating physician and only if the employee is able to work more than 8 hours per day, the 9/80 or flexible schedule may be resumed.

J. Separation

Employees are dismissed, suspended, and demoted in accordance with Contra Costa County, Personnel Management Regulations Part 11, Separation and Memorandum of Understanding between Contra Costa County and the Labor Unions.

K. Resignation

A resignation letter from the employee shall be made in writing and submitted to the employee's immediate supervisor and/or Assistant Director. The original letter should be sent to Personnel Unit.

L. Nepotism

No immediate family member of a supervisor shall work directly under his/her supervision. Immediate family member shall be defined as spouse, natural child, stepchild, foster child, child in employee's custody, legally adopted child, legal guardianship, foreign adoption, tribal adoption, disabled adult child, domestic partner, and child of domestic partner.

M. Enrolled Children of CSB Employees

To maintain an equitable educational environment at our child care centers, CSB requires that every effort will be made to place the enrolled child of a CSB employee at facility that is different from the employee's worksite. In NO case will an employee's child be placed in the employee's classroom. CSB employees' children may be enrolled in the program only if eligible.

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N. Staff Qualifications – General

All site-based staff must meet the minimum qualifications of the State Department of Education matrix and the Early Head Start and Head Start staff qualification requirements as stated in Sections 645(A) and 648(A) & (B) of the 2007 Head Start Act. This includes Assistant Directors, Site Supervisors, Infant/Toddler Master Teachers, Master Teachers, Infant/Toddler Teachers, Teachers, Infant/Toddler Associate Teachers, and Associate Teachers.

Services for families enrolled in the ~~Home-Based~~home-based Program Option are provided by Early Childhood Educators. These must have training in parent education, early childhood development and education, and experience working with families and must meet the qualification requirements set in the 2007 Head Start Act.

It is the employee's responsibility to maintain and provide to Personnel and their Site Supervisor a current Permit or Temporary Certificate issued by the Office of Education and to meet the Head Start and Early Head Start staff qualification requirements by the established timelines.

In addition, all staff must meet the minimum qualifications as stated in the Community Services Bureau Job Descriptions and as set forth by state and federal regulations. Should an employee fail to meet the minimum qualification of his or her job while employed with Contra Costa County, he or she will be dismissed as stipulated in the Personnel Management Regulations, Part 1108 and the Public Employees Union, Local One MoU, Section 24.2.

O. Qualification Requirements for Positions

Minimum qualification requirements are set for all Contra Costa County Community Services Bureau positions.

The Personnel Director, in conjunction with the Assistant Directors and/or other managers, drafts minimum qualification requirements for certain positions. These are received by Policy Council for input and review.

Where minimum qualification requirements affect health, education, food service, or other component positions, the draft is received by the appropriate committee for input and review.

The draft is then submitted to the Community Services Director for review and approval. After Community Services Director's approval, the draft is sent to the CSB Personnel Unit for further processing.

Managers receive copies of job descriptions and qualifications adopted by Human Resources.

Preference will be given to former and current parents who meet the qualifications as set forth in the job descriptions.

All ~~families-staff~~ must be able to perform the Essential Functions as set forth by the Department at all times (please refer to Essential Functions documentation). If staff is unable to perform the functions at any time during employment, the Department will try to accommodate needs; however there are some instances where this may not be possible.

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New Hires: Before a new employee / volunteer who will work directly with the families and children begin work, (s)he must have completed the following:

- Complete health screening by a physician including a tuberculosis test (prior to employment) or a written statement from a doctor stating a TB test is not required.
- Fingerprint / criminal record clearance without any exemptions.

P. Classroom Staffing and Ratios and Comprehensive Services Staffing

1. Classroom Staffing and Ratios

Each classroom maintains the adult/child ratios required by Title V: For children ages 3-5, 1:8; for toddlers, 1:4; for infants 1:3. Children under three years of age may not be in groups with more than eight children. Each full-day classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day classroom is staffed with two Teachers and Teacher Assistant Trainees.

CSB center classrooms will have no more than 20 children enrolled at any time, except in State Preschool classrooms where there may be 24 children enrolled at one time and in Head Start classrooms with an approved 24-waiver from the Administration for Children and Families (ACF).

The Supervisor must ensure that adult/child ratios are maintained at all times. If a staff member is absent, the Site Supervisor must do the following:

- Assess the staffing needs of the classroom based on the number of children present and the staff/child ratios in other classrooms at the site.
- Request the services of a parent volunteer.
- If a substitute is needed, the Supervisor must contact the clerk who coordinates the substitutes.

All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment.

- Whenever the classroom is outside on the yard or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during times scheduled outside of the classroom.

Teaching staff supervise infants and toddlers/twos by sight and sound at all times. When infants and toddlers/twos are sleeping, mirrors, video or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. Sides of cribs are checked to ensure that they are up and locked.

Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

CSB management ensures that the staff reflects the cultures and languages of the children and families served in the program whenever possible. If this is not possible, the Supervisor must contact the main office to obtain the services of a translator ~~or the CSB Language Line~~ in order to communicate with families.

2. Comprehensive Services

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The program is supported at all times by the following personnel:

- A health services content area expert who is trained and experienced in public health, nursing, health education, maternal and child health, or health administration. ~~Additionally, when a health procedure must only be by a licensed or certified health professional, the agency will ensure that this requirement is met.~~
- A nutrition services content area expert who is a registered dietitian or nutritionist.
- A mental health services content area expert who is a licensed or certified mental health professional with experience and expertise in serving young children and their families.
- A family and community partnership or parent involvement content area expert who is trained and experienced in field(s) related to social, human, or family services and who is skilled in assisting parents of young children in advocating and decision-making for their families.
- A disabilities services content area expert who is trained and experienced in securing and individualizing needed services for children with disabilities.
When a health procedure must only be provided by a licensed or certified health professional, the agency will ensure that this requirement is met.
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Q. Site Administration

Each site that receives State Department of Education funding must have a full time Site Supervisor housed in the building. For sites with more than nine classrooms, an additional Site Supervisor will be housed at the building. This Supervisor may be counted in the ratio if working directly with the children. Sites with infant/toddler care must have a Site Supervisor who, in addition to the regular qualifications, has completed 3 units of Infant and Toddler Care.

As an entity operating child care and development programs, providing direct services to children at two or more sites, CSB shall employ Assistant Directors that meet the minimum qualifications of a Program Director as outlined in the State Department of Education matrix.

R. Teacher Assistant Trainees (TATs)

CSB may employ Teacher Assistant Trainees (TATs) through the County or the ROP program. The following applies for all teaching staff with less than 12 units in Early Childhood Education courses:

- The TAT must be at least 18 years of age UNLESS: (S)he has a high school diploma or equivalent or a part of the ROP or other occupational program.
- The TAT may never be alone with the children – the Teacher/Associate must always supervise the interactions with the children.
- If the TAT has enrolled in or completed at least 6 units in Early Childhood Education, (s)he may supervise children at nap time and escort children to the bathroom without the direct supervision of a Teacher/Associate.

In order to support the professional development and career advancement of Teacher Assistant Trainees, CSB will ~~provide afford~~ a select number, ~~based on appropriate to~~ funding availability, of Teacher Assistant Trainees the opportunity to participate in the Teacher Assistant Trainee Program, as outlined in 31(a)(4).b of this section.

S. Volunteers

CSB encourages volunteers from the community whenever possible. Each year, program staff recruits volunteers through flyers and other announcements. Before a volunteer begins in the program, (s)he

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must ~~go through~~ be approved by the ASA III responsible for volunteer coordination. This ensures that the volunteer has fulfilled the necessary requirements prior to being given an assignment. All potential volunteers must complete a Volunteer Application. If the volunteer works more than sixteen (16) hours at one facility s/he must obtain fingerprint clearance. All volunteers, regardless of the number of hours they are planning to work, must submit a statement of good health. The statement could be issued by a doctor, a medical professional or be a self-disclosure signed by the volunteer. Each volunteer must undergo a TB risk assessment and if at risk submit a negative TB test result at their own cost prior to volunteering. The statement of good health and the TB result should be provided to the ASA III and kept on file by the Site Supervisor as outlined in California DSS section 101170(b), certain volunteers may be exempt from the requirement to submit fingerprints.

Once fingerprint and TB clearance is received, the volunteer coordinator will contact site supervisors to see if there is an appropriate volunteer opportunity at their site. The volunteer coordinator will forward all paperwork to the site supervisor for their Licensing and Health file. The Site Supervisor or designee will review the Volunteer Policy with the volunteer and have him/her sign the Standards of Conduct, Certification Statement and all other Licensing forms. Only then will CSB make the final volunteering assignment which includes: start date, end date, and number of days and hours per week. The volunteer enters hours worked daily on an in-kind form for the whole month. At the end of the month, the volunteer submits the completed in-kind reporting form to the assigned volunteer supervisor to have them sign their approval and to make a copy of form for the volunteer. The volunteer's supervisor or designee submits the in-kind records monthly to the cluster clerk for entry into the In-Kind Log in the shared drive.

T. Standards of Conduct

CSB ensures that all staff, consultants, and volunteers will observe the program's Standards of Conduct. All employees must sign the Standards of Conduct annually and the original will be maintained in their personnel file.

Every employee, consultant and volunteer involved in the Program, must subscribe to the following:

- Respect and promote the unique identity of each child/family.
- Refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
- Follow program confidentiality policies concerning information about children, families, and other staff members.
- Never leave a child alone/unsupervised while under their care.
- Use positive methods of child guidance.
- Never engage in corporal punishment, emotional/physical abuse, humiliation, intimidation, ridicule, coercion or threats.
- Never prohibit a child from attending religious services outside the agency.
- Never use methods of discipline that involve:
 - Isolation
 - The use of food as punishment or reward
 - The denial of basic needs
- Provide a safe, healthy and accommodating environment that meets the children's needs.

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Every employee engaged in the award/administration of contracts or other financial awards will sign a statement to the effect that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors. Additionally, employees will not engage in any form of picketing, protest, or other direct action that is in violation of law and must comply with Contra Costa County Administrative Bulletin 405.4.

If a staff member, consultant, or volunteer violates any of the above Standards of Conduct, the following disciplinary steps may be followed:

- Conference(s) with the individual's supervisor to discuss implications of their behavior, and corrective action plans.
- Further training for the individual may be provided.
- A letter of Coaching and Counseling may be sent to the individual, detailing the seriousness of their violation(s) of the Standards of Conduct.
- If the letter of Coaching and Counseling is ignored, the employee may receive further disciplinary action.
- If the behavior of the individual does not change, disciplinary measures may be applied, such as Letter of Reprimand, suspension, and/or termination of employment. In some cases, termination may be the first discipline.

U. Professional Behavior and Attire

To ensure the health and safety of enrolled children and to foster professionalism at our child care centers and offices, staff is expected to adhere to the following dress code.

Staff at child care centers, whether direct caregivers or support staff, must wear clean, neat, comfortable clothing and footwear suitable for the daily tasks of significant bending, walking, lifting, sitting and running. Central Kitchen staff must adhere to policies that specifically pertain to hygiene and attire.

- Professional Behavior and Attire

As representatives of County government, it is important that staff adhere to high standards of professional behavior at all times. Public and client perceptions of our staff and services can be significantly affected by a single negative interaction with any employee in our department.

As professionals, staff members need to refrain from excessively negative behavior in all interactions with their colleagues, in meetings and training sessions, with clients, or the public. Such behavior can over time create a hostile work environment, be experienced as harassment, interfere with client access to services, or violate client rights.

Examples of excessively negative behavior can include: rudeness, being overly brusque and impatient, showing contempt for others, being excessively critical and fault-finding, demeaning and sarcastic, disrespectful, slamming doors or files, raised voices, use of profanities, sexual and national origin harassment and discrimination. There may also be other behaviors that create a hostile or extremely unpleasant environment for staff or clients.

Staff who engages in such behaviors will receive counseling and coaching from their supervisors. Continued engagement in unprofessional behavior after counseling and coaching has been provided may result in disciplinary action.

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- CSB Standards for Appropriate Attire
 - Shoes: heel height to a maximum of 1 inch, closed toe and heel required
 - Shorts: must reach the knee, transparent fabric is unacceptable.
 - Tops: prohibited are tops that expose the midriff, low cut necklines, backless, strapless, halter or tube tops, spaghetti straps, or any transparent material.
 - Skirts/dresses: hem must be knee length or longer; fabric may not be transparent.
 - Pants: hems of pants cannot drag on the floor, and waistband may hit no lower than the top of the hip. Transparent fabric is unacceptable.
 - Jewelry: Earrings must be shorter than 1 inch from lobe, rings no higher than ¼ inch from shank. Any jewelry that may pose a hazard to children or staff may not be worn to work.
 - Any articles of clothing with statements deemed by CSB to be political, offensive, or inappropriate are prohibited. The display of 'gang colors' is prohibited.
 - Administrative staff shall dress in a manner that reflects a positive public image. In general, appropriate business attire will include well maintained clothing, as described above. 'Casual Friday' attire is acceptable, but must incorporate the above standards. Administrative staff may wear blue jeans on Casual Friday but may not be worn with sneakers, thong shoes, or T-shirts.

V. Non-Discrimination and Anti-Harassment Policies

It is the policy of Contra Costa County to maintain a work, service and program environment free of discrimination, harassment, or intimidation based on sex, gender, age, race, religion, national origin, ancestry marital status, sexual orientation, disability or medical condition. These policies are also mandated by state and federal law. It is the policy of the Community Services Bureau to comply with all applicable state and federal statutes and regulations prohibiting discrimination in employment, contracting, buildings, facilities, and provision of services. All employees should be familiar with all of the provisions in the County's "Notice of County Non-Discrimination and Anti-Harassment Policies" and the procedures for "Reporting Discrimination, Harassment, and Retaliation".

In addition to policies and regulations which prohibit harassment on the job on the basis of one's membership in one of the protected classes as well as all forms of sexual harassment, please note that the County policy also states that:

- "Employees are entitled to, and will be provided with, a workplace environment which is free from harassment...All employees are individually responsible for conducting themselves in ways that ensure others are able to work in an atmosphere free of discrimination, harassment or intimidation...Each employee has a duty to report incidents of unlawful discrimination and harassment. Retaliation for reporting discrimination or harassment or participating in an investigation of a discrimination claim is both unlawful and against County policy."

Supervisors have an affirmative and legal duty and responsibility to report all allegations of sexual and other forms of harassment or discrimination to their managers or supervisors. The Employment and Human Services Department will fully comply with these policies and will not tolerate discrimination, harassment, or intimidation in any form. Reports of violations of these policies will be promptly investigated and appropriate disciplinary action taken if warranted. This policy also includes more subtle forms of harassment, such as threats, name-calling, and use of slurs, innuendo, or misrepresentation of actions or intent to damage an employee's reputation.

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W. Whistleblowers are Protected

Community Services Bureau adheres to the California Whistleblower Protection Act (Government Code Sections 8547-8547.13) and EHSD Policy against Retaliation. It is the public policy of the State of California to encourage employees to report or “blow the whistle” to an appropriate government or law enforcement agency when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a state or federal rule or regulation. These violations may include fraud, waste, abuse, unnecessary government spending, an unsafe or unhealthy employer practices.

A “whistleblower” is an employee afforded with the following protections:

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibilities should be reported by calling the California State Attorney General’s Whistleblower Hotline at 1-800-952-5225.

A copy of this Labor Code and how to report improper acts is posted at each CSB center.

X. Protocol for Tracking Staff Absences

Consistent staff attendance is critical to the operation of quality child development centers. To maintain our daily staffing levels so that our work is completed effectively and efficiently it is necessary to keep accurate account of the use of these benefits.

Use of vacation and personal leave accruals is by mutual agreement between the employee and the supervisor. Request for use of this time must be made and approved in advance using the form provided by CSB.

For employees who do not have pre-approved absence from work, each Site Supervisor is required to maintain a daily employee call-in log to record employee absences that were not pre-approved. Employees calling off of their shift must do so by 6:00am on the day of the absence. For consecutive absences, employees must notify their supervisor by 3:00pm of the day prior. If no communication between the employee and supervisor takes place during the first day of absence it is expected that the employee will be present for their shift on the next business day. The employee is required to provide the following information when calling in: Name, date of the absence, job classification, shift, time of the call, reason for not reporting to work.

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Supervisors are to track absences on the monthly Staff Absentee Tracking log that is provided in an Excel workbook. Assistant Directors are to review monthly Staff Absentee Tracking logs for analysis of staffing patterns, site needs for substitutes, etc.

Y. Family Medical Leave Act (FMLA)

CSB provides coverage under the Family Medical Leave Act (FMLA). Eligible employees can receive up to 18 weeks unpaid, job-protected leave in any 12 months period. An “eligible” employee is an employee who had work for his/her employer for at least a year and had worked a minimum of 1,250 hrs. and meets any of the qualifying reasons listed below:

- The birth of a child or placement of a child with the employee for adoption or foster care
- The employee’s own serious health condition
- The employee’s need to care for her/his spouse, child, parent, due to his/her serious health condition
- The employee is the spouse, son/daughter, parent, next of kin of a service member with a serious injury or illness (in this case the FMLA may be up to 26 weeks in a single 12 month period)
- Qualifying emergency arising out of the fact that the employee’s spouse, son/daughter, parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

Employees needing to take FMLA are required to notify their supervisor and Personnel, and submit a medical certification or appropriate document/s issued by a court, law/enforcement agency or a military service entity showing need for the employee to take time from work. Medical certification has to be provided on CCC Certification of Health Care Provider Form. This form can be obtained from the CSB Personnel Unit. The employee is required to submit the completed and signed by his/her doctor document within 15 calendar days of receiving the form from Personnel. The CSB FMLA Coordinator will provide the employee with official letter approving/disapproving the FMLA and information on the employee’s benefits and rights while away of work.

If a supervisor is aware that an employee is off work due to a condition qualifying under the FMLA, she/he should notify CSB Personnel on behalf of the employee. Personnel will contact the employee and will provide information on his/her rights under the FMLA.

Employees who have been on FMLA or Approved Leave of Absence (LOA) due to their serious medical condition are required to submit to CSB Personnel a Physician’s Statement of Ability to Work clearing them to return to work, prior to reporting to their assigned work location. If the employee is cleared to return to modified work, CSB Personnel Analyst/Return-to-Work Coordinator will assign modified work, if any is available.

While on FMLA, an employee may be eligible for Temporary Disability Benefits or Paid Family Leave. The employee is to make personal decision if (s)he wants to take advantage of these benefits. Employees are encouraged to contact CCC Benefits Unit at (925) 335-1746 for specific information regarding their benefits during time off work. While on FMLA, employees may choose to use their accruals. In this case, they are to contact their payroll clerk and make specific arrangements for the use of their accruals.

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Z. Confidentiality

As public employees, CSB is governed by numerous federal, state, and county regulations that are designed to ensure that public resources are being administered in an ethical manner and that the right of both employees and the public CSB serves are respected and honored. These include regulations that ensure that the rights of individual employees are respected to work in an environment that is free of discrimination, intimidation, hostility, or retaliation. CSB's ~~department's~~ mission to serve the most vulnerable members of the community also requires even higher standards of professional conduct to ensure that rights are respected and that there will be no cause of additional harm and suffering.

Knowing what these myriad regulations are and understanding their relationships to each other can be confusing. The purpose of this policy is to update and summarize the major policies that govern employee conduct. References will be made to other policy documents that contain the more detailed provisions.

These policies will be reviewed with all existing employees and will be presented to and discussed with all new employees and temporary staff at the time of their orientation. New employees will sign a statement that certifies that they have received and read these Standards of Conduct.

1. General Policies-Policies and procedures in this matter bind CSB employees who have access to confidential information. The policy is:

- No information about a child or family is to be released without written, parental informed consent if the material is personally identifiable.
- "Personally identifiable" information is defined as information about a child or family that would make it possible to identify the child or family with reasonable certainty. Such information includes:
 - The child's name, address, telephone number
 - Medical record
 - Social Security number
 - Any other data that can readily identify the child or family.

When the child's name is attached to any of the following, that information is considered confidential:

- Specific educational/medical screening
- Diagnostic data
- Disability
- Categorical diagnosis
- Child's functional assessment
- Family needs assessment
- Home visit reports
- Progress reports

2. Confidentiality Procedure

All records containing information pertaining to a child and/or family must be kept in a locked file. The locked file should be maintained at each center location, and the Site Supervisor shall designate a staff member to be responsible for the key.

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A list of individuals authorized to review files must be available at every center. Any individual not on the list, but requesting access to files must be approved by the lead Teacher/Site Supervisor prior to release of files.

Please refer to Record Keeping and Reporting Section for protocols for file review.

An Individual Access Log must be kept in each file, and any individual working with/reviewing/monitoring the file must sign his/her name, date, and reason for accessing the file.

Files or papers containing confidential material regarding a family must not be left on desks, tables, or other areas where others may have access to them. After current business concerning a file is completed, the file must be returned to the file cabinet, and the cabinet locked.

Discussions of family problems or situations are to be held only with those staff members working directly with the family. Information should be shared only if it is relevant to that staff member in assisting the family. The normal mode of information sharing is the Case Conference/Case Management. The following must be followed:

- Problems of one family must not be discussed with another family.
- Family situations/problems must not be discussed in the presence of parents, children, or visitors at the centers or division office.
- Written information regarding families must not be shared with any community agency without express prior written authorization from the family.
- After a child's participation in the program has ended, no records of home visits, Case Conferences/Case Management, IEP's or other confidential reports are to be forwarded to any school without prior written authorization from the parent(s).
- Prior to using children's photographs outside the program or allowing children to participate in research, parents' written permission must be secured.

3. Parent Access to Family Records

The following protocols are followed with regards to family records:

- Parents have full review / access rights to information regarding their children and themselves.
- CSB has an obligation to explain to parents any information in the records that pertains to the child/family.
- Parents have the right, after reviewing their child's records, to have them amended or corrected. The request can be written or verbal; the Site Supervisor must approve it.
- If the parents cannot come to an agreement with the Comprehensive Services team/Site Supervisor, then all explanations and requests for change must be kept with, and become part of, the child's permanent record.
- Parents may obtain from the Site Supervisor, upon written request, a list of locations of all personally identifiable information kept by CSB.

AA. Staff Performance Appraisals

1. A Uniform Service Rating System includes provision for periodic rating of employees' performance for the purposes of:

- Promotion
- Transfer

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- Demotion
- Termination
- Salary adjustment
- Re-hiring
- Recommendation to future employers
- Performance improvement

Every employee is evaluated within the first six months of employment, in accordance with Contra Costa County probationary requirements. A formal, written review of the employee is completed annually by the immediate supervisor.

In the process of formal evaluation of the employees, CSB utilizes also peer feedback evaluation and self evaluation. The information collected through the feedback evaluation tool is analyzed and summarized by the supervisor and included in the employee's Performance Evaluation. The employee is given the opportunity to evaluate his/her Professional Goals and submit the self evaluation form to his/her supervisor before the Performance Evaluation meeting. The employee's self evaluation is included in the Performance Evaluation.

The initial six-month period is used as the final phase of the examination process. It is utilized by the appointing authority for effective adjustment of new employees, and for release of employees whose performance is unsatisfactory. Ongoing evaluation continues throughout employment.
(For more information on the probationary period, see "Personnel Management Regulations, "Part 9, Sections 901 and 902, pages 9-10.)

Performance Evaluation Schedules (due dates) are tracked monthly by the Personnel Unit and notifications are given directly to the immediate supervisors as well as the 2nd line supervisor and the Bureau Director. The immediate supervisor is also notified via the COPA/CLOUDS electronic system.

2. When Completing Employee Evaluations

The immediate supervisor rates an individual employee on work performance, efficiency, dependability, and adaptability. Step ratings are made in a formal report by the immediate supervisor (responsible for the work of the employee being rated) for each employee at the end of the probationary period, and at the end of the first year of employment in the job occupied (and annually thereafter).

In completing the Performance Evaluation for each employee the supervisor takes in consideration the feedback information received from the employee's peers, as well as, the self evaluation completed by the employee. At least two weeks before completing the employee's evaluation, the supervisor will ask 2-3 employees working closely and familiar with the employee to complete the appropriate feedback tool. The supervisor will summarize and analyze the results and include them in the employees review. Prior to the meeting with the employee, the supervisor will also ask the employee to evaluate his/her performance in the area of Professional Goals. The employee self-evaluation will be reviewed at the time of the Performance Evaluation meeting and included with the Performance Evaluation. Evaluations are filed in the employee's personnel records. The formal report becomes a part of the employee's permanent personnel record.

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An employee who receives an unsatisfactory rating may be ineligible for a higher pay or job rating until a satisfactory rating has been received.

An employee may be reassigned, demoted, or discharged for receiving an unsatisfactory rating. Both the employee and supervisor may review and discuss his/her performance and service rating, as well as their goals. The employee may review a step rating (as soon as possible) after the supervisor prepares the rating, but unauthorized persons may not see the rating. After discussion, the employee must sign the rating form.

Each employee shall receive a copy of his/her rating. The primary functions of supervisory personnel are: 1) guidance, and 2) improvement of the operation. Each supervisory visit shall be a positive approach to improvement, and add to the employee's contribution to the department.

In accordance with section 648(A)(f) of the Head Start Act, staff and supervisors will collaboratively complete a Professional Development Plan that connects the employee's professional goals to training and educational programs and/or resources that support attainment of such goals. Each plan will clearly outline high quality activities that will improve the knowledge and skills of staff as relevant to their roles and functions in a manner that will improve delivery of program services to enrolled children and families. Supervisors shall ensure that the plans are regularly evaluated for their impact on teacher and staff effectiveness. Professional Development Plans are part of the performance evaluation process and must be submitted with the completed evaluation tool.

3. Supervisor's Approval

Before evaluations are reviewed with employees, they must be approved by the second level supervisor. The supervisor's supervisor or designee reviews step ratings. That reviewing official must:

- Approve or disapprove the service rating
- Change the service rating, without formal appeal procedures, when in the interest of sound administration
- Discuss the rating with the employee
- Upon request of the employee, provide an impartial review of the service rating.

4. Appealing a Performance Evaluation

If the employee is dissatisfied with the review/decision, the employee may appeal in writing (within ten days) to the CSB Director for an impartial review of their service rating. The [Bureau's CSB](#) Director shall render a written decision, sustaining or modifying the rating to the employee within ten days following a hearing.

If the employee is dissatisfied with the decision of the Community Services Director, the employee may appeal in writing (within ten days) the decision to the local authority for a review. This authority reviews the appeal, rating, and Community Services Director's decision, and renders (in writing) a decision to the employee (within ten days).

Policy Council must be involved in the decision if a recommendation to terminate an employee is given. Policy Council must approve the termination, in accordance with CSB regulations.

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BB. Chronological Supervision and Filing System

Chronological Supervision is a management and record-keeping system that organizes and facilitates the tasks of supervision, staff development, and progressive discipline. It is based on the concept that all employees are trained and supervised over a chronological period of time. Since this training and supervision occurs over an indefinite time period, the documentation of these activities should be filed in the chronological order that they happened. Chronological supervision supports non-discriminatory documentation of employee professional growth and performance, increases management accountability, and contributes to personal and organizational development. Chronological Supervision files will contain all non-disciplinary correspondence and documents pertaining to the supervision of subordinate employees. Examples of mentoring and supervision include, but are not limited to recognition for excellent and/or consistent performance of assigned tasks; written instructions for improving job functioning with follow-up of monitoring activities; and documentation of meetings held with employees.

Each site will maintain a site Chronological and Supervision File. If a staff person's site assignment changes, Site Supervisors are responsible for transferring the employee's Chronological and Supervision File to the new assigned site.

CC. Staff and Volunteer Health

1. Volunteer Health

In accordance with California Care Licensing Regulations, all volunteers (regardless of the number of hours volunteering) must sign and date form CSB232-Volunteer Health Statement (See Forms CSB232), indicating that they are in good health and pose no threat to the health and safety of the staff and children of the program. All volunteers must provide proof of a negative TB test or negative chest x-ray, certified by a health care professional. TB tests are not required for visiting experts.

The test must be administered and the results documented by an authorized medical provider. CSB will help in obtaining a TB test with our LVN. Also, provide all potential volunteers with information regarding the latest schedule for the immunization clinics throughout the county. Call 1-800-246-2494 for clinic times and locations. The cost is approximately \$10.00, but may be covered under some insurance policies.

A signed statement from a provider indicating the test date and result must be on file before the first day of volunteering at the site(s). For parent volunteers, place the documentation behind the volunteer health statement in the health section of the comprehensive file. For non-parent volunteers, place the documentation in file specific to that volunteer along with other required documentation such as fingerprints and volunteer applications. Keep all information confidential.

For frequency of testing and other details regarding TB test results, please refer to "Tuberculosis Screening Guidelines," below.

2. Staff Health

New employees must obtain and submit to CSB Personnel Unit a Physical and an Intradermal Mantoux 5TU PPD skin test (note: Tine or other multiple puncture tests are not acceptable.) prior to starting work. If an employee has had a positive PPD skin test in the past, a negative chest x-ray and physician's

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statement must be obtained. Initial Physicals and TB tests must be obtained within one year of the date of employment with CSB.

In compliance with California Community Care Licensing regulation 101216(g)(1), staff shall obtain a health screening performed by or under the supervision of a physician not more than one year prior to or upon employment. No further re-examination is required by the State of California.

3. Tuberculosis Screening Guidelines for Staff and Volunteers

If staff or volunteers present a positive TB test (10mm or more of indurations), it must be followed by a chest x-ray and a statement from the examining physician indicating that the employee or volunteer is free from active disease.

Employees and volunteers with a negative initial TB test, who do not live in the Richmond or San Pablo area, must repeat the test every four years. Employees and volunteers with a negative initial TB test must complete a TB Risk Assessment every year (See Form CSB262) to determine whether annual TB testing is recommended.

An employee or volunteer who lives in the Richmond or San Pablo area must have a TB test done yearly. Employees and volunteers with a documented positive initial TB Test that was followed with an x-ray showing no active disease do not require any additional exam. These employees and volunteers must complete the TB Symptom Review (CSB260) every year to determine whether they require further medical evaluation.

4. Hand Hygiene Standards at Sites

To assist in the prevention of spreading infection and viruses, and for safety reasons, all staff at child care facilities, whether considered direct caregivers, clerical or management must adhere to the following standards of hand and fingernail hygiene.

Artificial or natural fingernails must be clean, and at a maximum, ¼ inch in length.

Large rings that extend above the ring base more than ¼ inch may not be worn while at work.

Hands must be washed, at a minimum, before and after diapering, before and after food preparation or handling, before and after morning health check-in, after contact with any bodily fluid (blood, mucus etc.), after personal use of the restroom, after playing with pets or other animals, after handling garbage, and after playground activities, including sandbox play.

If staff are found in violation of the hand hygiene policy, they may be required, at the Site Supervisor's or CSB management's discretion, to rectify the problem by washing their hands, removing rings or trimming or cleaning nails before returning to their position.

DD. Career Development Opportunities

The County encourages/supports employees' efforts to improve their skills, abilities, and knowledge to be more productive in their current assignments and to be prepared for career advancement (as opportunities arise). Staff may be required to attend trainings and/or educational advancement programs to meet licensing, state and/or federal regulations. As resources are available, CSB will support staff in attaining certain goals; however, it is the responsibility of CSB staff to meet the minimum qualifications and requirements of their position.

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Service Requirements may be established for certain professional development programs to comply with federal, state, or local regulations. As mandated in the Improving Head Start for School Readiness Act of 2007, Section 648A (6), employees who receive financial assistance to pursue a degree shall:

- Teach or work in a Head Start program for a minimum of 3 years after receiving the degree; or
- Repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree.

Contra Costa County Community Services Bureau agrees that:

- Career development activities are the joint responsibility of the individual and the County.
- All staff members should engage in continuing education, whether it takes the form of formal courses of study, participation in technical society activities, attendance at meetings, reading, or other forms of communication with the profession. CSB will make every effort possible to accommodate working schedules to permit occasional attendance at educational meetings.
- To encourage continuing education, the Board of Supervisors has established a career development education policy. Applications for assistance will be considered by the department and, subject to funding limitations. The details of this policy are outlined in Administrative Bulletin 112.9. Funds may be provided for tuition, books, and other direct costs, providing that the following criteria are met:
 - The employee must start and complete course while associated with the County, within timelines.
 - The field of study must relate to assigned duties or prospective assignments.
 - Attendance at all meetings or classes is required, unless compelling reasons for missing sessions occur.
 - Passing grades must be maintained throughout the course.

Certain classified, exempt, and project management employees may be eligible for reimbursement for up to \$625 every two years for memberships in professional organizations, subscriptions to professional publications, professional engineering license fees required by the employee's classification, and attendance fees at job-related professional development activities. Individual professional development reimbursement requests are authorized by the department head.

Training sessions are held to provide opportunities for staff development and to help employees grow professionally. Such sessions help orient employees to their assignments, explain policies and procedures, teach new skills and methods, and help prepare for a particular program. Professional growth is accomplished through staff meetings and conferences, supervisory interviews, correspondence, extension courses, attendance at professional conferences, inspection tours, and directed readings.

If an employee is directed to undertake a course of study or to attend any meeting or lecture requiring travel and/or expenditure of funds, the County reimburses the authorized expenses. Time out of the office during normal working hours attending meetings will be counted as regular hours worked. The details of allowable training travel and reimbursable expenses are outlined in Administrative Bulletins 111.7 and 204.13 respectively.

The department provides opportunities for employees to attend conferences which may benefit the employee and which would help to improve the department's operation or service. All employees must

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submit written reports to their supervisor within fourteen (14) days after attending a conference. The written report should include a summary of ideas or methods, which may benefit or improve the services or operation of the department. Requests to attend conferences are made to the department head.

Teaching and technical staff members are encouraged to participate as active members of technical societies and professional organizations of their choice. With prior approval, time off to attend local meetings of particular interest and benefit may be arranged. The same pertains to national meetings dealing with subjects benefiting professional advancement.

Ongoing staff meetings are held for all employees. Individual employees may be called upon to present assigned topics to the group or be appointed to a committee to study special problems/lead discussions. All such meetings are held on department time and are designed to improve overall job performance/efficiency and services of the department.

CSB has designated the Personnel Unit as the lead for professional development and training activities within the program.

EE. Staff Training and Development

1. Training and Technical Assistance Plan

The Training and Technical Assistance Plan is reviewed and updated annually and included as part of the continuation grant process to promote program improvement and enhancement. Senior managers, Content Area Experts, and other stakeholders are to submit projected trainings for each year that support the needs of their staff and meet program mandates, and are responsible for the delivery of such trainings. These trainings are included in the Training Calendar for each program year. Any training requested after the Training and Technical Assistance Plan is finalized will require approval by the Community Services Director or designee.

The designated Staff Development Coordinator should be informed of all scheduled CSB trainings in advance. Aside from their own recordkeeping, training leaders are responsible for submitting original sign-in sheets and copies of training agendas and materials to the Staff Development Coordinator.

The Training Calendar that has been developed is based, in part, on career development training needs.

2. Staff Training and Development System

Purpose/Philosophy: CSB delivery of high quality services depends on enhancing the skills, knowledge, and ability of the staff. The management staff and Training Committee carefully design training and professional growth opportunities for staff, which serve as critical resources for maintaining and improving program quality.

i. Strategic Training Plan

This reflects the training and staff development needs identified through Community Assessment, Program Self-Assessment, Performance Indicator Report (PIR), Ongoing Monitoring, Federal and State Reviews and Regulations. The Strategic Training Plan is closely aligned to CSB short and long term goals and objectives.

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ii. Annual Training Plan is developed based on: Staff Training and Professional Development Survey results from the program's self-assessment and the ongoing monitoring, staff's needs and goals identified in their performance evaluations, and federal, state and county regulations.

iii. Training Calendar

This identifies training topics and events for a 12-month period. It is updated quarterly and training opportunities and events are reflected on a monthly program calendar available to each CSB staff member. In addition, staff members are informed of ongoing community training events and opportunities.

iv. Training Budget

This is developed annually to support the implementation of the Training Plan. The budget also provides for additional training activities, as well as for training materials and equipment.

v. Training Delivery / Implementation-Required Staff/Management Training

- Orientation – All new staff are required to complete a bureau orientation covering all Department and County policies relating to employment. A site-based and program orientation is conducted within the first 2 weeks of employment. Additional orientation information is included in the New Employee Orientation section below.
- Ongoing Training – provided throughout the year in a timely and balanced fashion to ensure that staff possess the knowledge, skills, and expertise required to fulfill their job responsibilities and to operate a successful program.
- Head Start Required Training – provided to ensure that line and management staff develop skills and knowledge needed to operate a successful and effective Head Start program, one that fully meets the Head Start Performance Standards and the program objectives of the grantee.
- California Department of Education (CDE) Required Training – provided to meet the requirements of the Exemplary Program Standards and the State regulations.
- Community Care Licensing (CCL) Required Training – provided to ensure that line and management staff have knowledge and skills to provide services and operate a program in congruence with the Community Care Licensing requirements.
- Contra Costa County (CCC) Required Training – provided to all CSB staff to ensure that the program creates a working environment that meets the County requirements and that staff members conduct themselves in a manner prescribed by the Code of Conduct.
- Domestic Violence Training- All Head Start and Early Head Start staff are trained on an annual basis regarding domestic violence. This training includes identifying the effects these situations may have on a child's behavior, how to talk with a parent who has made a disclosure of domestic violence, and community resources available to those in need. The role of staff is to listen to the parents' needs and provide specialized resources/assistance as requested and appropriate following the procedure for supporting families in crisis.

vi. Staff/Professional Development

Staff/Professional Development activities are the joint responsibility of the individual and CSB. All staff members are encouraged to improve their knowledge and skills to advance in their career and effectively serve enrolled children and families. Staff/Professional Development training supported/offered by CSB are as follows:

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- Basic Professional Level – Staff members are encouraged and supported to engage in continuing education.
- Participation in activities leading to an associate or bachelor degree – Teaching staff working toward their associate or bachelor degree are supported by various continuing education programs offered by CSB. Additional information is included in the Continuing Education Programs section below.

All permanent County employees are eligible for financial assistance as specified by the policy for training (Administrative Bulletin 112.9) and reimbursement (Administrative Bulletin 204.13).

Additional financial support may be provided for CSB teaching staff through the Teacher Degree Program, while funding is available, as approved by the Board of Supervisors in May of 2009.

With the support of educational advancement grants for teaching staff awarded to CSB, staff is eligible for the benefits specified in such grant.

Whenever possible, appropriate accommodations are made to allow staff participation in the training opportunities leading toward an associate or bachelor degree.

CSB makes every effort to accommodate the work schedule to permit staff's attendance in formal training classes, conferences, and professional meetings.

Staff receive information about classes offered through the Community Colleges, Adult Schools, community based workshops, and conferences.

vii. Teacher Assistant Trainee (TAT) Program – Staff with less than 12 units in Early Childhood Education (ECE) are given the opportunity to participate in an 18-month training program to receive their 12 units in ECE as required for the Associate Teacher Permit. Head Start parents seeking a career in early childhood education and development are encouraged to apply for the TAT position and participate in the TAT program.

viii. Clerical Assistant Trainee (CAT) Program – Income-eligible Contra Costa Residents, including parents, are provided with employment, mentorship, on-the-job training and support in establishing and pursuing career advancement objectives and goals within the field of clerical support and administrative services.

ix. Professional Growth Activities for renewal of existing or receiving of a new Child Development Permit –staff are provided the opportunity to participate in a variety of training/ professional development activities offered by CSB or the educational community, leading to completion of the CDE required professional growth hours for Child Development Certification. It is the responsibility of the employee to ensure that all renewal or upgrade requirements are met to maintain a valid Child Development permit as required by their position.

- CSB managers and supervisors, who are certified Professional Growth Advisors, counsel program staff and provide them with effective guidance and assistance in accomplishing their professional goals.

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- Participation in professional organizations and technical societies – staff are encouraged and supported to participate in technical societies and professional organizations.
- Staff are given time off to attend meetings/conferences, whenever possible.
- Staff's membership in the NHSA is paid by CSB. Participation in other professional organizations and technical societies is governed by the CCC Personnel Management Regulations (PMRs).

x. Parent training is conducted throughout the year in a variety of settings including:

- Annual Parent Conferences
- Monthly Policy Council Meetings
- Monthly Parent Committee Meetings
- Policy Council training events
- Monthly Parent Trainings (in each part of the County)
- Annual Trainings

xi. Evaluation and Monitoring

Evaluation and monitoring of the training activities are effective ways to determine the extent to which the training achieved its objectives and to plan follow-up activities. They also ensure a consistent sequence in the whole training process. The following tools are used to evaluate and monitor the Staff Training and Development process:

- Staff Performance Evaluations - provide information for effectiveness of training, follow-up activities, individual training needs.
- Tracking System - provides data regarding individual staff training and the sequence for balance of training opportunities in general.
- Training Summary - provides information about effectiveness of the training, the follow-up activities and the need for technical assistance.
- Ongoing Monitoring and Self-Assessment findings - provide information for the update of the training plan. Monitoring and Self-Assessment are used to determine the training needs and professional development activities for the next school year and for the next three-year Strategic Plan. The Staff Training and Development System operate in a cycle. The results from the Evaluation and Monitoring are crucial elements for the beginning of the new planning cycle.

FF. New Employment Orientation

1. All new employees will receive a CSB orientation covering department and county policies and programs and will sign a New Employee General Orientation Record form. The Personnel Unit is responsible for conducting New Employee Orientation Trainings, which include but are not limited to:

- EHSD and CSB Mission Statements and Organizational Structures
- Employee Rights and Responsibilities
- Payroll and Claiming Expenses
- Employee Benefits and Training
- Information Technology and Systems

2. All newly employed teaching staff, including Site Supervisors, will receive an Education Orientation. The CSB Education Team is responsible for conducting the Education Orientation, which includes, but is not limited to:

- Performance Standards

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- Job Descriptions
- Curriculum goals and objectives
- Screenings, assessment, individualization, and parent-teacher conferences
- Kindergarten transition
- Positive Guidance and Discipline
- Project Approach
- Lesson Planning

Additional initial and ongoing orientation trainings will be provided to new employees as required by County, State and Federal regulations.

All volunteers and temporary/substitute staff will review the CSB Substitute and Volunteer Handbook, and will sign the Handbook receipt which will be kept on file at the center and the personnel files. Both volunteers and substitute staff will also receive on-site orientation at the center/office. Substitute staff additionally will complete the Substitute Orientation Checklist with the Substitute Coordinator.

GG. Continuing Education Programs

CSB will make every effort to support staff pursuing a degree in higher education that is relevant to the public services provided by CSB.

1. Community Services Degree Program (CSDP)

This program is offered to CSB staff in accordance with Administrative Bulletin 112.9 and section G.25 of these Policies and Procedures. CSB staff enrolled in courses required to complete an associate or bachelor degree are encouraged to participate in this program and receive the benefits outlined in Administrative Bulletin 112.9.

In addition, CSB is committed to support teaching staff required to obtain an advanced degree in early childhood education, or related field, as specified in the Teacher Qualifications Section 648(A)(2) of the Improving Head Start for School Readiness Act of 2007. With the financial support of grants issued by the Administration of Children and Families, CSB has established the following continuing education programs through the duration of such grants:

2. Teacher Degree Program (TDP)

This program is available to all teaching staff interested in pursuing an associate degree or baccalaureate degree in early childhood education or related field. Two program models are offered through the TDP, which provide several support systems to financial, tutorial, mentoring, and technological training and equipment.

i. Individualized Education Plan: Established between the TDP participant and a college counselor/advisor at the college or university of attendance. These participants have chosen to take the required courses for their associate or bachelor degree at their own pace, under the guidance of the college or university. They are aware of the degree completion timelines and will ensure timely completion of all required coursework to meet the mandate deadline.

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ii. Structured Cohort with a local four-year college: CSB has established a partnership with California State University Sacramento (CSUS) to deliver a cohort program with 14 CSB teaching staff working towards a Bachelor of the Arts in Early Development, Care and Education after completion of eight consecutive semesters. Additional cohorts may be offered as funding sources become available. Program Requirements:

- All participants must sign the Teacher Degree Program Agreement with Contra Costa County. The Agreement outlines both parties' responsibilities as follows:

The TDP participant agrees to:

- Enroll in a program leading to an associate or baccalaureate degree in Early Childhood Education, or related field.
- Consistently maintain enrollment in part-time classes; at a minimum of 8 quarter units or 6 semester units until you complete an associate or baccalaureate degree program.
- Earn a grade of "C" or better for each course.
- Complete the required coursework for an associate or baccalaureate degree in Early Childhood Education, or related field.
- Meet with a CSB mentor and/or college/university academic advisor at least once every quarter/semester to discuss your academic progress.
- Submit a copy of the classes registered for at the beginning of each quarter/semester to CSB's Personnel Office.
- Submit a copy of transcripts at the end of each quarter/semester to CSB's Personnel Office.
- Return ALL books reimbursed/paid by CSB to the Personnel Office at the end of each quarter/semester. The books will be available for future use by other TDP participants.
- As stated in Section 648A (6) of the Improving Head Start for School Readiness Act of 2007, commit to continue your employment with Community Services Bureau for a minimum of three years after having completed your degree program, or repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree.
- Not drop or withdraw from any class. If you drop a class, it is at the discretion of CSB to reinstate you in the program.
- Maintain an updated Teacher Degree Program binder with all required degree tracking information.

Contra Costa County Community Services Bureau agrees to:

- Reimburse/pay tuition fees for courses taken at an accredited college or university required to complete an associate or baccalaureate degree in Early Childhood Education, or related field, up to a maximum of \$1,115 per quarter or \$1,486 per semester.
- Reimburse/pay for books required for the courses taken to complete an associate or baccalaureate degree, up to a maximum of \$300.00/quarter or \$400.00/semester.
- Reimburse/pay for your campus Parking Permit.
- Work with CSB staff, local colleges and universities, and community organizations to provide mentorship, tutorial, and other support services.
- Provide a Teacher Degree Program Binder where program information and degree tracking documents can be organized.

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Degree Completion Timelines:

- ~~• Participants must have a bachelor degree in early childhood education or related field by September 30, 2013.~~

HH. Delegate Agency Policies

The Delegate Agency develops their own policies and procedures and are reviewed annually by the Grantee during the Self-Assessment.

The Delegate Agency is under contractual agreement to adhere to all local, state, and federal regulations, as applicable.

II. Short-Term Contract Employees

Contract employees working over one year must have the approval of Contra Costa County.

The need for contract labor is determined and funds must be available for contract labor.

Selection of persons to fill contract labor positions is determined by the appointing authority or designee.

Contra Costa County Managers and Directors give input into the development of the Service Plan.

Please see reference to contracts and grants under Record Keeping and Reporting.

JJ. Union Membership

Contra Costa County follows the State of California Legislature, adopting a set of codes pertaining to employer-employee relations for public agencies as follows:

- The Contra Costa County Board of Supervisors recognizes collective bargaining units to represent certain classifications of County employees - to determine the wishes to be represented, and by which organizations.
- Representatives of the collective bargaining unit provide literature/information regarding the services of that unit, and conditions of employment (agreed to by the Board of Supervisors and that collective bargaining unit).

The Board of Supervisors approves processes by which representatives of the bargaining unit may use Contra Costa County time, facilities, and bulletin boards to communicate with members.

The collective bargaining unit provides its members with information regarding these matters.

Questions relating to policies guiding the collective bargaining process are directed to:

*Human Resources Department
Employee Relations Division
651 Pine Street, Second Floor
Martinez, CA 94553*

KK. Equal Opportunity/Affirmative Action Policy

CSB shall not illegally discriminate in their recruitment, selection, promotion, or implementation of personnel policies and procedures against any person without regard to race, religion, sex, sexual orientation, national origin, age, disability, or military status. All applicable state and federal laws will be

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followed including, but not limited to Title VI, and Title VII, of the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act of 1967, as amended, Section 504 of the Rehabilitation Act Amendments of 1974; the Civil Rights Restoration Act of 1987; the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1991. Employment Discrimination procedures are set forth in Contra Costa County Administrative Bulletin 429.3.

LL. Approval of New Personnel Policies and Revisions

All personnel policies must be approved by Community Services Bureau, Policy Council, the County Human Resources Department, and the Board of Supervisors. Personnel policies and procedures must be consistent with collective bargaining agreements, and approved by County Counsel and County Human Resources as appropriate. The process is as follows:

- A policy is drafted with input from managers and program staff, related committees, and appropriate department personnel.
- County Counsel and County HR review it as appropriate.
- The draft policy is submitted to appropriate Managers and Assistant Directors for review/input before it is submitted to the Community Services Director for review and approval.
- After the Community Services Director's approval of the draft policy, it is submitted to the Policy Council for review and approval.
- If the draft policy is health-related, the draft is reviewed by the Health Advisory Committee before submission to the Policy Council.
- The draft policy must be consistent with written policies of collective bargaining agreements.
- The draft policy is submitted to the Board of Supervisors for review and approval.
- If the content of a policy has changed since the Policy Council's original approval, the Policy Council must approve the final version.
- After personnel policies and procedures have been approved, they are made available to staff electronically and in hard copy if requested.
- Policies and procedures are translated as needed.
- Policies and procedures are being made available in Braille as needed.
- Community Services Director and Personnel Director are responsible for amending, revising, or otherwise modifying these policies and procedures.

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VIII. Fiscal

A. Advance Amount for Travel

Advance amounts for travel are not allowed for County employees.

B. Travel Reimbursement-County Employees

County employees are allowed compensation for mileage, meals and miscellaneous other travel expenses. Eligible individuals are entitled to claim reimbursement for actual, reasonable, and necessary expenses arising from the discharge of their official duties, subject to limitations established by law and policy.

1. Mileage

As authorized by the department head or designee, use of private automobiles may be reimbursed for mileage between an individual's normal work location and other designated work locations. The reimbursement rate is set by the County, adjusted periodically to conform to IRS approved rates. Please see note in item #4 below for the time frame of submitting mileage reimbursements.

2. Meals

Actual expenses, including tax and gratuity, for individual meals will be reimbursed. However, such reimbursement shall not exceed the following individual maximums:

- Breakfast: \$10.00
- Lunch: \$20.00
- Dinner: \$35.00

When away from the normal work area for an entire day, individuals eligible for meal reimbursement may claim reimbursement for the actual cost of each individual meal, notwithstanding the maximum per meal amounts specified above. However, the total amount claimed for the day shall not exceed \$65.00.

3. Other Travel Expenses

- Bridge tolls, parking; Telephone and facsimile charges required in connection with County business; BART or bus fares; and Tips, parking, and checking fees in accordance with local custom.

See County Admin Bulletin #204.13 (02-20-08) regarding expense reimbursement and #111.7 (07-18-06) regarding travel.

C. Travel Reimbursement-Parent Reimbursement for Policy Council Activities

Per HSPS 1304.50(f), Policy Council, Policy Committee, and Parent Committee reimbursement- Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members (i.e. childcare and transportation).

Parents requesting reimbursement should complete and submit Form CSB 325 to the Clerk of the Policy Council who will verify the request and determine the amount of reimbursement. After approval is received from the ASAIH for Policy Council, a check will be issued, no later than 30 days after the request.

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Reimbursements are given for approved Policy Council activities only (i.e. monthly PC meetings or committee meetings). Exceptions must be preapproved before reimbursements are issued. Mileage is calculated using distance from home to meeting location. Childcare hours include reasonable travel time to and from meeting and is based on reasonable arrival time to the approved activity.

Representatives attending conferences and out-of-area meetings will be given a per diem allotment for meals and ground transportation, and reimbursed for childcare expenses. Travel requests must be submitted a minimum of 30 days prior to the travel date to allow ample time for approval and advance processing. Upon return from the trip, Liquidation of Cash Advances requires that all receipts must be submitted to the appropriate PC staff person no more than 7 days after return from travel.

If receipts are not received within the 7 day timeframe, a verbal reminder will be given via the ASAILL responsible for Policy Council.

If receipts are still not received after a reasonable amount of time, a certified letter will be sent to the representative and a copy will be maintained in the CSB PC travel files.

Failure to return receipts within the allotted time will prevent the opportunity to attend future conferences and can prevent reimbursement for other PC activities.

**Note-Approved travel reimbursement rates are provided to parents at the beginning of each program year and prior to travel.*

D. Using Employee's Own Funds for County Expenditures

Only in an emergency should an employee use his/her own funds or personal credit cards to purchase materials/services for a County purpose. An "emergency" is when:

- An event occurs which requires material or service to correct a safety hazard, or to prevent damage to facilities or equipment.
- A significant program need occurs which will have a significant impact on the goals of the program.
- Note: Lack of planning is not considered an emergency.
- While it is not encouraged, employees may purchase minor items that would not meet the criteria of an emergency as stated above. The purchase of minor items that are required to meet program needs must:
 - Be approved by the Assistant Director (AD) in writing if under \$100.00.
 - Anything over \$100.00 must be approved by the Director, Division Manager or designee.

E. Reimbursement for Expenses - Employees

Employees will be reimbursed for approved, necessary eligible expenses, provided that reimbursement requests are made on the appropriate forms, in a timely manner and with receipts. When employees incur expenses for an approved purpose, one of the following procedures occurs for getting reimbursed:

1. Petty Cash – Most of the emergencies involving minor purchases can be met by use of the department's petty cash fund maintained in each Division Administrative Office. Normally, this fund is to be used for general office needs and for minor emergency requirements. A supervisor or employee

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may present a request for petty cash approved by an Assistant Director, to the Petty Cash Fund Custodian for payment.

2. Demand (Form D15) – (See EHSD Intranet> Community Services> CSB Forms > Fiscal > Demand D15). In the event you are unable to get payment from the petty cash fund, you may use the Demand (Form D-15) to get reimbursed. This form is to be used to reimburse employees for non-travel related purchases. This form should be used for items of small value, as defined above, not related to travel or entitlements.

3. Employee Travel Demands (See EHSD Intranet> Community Services> CSB Forms > Fiscal > Travel Demand (Form M8154 Rev. 11/09) — This form is designed for reporting an employee's expenses relating to travel, mileage, or for other employee benefits or entitlements such as training costs. It will normally not be used for any other purpose. The purpose for each expense must be shown; for example, mileage should show the destination, and the reason for the trip (See Employee Handbook).

Note: County regulations allow you to include expenses for only one month on a single Travel Demand. For example, if you have expenses for May and June, you may not combine expenses on one form, but must submit two separate forms - one for May and one for June. Demands are to be submitted to your immediate supervisor for approval. Claims should be submitted within one month of completion of travel. The Bureau has no obligation to pay travel expense reimbursement submitted more than three months following completion of the travel. If an employee has over three months of mileage reimbursement to claim, the employee must submit a request letter, stating the reason for submitting a late claim, to Bureau Director or designee for approval.

F. Use of Procurement Cards

County Procurement Cards are assigned to an employee at the discretion of the EHSD Director and CSB Director. Card holders must abide by all policies as stated in the Procurement Card Manual, County Administrative Bulletin 111.8, and County Administrative Bulletin 204.13.

CSB card holders must obtain written approval from a Senior Administrative Manager prior to making a purchase to ensure that all expenditures are known about at the time the Approving Official is reviewing and approving the monthly Statement of Account.

- The Procurement Card is to be used for official County business purposes only and may not be used for any personal transactions.
- Card holders are responsible for adherence to all County Policies and Procedures regardless of whether a transaction is allowed at the point of sale.
- The Procurement Card is not intended to avoid or bypass appropriate purchasing procedures.
- Each card has a preset transaction, 24 hour, and billing cycle spending limit which varies by card. Employees are not authorized to exceed their spending limits.
- Disputes to charges must be made within 60 days of the statement date.
- Authorized Purchases include:
 - Small Tools/ Computer supplies
 - Safety/ First Aid
 - Books/Subscriptions

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- Office Supplies (If not available through our office supply contractor)
 - Conference Registration/ Travel (an approved travel request is still required)
- Unauthorized Purchases include:
 - Repetitive purchases better served under a blanket purchase order
 - Meals/ Alcohol /Entertainment
 - Local/ Long distance telephone charges/Internet connection costs
 - Parking/Fuel
 - Committee membership/Professional Membership Dues
 - Services of any kind
 - Items to be reimbursed through a travel demand
 - Items available under a County Contract
 - Cash/ Gift Card/ Gift Certificate/ Money Order, etc.
 - Fines/Donations
 - Any expense prohibited under County Administrative Bulletins
- A log must be kept of all purchases which includes:
 - Charges split between the appropriate org codes
 - Original sales receipt/ credit or return receipts/packing slips

G. Other Compensation

See Contra Costa County Personnel Policies and Procedures.

H. Salary

Employee salaries are set according to procedures established by the County Board of Supervisors and the Memorandum of Understanding as agreed to by the Board and collective bargaining units.

The Salary schedule and range of steps for Community Services Bureau classifications is available in each work location.

New employees generally are appointed at the minimum step of the salary range established for the particular class of positions to which the appointment is made. The appointing authority, however, may fill a particular position at a step above the minimum of the range.

Upon satisfactory completion of the probationary period, employees receive a salary increase to the next step.

The performance of each employee, except those employees already at the maximum salary step of the appropriate salary range, is reviewed on the employee's anniversary date to determine whether the salary of the employee is to be advanced to the next higher step in the salary range. Advancement is granted on the affirmative recommendation of the appointing authority, based on satisfactory performance by the employee. The appointing authority may recommend denial of the increment or denial subject to one additional review at some specified date before the next anniversary, with the date set at the time the original report is returned. This decision may be appealed through the Grievance Procedure.

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Except as provided by County procedures, increments within range shall not be granted more frequently than once per year, nor shall more than one step within range increment be granted at one time, except as otherwise provided in deep class resolutions. Nothing may be construed to make the granting of increments mandatory on the County.

If an operating department verifies in writing that an administrative or clerical error was made in failing to submit the documents needed to advance an employee to the next salary step on the first of the month when eligible, the advancement will be made retroactive to the first of the month when eligible.

A part-time employee is paid a monthly salary (in the same ratio to the full-time monthly rate to which the employee would be entitled as a full-time employee) as the number of hours per week in the employee's part-time work schedule bears to the number of hours in the full-time work schedule of the department.

Any employee who is appointed to a position of a class allocated to a higher salary range than the class previously occupied - except as provided by County procedures - receives the salary in the new salary range, which is next higher than the rate received before promotion. If this increase is less than five percent, the employee's salary is adjusted (to the step in the new range which is at least five percent greater than the next higher step), provided that the next step does not exceed the maximum salary for the higher class.

Any employee who is demoted (except as provided under Contra Costa County procedures) will have the salary reduced to the monthly salary step in the range for the class of positions to which he or she has been demoted next lower than the salary received before demotion. If this decrease is less than five percent, the employee's salary will be adjusted to the step in the new range which is five percent less than the next lower step provided that the next step is not less than the minimum salary for the lower class.

Whenever a demotion is the result of layoff, cancellation of position, or displacement by another employee with greater seniority rights, the salary of the demoted employee will be the step on the salary range which would have been achieved if the employee had been continuously in the position to which he/she has been demoted, all within range increments being granted.

Whenever any employee voluntarily demotes to a position in a class having a salary range lower than that of the class from which he/she demotes, the salary remains the same if the steps in the new demoted salary range permit. If not, the new salary is set at the step next below the former salary.

I. Bilingual Pay Differential

A salary differential of one hundred dollars (\$100) per month is paid to incumbents of positions requiring bilingual proficiency as designated by the appointing authority and the Bureau Director of Human Resources.

The bilingual salary differential is prorated for employees working less than full-time and/or who are on an unpaid leave of absence for a portion of any given month.

(See Contra Costa County Management Handbook.)

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J. Accounting Certificate Differential

Incumbents of Management professional accounting, auditing or fiscal officer positions who are duly qualified as a CPA, CIA, CMA or CGFM shall receive a positive differential of five percent (5%) of base monthly salary.

(See Contra Costa County Management Handbook.)

K. Management Longevity Pay

Employees who have completed ten (10) years of appointed service for the County shall receive a two and one-half percent (2.5%) longevity differential.

Employees who have completed fifteen (15) years of appointed service for the County shall receive an additional two and one-half percent (2.5%) longevity differential.

(See Contra Costa County Management Handbook.)

L. Management Paid Personal Leave (Admin Leave)

Un-represented management employees (exempt from payment of overtime) receive paid administrative leave (90 hours per year) annually.

All management employees exempt from payment of overtime are authorized paid administrative leave credit for each year, in accordance with current Contra Costa County policies.

Use of administrative leave credits may be requested whenever desired by the employee; however, approval of requests is subject to the same department process as used for vacation requests.

All unused paid administrative leave will be canceled on December 31 of each year.

For further information on management paid administrative leave, see Contra Costa County Admin Bulletin #423.3 (06-23-98).

M. Unemployment Compensation

Employees of Contra Costa County may be eligible for unemployment compensation. The cost of unemployment compensation is borne by the County. To qualify for unemployment compensation, an employee must:

- Be unemployed and registered with the State Employment Development Department for work
- Have separated for good cause
- Have received minimum base-period wages as currently established by State law or regulation
- Comply with regulations in regard to filing claims
- Be available to immediately accept suitable work
- Be actively seeking work
- Be physically able to work

On all voluntary resignations, a Notice of Voluntary Termination of Employment (AK-219) must accompany the Notice of Separation (AK-16), and must be immediately forwarded to the Personnel Office, Records Division.

On non-voluntary separations, complete details must be attached to the separation notice (with the exception of rejection of probation separation).

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See County Admin Bulletin #420.1 (01-19-81) for further information.

N. Vehicle Use

The County establishes policies on the use and operation of vehicles, both County-owned and privately owned, on County business.

Please see County Admin Bulletins #507.8 (02-20-08), County Vehicle Operation, and #535 (06-22-90), Use of Private Vehicles, for further information.

NOTE: For Contra Costa County's Policies and Procedures, please refer to the Contra Costa County's Administrative Bulletins and Management Handbook.

O. In-Kind (Non-Federal Share)

1. Background

The Head Start Act stipulates that the Federal share of the total costs of the Head Start program will not exceed 80 percent of the total grantee budget unless a waiver has been granted (Head Start Act Section 640(b)). If the grantee agency fails to obtain and document the required 20 percent, or other approved match, a disallowance of Federal funds may be taken. Non-Federal share must meet the same criteria for allowability as other costs incurred and paid with Federal funds.

2. Definitions

- Allowable Cost: Third party in-kind contributions shall count toward satisfying a cost-sharing or matching requirement only where, if the party receiving the contribution were to pay for them, they would be an allowable cost. Allowable costs are determined by the tests of reasonableness, necessity and allocability as defined in Office of Management and Budget (OMB) Circulars A-21, A-87 and A-122.
- In-Kind: Property or services that benefit a grant supported project or program and are contributed by non-Federal third parties without charge to the grantee. In-kind contributions may consist of the value of real property and equipment and the value of goods and services directly benefiting the grant program and specifically identifiable to it. In-kind match is counted for the period when the services are provided or when the donated goods are received and used.
- Volunteer: An individual providing a service that is necessary to the operation of the Head Start program at no cost to a grantee agency.
- CSB Categories for third party in-kind contributions:
 - Classroom Help (CH): In-Kind to assist in the classroom.
 - Field Trip Help (FT): In-Kind to assist supervising children and their activities during a field trip.
 - Home Visits (HV): Volunteer at Home visits where parent is involved in child-directed activities.
 - Parent Meetings/Family Events (PM): Volunteer at Parent Meetings: Participating in site based events.
 - Policy Council Meetings/Subcommittees (PC): Volunteer at Policy Council and approved related events.
 - Home Activities (HA): Volunteer working on educational goals with child at home.
 - Donated Goods (DG): Materials donated directly to HS including land, buildings, or space that offset normal operating expenses.

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- Donated Services (DS): Time provided by professionals within the community on a professional level; i.e. Fire person, fence builder, mechanic, library aide, doctor, dentist, counselor and other professions.

3. Values of third party in-kind contributions will be determined and computed by CSB Fiscal Unit for the following contributions:

- Classroom Help
- Field Trip Help
- Home Visit Volunteer
- Site Meeting/Family Events Volunteer
- Policy Council Meetings/Subcommittee Volunteer
- Home Activities Volunteer

4. Donated Goods and Services (professional) will be determined by the community member or professional delivering the contribution within the standards of reason for the value and goods of the service.

5. CSB Staff will adhere to the following procedures for collection, documentation, calculation and record keeping of Third Party In-Kind contributions:

- Head/Lead Teachers: Daily/Monthly
 - Prepares CSB320 (CSB-320), in-kind form for classroom
 - Ensures proper completion of in-kind form-Full Name, Type of in-kind contribution, Service Time, signature of volunteer
 - Submit the CSB320 to Site Supervisor by 1st of each month with the 9400 sign-in sheets
- Site Supervisor: Monthly
 - Ensures collection of in-kind forms from every classroom by the 1st of each month
 - Reviews and monitors forms for completion and accuracy
 - Sign form indicating review and approval
 - Follows up with any classrooms submitting zero or low in-kind
 - Submits the in-kind form to the Cluster Clerk by the 5th of each month with the 9400s
- Assistant Director Monthly
 - Reviews in-kind sheets and signs off
 - Follows-up with any sites submitting zero or low in-kind
 - Submits to Cluster Clerk for data entry
- Cluster Clerk: Monthly
 - Calculates the total number of in-kind hours per activity for each site
 - Calculate EHS and, HS separately as directed by CSB fiscal unit
 - Inputs data into COPA/CLOUDS by the 20th of each month
 - If a cluster clerk receives in-kind forms after the 15th, hold for next month tracking
 - Maintains original documents
- Fiscal:
 - Determines the in-kind rate calculation for volunteer contributions (Non-professional) Annually
 - Monitor volunteer in-kind hours once a month Monthly
 - Ensure proper value of in-kind rates and calculations

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- CSM in charge of Parent Involvement / PC Clerk: Monthly
 - Reviews monthly in-kind data entered by Cluster Clerks
 - Reports in-kind hours by site as reported to CSM in charge of Parent Involvement
 - Reports in-kind hours by cluster as reported to Assistant Directors
 - Provides training and support, as needed, to teachers and/or Site Supervisors
 - Provides total in-kind contributions as needed or requested

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 2-CHILD DEVELOPMENT

~~2013-2014~~2014-2015

Policy Council Approved: ~~01/15/14~~
Board of Supervisors Approved: ~~01/21/14~~

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I. Prevention and Early Intervention

A. Determining Child Health Status

Community Services Bureau establishes and maintains individual, comprehensive files for children and families. Health records, developmental progress portfolios, and files, including Administrative, Delegate Agency, and Grantee-Operated Program and Subcontractor's filing systems, are kept confidential with use of the "Access to File" form (~~See Form CSB900~~) and following the approved Confidentiality Policy. All staff with access to health information is trained on HIPAA (Health Information Portability Accountability Act) requirements.

1. Physical Examinations

As much pertinent health information as possible is accumulated and recorded for each child, paying particular attention to the items required by the Early and Periodic Screening, Diagnosis and Treatment Schedule (EPSDT) to ensure that children are following a schedule of complete well child care.

The child's initial physical examination required for program entry must be current (in accordance with the EPSDT schedule) and received no later than thirty days after entry into the program. One extension is allowed with documentation of a pending appointment. Children returning for a second year require additional physical exams in accordance with the EPSDT Schedule.

2. TB Clearance – CSB Center-Based Program

In accordance with section #101220 of Licensing Code, TB Clearance documentation must be obtained for each child within 30 days of enrollment (admission) into the program. TB Clearance documentation must consist of either:

- A negative TB Skin Test or Chest X-Ray result, or
- A physician's check mark indicating "Risk Factors not present" or "Communicable TB disease not present" on CSB207–Report of Health Examination for Program Entry (See CSB Forms) or other signed or stamped document from physician/clinic.

The TB screening referenced in the TB Clearance documentation must be in accordance with the EPSDT schedule. The one extension allowed for pending Physical Exam appointments does not apply to TB Clearance documentation. Children without TB Clearance will be excluded if clearance is not obtained within 30 days of enrollment.

3. Health Insurance

Each parent is provided with a Report of Health Examination for Program Entry form (~~See CSB Forms~~→ CSB207) for use in obtaining a physical examination. In the event that the child has no insurance, staff will refer the child to the Child Health and Disability Prevention (CHDP) Gateway program, assist with Covered California, or another appropriate resource, to obtain a free or low cost exam. Comprehensive Services Teams enter all data on the physical exam form into the CLOUDS system. This enables program staff to track services and follow-up on needed treatment. Managers access reports to help monitor progress in meeting program requirements in a timely manner.

At intake, children and families with no medical and/or dental insurance are identified. Comprehensive Services Teams assist parents in determining eligibility and applying for medical and /dental insurance such as Medi-Cal/Denti-Cal, the Kaiser Permanente Child Health Plan or services through Covered California. Comprehensive Services Teams also assist parents in establishing a medical and /dental home (ongoing source of accessible health/oral care) and navigating the managed care system to access needed services.

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4. Health Records

In the event that health records are returned to the program with information missing, Comprehensive Services Teams obtain consent for release of information from parents. This consent is used to obtain information from medical/dental offices, medical records departments and laboratories. Every effort is made to educate parents regarding the EPSDT schedule and the documentation needed prior to visiting a dentist or doctor.

The following information shall be obtained and entered into CLOUDS and the child's confidential file:

- Health and developmental history
- Immunization Record
- Treatment plans, including immunizations and in series/waivers
- Age-appropriate physical exams, dental exams and screening results
- Records of major/minor illnesses and injury during program activities
- Schedule of daily medications, including fluoride and vitamins if applicable
- Allergic reactions
- Dietary intake and food habits
- Age and gender-appropriate growth charts
- Source of payment for services, including free federal, State of California, and locally funded health services
- Medi-Cal number or private insurance identification
- Referral and follow-up information
- Record of follow-up and documentation of actual services provided
- Emergency information/Parent Contact
- Signed parent consent forms
- Case Management Documentation
- Teacher observations
- Progress reports
- Other information as needed

A child whose authorized representatives adhere to a religious faith that practices healing by prayer or other spiritual means shall not be required to meet the requirements of the health examination. In this case, the authorized representatives must provide:

- Information on the child's health history
- A signed statement that indicates:
 - Their acceptance of full responsibility for the child's health.
 - Refusal to obtain a medical examination for the child.
 - Request that no medical care be given to the child.

B. Protocols for Determining Child Health Status

1. Application

Before enrollment, Comprehensive Services Clerks are responsible for:

- Reviewing the electronic application information/intake documents.
- Noting concerns (known or suspected) using the Red/Yellow Flag System as indicated on the Eligibility Certification Checklist Form ([See Form CSB604](#)).

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- Generating a CLOUDS referral based on application information, as needed and clearly noting details of child's condition in Case Notes.

Before enrollment, ~~the~~ Comprehensive Services Assistant Managers are responsible for:

- Reviewing the application information/intake documents and ensuring referrals are generated and Red/Yellow Flags are in place if needed.
- Coordinating with the Site Supervisor to set up case management or interventions as appropriate.

Before enrollment, ~~the~~ Site Supervisors are responsible for:

- Reviewing the application, Red/Yellow Flags, and referrals
- Coordinating with the CSAM to set up case management or interventions as appropriate.

2. Immunizations

The State of California Immunization Branch requires that programs institute a "No Shots, No School" policy, however, parents and medical providers may indicate that a child may not have any or all immunizations. In this case, the waiver on the back of the California School Immunization Record Card (blue card) must be completely filled out. Medical exemptions must be accompanied by documentation from a physician as to which immunization is prohibited and the date, if any, when a child may have the immunization. Immunization waivers based on personal beliefs require the signature of the parent on the Personal Beliefs Affidavit section on the back of the California School Immunization Record Card (blue card) and effective January 1, 2014, personal belief exemptions require the completion of the Personal Beliefs Exemption to Required Immunizations Form (CDPH-8262) prior to admission to school.

Names of all exempt children will be maintained on an exempt roster for immediate identification in case of disease outbreak in the community. ~~Annual~~ immunization training, including the most current immunization schedule for children 0-5, is provided to staff annually, each August prior to the completion of the Annual Immunization Report due to the local health department in September/October of each year. Children are tracked throughout their enrollment to ensure they remain up-to-date or in-series. Records are updated accordingly. Comprehensive Services staff completes the Annual Immunization Report due to the local health department in September/October of each year.

Prior to enrollment ~~the~~ Comprehensive Services Clerks are responsible for:

- Collecting valid immunization records from parent.
- Obtaining parent consent for use of California Immunization Registry (~~See CSBForms~~ → CSB243 CAIR Consent) and requesting immunization registry search if parent is unable to provide immunization verification.
- Entering immunization data into CLOUDS and completing the results column on the right to indicate one of the following: In Compliance, In Series, Personal Belief Waiver, Medical Waiver or Non Compliance.
- Emailing the name of child exempt from immunizations to the Comprehensive Services Manager (Health Content Area) for placement on the exempt roster.
- Determining overall immunization status.
- Notifying parent of shots needed.
- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.

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- Using the Red/Yellow Flag system on the ~~CSB-604~~ Eligibility Certification Checklist (~~CSB604~~) form to indicate temp files as needing immunizations prior to start date.
- Printing the Immunization Blue Card from CLOUDS/CAIR or manually filling in blanks, signing it, and placing it in the temporary file with documentation of a physician's statement for Medical Exemptions and the completed CDPH 8262 Form for Personal Belief Exemptions..

On an ongoing basis, Comprehensive Services Clerks are responsible for:

- Tracking in-series children and notifying the parent of the next dose due prior to the due date.
- As needed, Comprehensive Services Clerks are responsible for:
 - Preparing exclusion letters if child fails to obtain shots on time.

Each ~~August~~/September/~~October~~, Comprehensive Services Clerks are responsible for:

- Attending the annual immunization training. ~~and preparing the annual immunization report.~~
Annually, Comprehensive Services Clerks are responsible for:
 - Reviewing the annual immunization report prior to submission.

Responsibilities of Comprehensive Services Assistant Managers

Prior to enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing files to ensure up-to-date or in-series immunizations or waiver is in place before file is provided to Site Supervisor for placement.
- Conducting ongoing immunization registry searches.

On an ongoing basis, Comprehensive Services Assistant Managers are responsible for:

- Ongoing monitoring of CLOUDS for immunization compliance
- As needed, reviewing exclusion letters generated by clerk and verifying information, which is forwarded to the Site Supervisor for action.

Each September/~~October~~, Comprehensive Services Assistant Managers are responsible for:

- Reviewing annual immunization reports prepared by clerk, verifying accuracy, and forwarding copies to the ~~Site Supervisor, and the~~ Comprehensive Services Manager (Health Content Area) ~~prior to after~~ online submission- and to Site Supervisors after online submission is complete.
~~is complete.~~

Site Supervisors are responsible for:

- Reviewing immunization compliance prior to enrollment
- Returning the temp file to the Comprehensive Services Assistant Manager if immunizations are not complete or required exemption documentation is missing.
- As needed, verifying, signing, dating and issuing exclusion letters prepared by the clerk and reviewed by the Comprehensive Services Assistant Manager.

~~Responsibilities of the~~ Comprehensive Services Health Manager is responsible for:

- Providing ~~annual~~ immunization training ~~annually~~ each August.
- Overseeing the process and submission of the annual immunization report to the local health department ~~County/State~~ by the September/October due date of each year.
- Conducting ongoing immunization registry searches.
- Maintaining a roster of children who are exempt from immunizations for immediate identification in case of disease outbreak in the community.

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3. TB Clearance – CSB Center-Based Program

Comprehensive Services Clerks are responsible for:

- Informing parent of TB requirement
- Collecting valid TB screening records from parents which include either TB Skin Test or Chest X-Ray results, or a Physician's Clearance indicating: Risk Factors not present -TB test is not required (noted on CSB207 – Report of Health Examination for Program Entry) or other signed or stamped document from physician/clinic.
- Inputting TB screening data into CLOUDS upon receipt.
- [Updating TB section of the Blue Card in child file.](#)
- As needed, preparing the exclusion letter if TB Clearance is not provided within 30 days of enrollment (TB Clearance: Negative TB skin test or Chest X-Ray results, or a Physician's Clearance)

Site Supervisors are responsible for:

- Notifying the parent of 30 day requirement at enrollment.
- Tracking receipt of TB screening records.
- Ensuring that no child is in the program without TB Clearance beyond 30 days from enrollment.
- Communicating with the Comprehensive Services Clerk to prepare exclusion letters.
- Reviewing, authorizing and signing all exclusion letters, and designating staff for distribution.

4. Health History

Prior to enrollment, Comprehensive Services Clerks are responsible for:

- Completing the Health History on CLOUDS.
- Printing a copy of the Health History for the child's file.
- Obtaining signatures on the Health History if possible.
- Placing a "sign here" sticker on the Health History document if the parent is not present to sign.
- Reviewing information and flagging any suspected or known special needs using the Red/Yellow Flag System on the Eligibility Certification Checklist Form (CSB-604).
- Generating a CLOUDS referral for any special needs noted on the Health History.
- Providing Medical/Dental Home [and](#) Insurance intervention with all families that indicate they have no medical / dental provider or coverage. Document ~~the~~ intervention on the Health History in CLOUDS.

Prior to Enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing the child's Health History.
- Ensuring proper Red/Yellow Flags are in place as appropriate with sufficient detail noted for the Site Supervisor.
- Reviewing CLOUDS referrals generated from the Health History.
- Contacting the Comprehensive Services Manager for guidance if unsure of how to proceed with any special needs.
- Coordinating with the Site Supervisor to set up a pre-enrollment case management as needed.

Site Supervisors are responsible for:

- Reviewing the Health History, checking for Red/Yellow flags and referrals, coordinating with the Assistant Comprehensive Services Manager to set up case management / intervention as appropriate and returning any file without a Health History.
- Acquiring a parent signature on the Health History, if necessary at enrollment.

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- Ensuring that teaching staff has reviewed the Health History in order to address health conditions/needs and the completion of the consent section.

~~The Services~~ Comprehensive Services Health Manager is responsible for:

- Providing and/or arranging training and technical assistance as necessary for special needs identified in the Health History.
- Attending Case Management for complex cases as needed.

5. Physical Exam

The Comprehensive Services Clerk is responsible for:

- Providing a physical exam form (CSB 207-Report of Health Examination for Program Entry) to the parent and informing the parent of the 30 day requirement prior to enrollment.
- Educating the parent ~~on about~~ the Early and Periodic Screening, Diagnosis and Treatment schedule copied on the back side of the CSB-207 exam form.
- Noting in the Child Case Notes in CLOUDS that the parent was given a physical form.
- Referring the parent to a medical provider/insurance and providing support as needed.
- Stamp dating the physical exam upon receipt and review.
- Immediately notify the Comprehensive Services Assistant Manager of any known or suspected health concerns or disabilities.
- Inputting the physical exam data into CLOUDS ~~upon receipt~~ and documenting completion of data entry in CLOUDS by placing clerk's first initial, last name and date on the upper right hand side of the exam.
- ~~Immediately, upon receipt of exam, reviewing the information and notifying the Comprehensive Services Assistant Manager of any known or suspected disabilities.~~
- Entering follow-up data on the CSB-207 under "Staff Follow up" and on into CLOUDS as needed.
- Collecting consents for release of information from parents and faxing them to providers to obtain incomplete/missing results.
- Making follow up calls to clinics, doctors' offices, and laboratories to obtain missing results.
- Tracking physical exam due dates and sending reminder notices to parents as needed.
- ~~Providing~~ handouts for screening value results and guidelines as needed.
- Providing exclusion letters at the direction of the Site Supervisor.

CHDP Assessment Guidelines for Blood Pressure Readings:

Further evaluation or follow-up is indicated for a child who sustains a systolic or diastolic reading at or above the 95th percentile for age and gender (measured on at least 3 occasions and averaged together).

~~If the case~~ results are entered in CLOUDS as "Abnormal", ~~and~~ a CLOUDS health referral is generated and follow-up is completed as needed.

Age in Years	90th and 95th PERCENTILE BLOOD PRESSURE ACCORDING TO AGE and GENDER							
	Boys				Girls			
	Systolic		Diastolic		Systolic		Diastolic	
	90th%	95th%	90th%	95th%	90th%	95th%	90th%	95th%
3	107	111	68	73	106	110	69	73
4	108	112	69	73	107	111	69	73
5	109	113	69	74	109	112	69	73

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The Comprehensive Services Assistant Manager is responsible for:

- Tracking receipt of the annual physical exam for preschoolers on an ongoing basis, in accordance with the EPSDT Schedule and in collaboration with the Site Supervisor.
- Tracking receipt of Well Child Exams for infants and toddlers on an ongoing basis, in accordance with the EPSDT Schedule and in collaboration with the Site Supervisor.
- Reviewing all physicals with known or suspected disabilities immediately upon receipt of exam.
- Initiating care plans with providers as appropriate.
- Conducting follow-up with parents on an ongoing basis.
- Conducting follow-up with providers to obtain documentation to complete the exam data or to obtain follow-up information.
- Monitoring physical exam due dates to ensure compliance with the EPSDT Schedule.

The Site Supervisor is responsible for the following:

- Notifying the parent of the 30 day requirement at enrollment.
- Tracking receipt of the annual physical exam for preschoolers on an ongoing basis
- Tracking receipt of Well Child Exams for infants and toddlers in accordance with the EPSDT Schedule.
- Ensuring that no child is in the program without a physical past 30 days (one extension allowed with documentation of a pending appointment).
- Directing clerks to prepare exclusion letters as necessary.
- Issuing Notice of Action (NOA) for children in state-funded programs that have not complied with requirements.
- Referring families who need assistance in accessing care to the Comprehensive Services Team.
- Reviewing the physical exam for each child and calling for case management when appropriate.
- Working with teaching staff to ensure child's medical and developmental needs are addressed appropriately.
- Ensuring implementation of care plans.

The Comprehensive Services Health Manager is responsible for the following:

- Supporting staff and families through the attending Case Management process for complex cases as needed.
- Interfacing with community partners to obtain for health education, services, and assistance and follow-up.
- Ensuring Health Services Advisory Committee participation in addressing the health concerns currently impacting CSB's children and families.

6. Dental Exam

Comprehensive Services Clerks are responsible for:

- Informing parent of the 90 day dental exam requirement upon enrollment.
- Educating the parent about the Early and Periodic Screening, Diagnosis and Treatment Schedule for Dental/Oral Health Care.
- Providing parent with the dental exam form (CSB-206).
- Providing a list of dental providers/insurance options to the parent as needed.
- Tracking dental exam due dates on an ongoing basis.
- Preparing reminder letters to parents and follow-up letters to dental providers as needed.
- Stamp dating the dental exam upon receipt and review.

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- Entering dental exam data into CLOUDS upon receipt and documenting data entry in CLOUDS by placing first initial, last name and date on upper right hand corner of the exam.
- Collecting consents for release of information as needed from
- Generating referrals for children without dental care access, treatment needed or non-compliance issues as needed and documenting referral follow up under referral/ case notes.
- Obtaining parental dental consents for onsite dental services and events.

The Comprehensive Services Assistant Manager is responsible for:

- Monitoring dental exam due dates on an ongoing basis.
- Following up to ensure treatment plans are in progress, ongoing or complete.
- Conducting case management for dental access or non-compliance issues as needed.
- Assisting the Comprehensive Services Manager with coordination of exams by volunteer dentists/mobile dental care, and other oral health events/services.

The Site Supervisor is responsible for:

- Collecting dental forms and forwarding them to Comprehensive Services Clerks.
- Attending case management for dental issues as needed and keeping teachers informed with updates.
- Coordinating with Comprehensive Services staff for onsite dental activities/trainings.

The Comprehensive Services Health Manager is responsible for:

- Coordinating volunteer dentists, mobile services and oral health events on an ongoing basis.
- Attending case management for complex dental issues.
- Interfacing with the Children's Oral Health Program, Contra Costa Dental Society and other community partners, for oral health education, services, and assistance and follow-up.
- Ensuring Health Services Advisory Committee participation in addressing the oral health concerns currently impacting CSB's children and families.

7. Staff Protocol for Dental Referrals

If Dental Exam indicates Treatment Needed:

The Comprehensive Services Clerk is responsible for:

- Generating a ~~d~~Dental ~~r~~Referral and updating the status as needed in CLOUDS.
- Determining dental insurance status for treatment needed and providing a list of contact information for local community dentists/~~clinics, and/or community clinics (dental care providers near family's home, work and/or childcare center)~~ and/or the the Ronald McDonald Care Mobile (RMCN) the current schedule for mobile dental services in the community, and Covered California or other insurance resources to ensure treatment completion for families with Denti-Cal or Healthy Families. for all children including those in need of, or unable to obtain dental insurance and those with unaffordable co-pays.
- Providing the parent with "Dental Exam/Treatment" Form (~~See Form~~ CSB206).
- Entering contact information and date ~~provided or RMCN~~ referral information was provided in CLOUDS Dental Referral Case Notes (indicating status "in progress").
- Following-up with the parent (within 2 weeks) regarding the status of scheduled appointment within 2 weeks and frequently thereafter until treatment is complete.
- ~~and e~~ntering each follow-up activity in CLOUDS Dental Referral Case Notes and once treatment is finished enter status "complete").
- ~~If parent/child does not have dental insurance~~

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- ~~• Contact the parent to discuss options including community clinics, volunteer dentists, Ronald McDonald Care Mobile, and/or CHDP Gateway to Health Coverage or the Lebow Foundation.~~
- Providing the parent with "Dental Exam/Treatment Needed" Form (See Form CSB206).
- If the preferred option is RMCN, contacting CSB area liaison for status of services/to begin the referral process.
- If the option selected is CHDP Gateway, providing the parent with contact information for the designated community clinic or Financial Counseling Line for county clinics.
- ~~Entering option selected and date information was provided to parent in CLOUDS Dental Referral/Case Notes (indicate status keep "in progress").~~
- Referring to the CSAM if the family has exhausted all options without success.

The Comprehensive Services Assistant Manager is responsible for:

- Monitoring CLOUDS reports to identify children in need of dental services, referrals and follow up.
- Following-up with the Comprehensive Services Clerks and the parent to assist with extended "in progress" referrals.
- In cases where ~~the co-pay is unaffordable or the child is not eligible for insurance and CHDP Gateway pre-enrollment eligibility determination is "No" and/or~~ parent cannot afford treatment, referring to local clinics, mobile dental services, the Children's Oral Health Program, Give Kids a Smile dentist, ~~or~~ the Lebow Foundation.
- Entering status/follow-up data in CLOUDS Dental Referral Case Notes.
- Referring to the Comprehensive Services Health Manager ~~for health~~ if services for treatment cannot be provided. ~~Referring to the Comprehensive Services Health Manager if services for treatment cannot be provided the~~

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Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to provide services on site or through local dental offices and dental events.
- Initiating the request process for Head Start funds (last resort) – working with CSAM to acquire treatment estimate, letter from parent, date of dental appointment and additional documents needed.

8. Medical/Dental Home

Comprehensive Services Clerks are responsible for:

- Assisting families with health/oral health homes and coverage as well as applications as needed.
- Documenting Medical/Dental interventions and health/oral health coverage in CLOUDS within 90 days of enrollment.
- Providing ongoing support for families in need of a medical/dental home.

The Comprehensive Services Assistant Manager is responsible for:

- Supporting clerks with families that are facing barriers to medical/dental home access.
- Monitoring CLOUDS reports on a on-going basis to identify children in need of a medical/dental home.

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The Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to obtain access to medical/dental homes for CSB families.

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C. Developmental, Sensory, and Behavioral Screening

All children are screened by the teaching staff in the areas of social emotional development, speech, self-help skills, motor and cognitive development, and as needed, by the Comprehensive Services Team for hearing, vision, and nutrition, within 45 days of class entry. Parents should be informed about all screenings and their purposes in advance. ~~The r~~Results ~~offrom~~ the screenings are used as part of the individualization process for each child.

~~It is the~~ Site Supervisor's responsibility ~~is~~ to work with the teacher and Comprehensive Services Team to ensure that the speech/language, ~~mental health, behavioral sensory~~ and ~~cognitive developmental~~ screenings are completed within 45 days of class entry.

The teacher places completed copies of the Speech and Language ~~Screening Checklist~~, Brigance Cognitive Screening and Behavioral Screening in the Education section of the child's file and enters screening data in CLOUDS. The originals are placed in the child's file in the education section. ~~If concerns are noted, the appropriate service area staff will follow up to ensure services meet the needs of the child.~~ Teachers will give each child time to adjust to the new environment before ~~rescreening if necessary completing this form.~~

1. Protocols for Sensory (Visual and Hearing) Screening

Screenings are to be completed within 45 days of enrollment for children who do not have results as part of their Well Child Exam and for returning children, as needed, based on the EPSDT schedule.

The Comprehensive Services Assistant Manager is responsible for:

- Identifying those newly enrolled children in need of initial screenings, returning children in need of screenings based on the EPSDT schedule and re-screenings due within two weeks of the initial screening through use of CLOUDS Smart Reports.
- Coordinating screening team logistics for Comprehensive Services Clerks to administer screenings on an ongoing basis.
- Notifying the Site Supervisor of the upcoming screening schedule with a minimum two week notice. Note – Two week notice may not apply for children absent on the initial screening date.
- Directing Comprehensive Services Clerks to input data results in CLOUDS, preparing referrals as needed and providing follow-up until treatment is established and complete.
- ~~Tracking referrals to physicians and providing ongoing assistance to clerks and parents until testing/treatment is established and the referral is complete.~~
- Ensuring the completion of the health section of the Screening Results Form (CSB212) within 75 days of enrollment.
- Completing vision and hearing screening certification courses as soon as possible after hire.

The Site Supervisor is responsible for the following:

- Obtaining a screening schedule from the Comprehensive Services Assistant Manager and providing a schedule for teaching staff.
- Providing teaching staff with the screening preparation curriculum.
- Monitoring the implementation of screening preparation in the classroom curriculum and on the lesson plan.
- Providing an appropriate screening area on site for the administration of screenings.
- Designating teaching staff to accompany children to and from designated screening location.

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- [Ensuring the completion of the education section of the Screening Results Form \(CSB212\) within 75 days of enrollment.](#)

The Teaching Staff is responsible for:

- Implementing screening preparation curriculum in the classroom.
- Including screening preparation on the lesson plan. Note – In an effort to complete all screenings within the 45-day deadline, it is important to include screening preparation into the lesson plan for the first week of school for part year programs and two weeks prior to July 1 for year round programs.
- Providing flexibility with the classroom schedule to support Comprehensive Services in completing the screenings.
- Introducing Comprehensive Services Staff to children on the screening day.
- Assisting Comprehensive Services with gathering children to be screened. Tracking children as they are removed from and re-enter the classroom and accompanying children to and from the screenings as directed by Site Supervisor.
- Completing the ~~g~~Educational areas of the Screening Results Form (~~See Form~~ CSB212) including the Brigance, Sp/Lang and Behavioral areas and-signing in the designated area.
- Assisting with the distribution of Screening Results Forms (~~See Form~~ CSB212-~~Screening Result~~) to parents.

Comprehensive Services Clerks are responsible for:

- Engaging parents in conversation about the importance of screenings.
- Notifying parents of dates and screenings to take place [through one-on-one conversation and](#) by posting a flyers on site, one week in advance.
- Reviewing reports of children [to identify those that need](#) to be screened.
- Verifying consents for screenings on the Health History forms of those children to be screened.
- Obtaining additional consents for screening to be administered by collaborative agencies as needed.
- Obtaining equipment needed and setting up screening tools on site.
- Introducing screening staff to the classroom teaching staff and allowing teaching staff the opportunity to introduce the screening staff to the children.
- Encouraging teachers to assist in choosing the order in which the children will be screened.
 - Note – Those children unwilling to participate will be given future opportunities and parents and/or staff may be encouraged to accompany the child to complete needed screenings within the 45-day deadline.
- Partnering with teaching staff and Site Supervisors to accompany children to and from the classroom to the location of the screening administration.
- Administering the vision and hearing screenings and, noting results for input in CLOUDS.
- Cleaning up the equipment and leaving the area as it was found.
- Entering all screening data in CLOUDS and documenting screening results, re-screens and referrals.
- Informing the Comprehensive Services Assistant Manager and Site Supervisor of those children in need of re-screening.
- Administering re-screenings within two weeks of the initial screening and within 45 days of enrollment if the child was unable to condition.
- Preparing referrals to physicians and in CLOUDS for those children identified as needing further evaluation.

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- Contacting parents of children with referrals, offering resources for a medical/dental home/[insurance](#) and additional assistance as needed.
- Completing the Screening Results Form (~~See Form CSB212-Screening Results~~) and ensuring that the education section is also completed prior to making a copy for the file and distributing the original to the parent in a confidential manner within 75 days of the child's date of enrollment.
- Providing ongoing assistance for referrals and resources until each referral is complete.
- Completing vision and hearing screening certification courses as soon as possible after hire [and prior to expiration of certification](#).

The Comprehensive Services Health Manager is responsible for:

- Overseeing the monitoring of all sensory screenings, referrals and follow up.
- Coordinating the annual Vision/Hearing Screening Trainings with CHDP.
- Registering Comprehensive Services Staff in need of vision/hearing training and certification as soon as possible after hire [and prior to expiration of certification](#).
- Coordinating screenings with collaborative agencies and notifying the Site Supervisor and Comprehensive Services Team of those screening dates and requirements.

D. Follow-Up and Treatment

Early medical/dental exams and other screenings enable parents and program staff to identify any concerns and respond in a timely manner. Whenever concerns are present the Comprehensive Services Team works with the parent to obtain necessary follow-up services or treatment. Assistance is provided in the acquisition of equipment needed for medical/dental conditions and parents are educated regarding their child's specific condition and needs. Dental follow up/treatment includes preventive measures and further treatment as ordered by the dental professional.

Medical Treatment includes treatment of any condition as identified [in the physical exam, other health documentation from a health professional, the](#) IFSP, or IEP. Follow-up treatment is tracked in the CLOUDS system using the referral feature and is referenced in the child's confidential file.

Where no resources exist in the community for follow-up and treatment, the program will pay for services as long as funds remain in the budget earmarked for this purpose. To access program funds, the Comprehensive Services Team must document that all available resources have been exhausted and that program funds are being used as a last resort. This information, along with proof of need and the estimated cost for treatment, must be submitted to an Assistant Director for approval and submitted to the fiscal unit and the Bureau Director.

1. Protocols for Referrals, Follow Up and Treatment

The Comprehensive Services Clerk is responsible for:

- Generating a referral in CLOUDS as soon as a need is identified
- Assisting in collecting documentation regarding the case management process on an ongoing basis
- Entering related data into CLOUDS

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports and following up on referrals on a weekly basis
- Supporting families through the referral/case management process
- Updating the status of the referral as it changes

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- Contacting the Comprehensive Services Manager for training or technical assistance as needed.

2. Monitoring and Tracking

Comprehensive Services Assistant Managers are responsible for the following on an ongoing basis:

- Monitoring the process for accuracy and compliance.
- Creating action plans as needed
- Providing reports and updates to the Assistant Directors as needed
- Providing training and technical assistance as needed

Assistant Directors are responsible for:

- Reviewing reports
- Ensuring follow-up and corrective action plans completion

E. Children with Disabilities- Screenings, Case Management and Referral Procedures

Early childhood experiences are known to shape the developmental outcomes for children. Trauma during the early years also affects long-term outcomes by impacting brain development, cognitive, physical, and social/emotional functioning. The Community Services Bureau has systems in place to mitigate these factors which include early screenings/assessments, case managements and linkage with appropriate agencies to provide any/all necessary comprehensive services the child and family might need. Parents need to agree and provide a written consent (~~Sign CSB-501-Form~~) prior to receiving referrals or linkages to any other agencies. Agencies closely working with the Community Services Bureau are: the Regional Center of the East Bay, the Contra Costa School Districts, the Contra Costa Children and Family Services Bureau among others.

1. Screenings

The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide the necessary early intervention that will lead to a better future for the child.

Prior to enrollment during the application period the child's file might be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history by the parent. The health history briefly screens children for possible health, nutrition, and socio-emotional and developmental risks.

Child's Physical Exams/Baby Well Checkups provide a great source of information and they are given to us by the parents within 30 days of enrollment and thereafter as required by the EPSDT schedule.

In addition, sensory and developmental screenings ~~and assessments~~ are provided to all enrolled children within 45 days of enrollment.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

2. Data Gathering, Case Management and Referral

The Community Services Bureau staff follows the next steps when referring a child for a diagnostic assessment and early intervention to an outside agency.

i. Data gathering by CSB staff prior to Case Management Meeting

- The child's file and the CLOUDS system are reviewed to identify other related concerns.

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- The developmental history taken at enrollment is reviewed. (It provides information regarding the child's history of exceptional items not normally occurring, i.e., low birth weight, allergies, premature and/or post-mature, difficult birth, accidents, eating behaviors, meeting milestones and/or other concerns).
- The medical records completed in the last 12 months are reviewed to identify health concerns or other relevant information given by the pediatrician.
- The sensory/cognitive screening and assessment results are reviewed and verified to ensure further evaluation if necessary.
- The Initial Home Visit form (CSB-170) is reviewed to identify parent's concerns.
- The At Risk Referral Form (CSB-622) is reviewed. ~~CSB 622~~ form indicates that the child/family has as an open CFS case and is receiving Child Protective Services and childcare/development services are necessary component of the Child Protective Services Case Plan or the child/family has an At-Risk Case and is NOT receiving Child Protective Services, but is at risk of abuse, neglect or exploitation and childcare and development services are needed to reduce or eliminate the risk.
- Teacher/Site Supervisor/Disabilities Comprehensive Services Disabilities Manager observes the child in the classroom and produces written documentation about child's strengths and challenges.

ii. Case Management Meeting

After gathering data, the site supervisor, teacher and CSAM review the strategies that will be presented to the parent in a case management meeting.

The Site Supervisor ~~and/or~~ CSAM invites the parent/s to a case management meeting to be held at the parent's convenient time and to identify if the parent will need an interpreter.

The CSAM invites the additional team members in collaboration with the site supervisor. The case management team members include but are not limited to the class teacher, the Site Supervisor, the assistant manager, content area managers, the interpreter, any other family friend/relatives, the physical therapist, the occupational therapist, the speech/language therapist, CFS welfare social worker and any other professional involved with the child/family receiving services.

The meeting is facilitated by the CSAM but can be led by other agency staff. The meeting is documented in the Case Management Form (CSB-514) and/or directly entered in CLOUDS under "Disabilities-Case Management Information" attached to the Meeting/Event sign-in Sheet Form (CSB-905). All participants are required to sign the CSB 905 form. These original forms will be placed in the child's file under the Special Needs Section.

The purpose of the meeting is to open communication relevant to the individual needs of the child, to provide strategies for the parent and to place necessary referrals to outside agencies for further evaluations. The case management meeting is dismissed after identifying actions, roles and responsibilities for each member and scheduling a follow up meeting if necessary.

iii. Referral

Based on the agency identified for referral, the CSAM will explain in detail the requirements for their referral process, their timelines, and provide copies of the parent rights and responsibilities under IDEA

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to the parent. It is crucial that this portion be clear to the parent and an interpreter assist the parent with any clarification.

| The parent is encouraged to sign the Child Referral and Parent Consents Form (CSB-501), only after understanding the referral process and his/her parent rights under IDEA. The assistant manager assists the team by providing the copy CSB-501 form to be signed.

For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on disciplinary steps and has a behavior action plan, a copy of this plan, the child's Devereux Early Childhood Assessment and Development Screening is included with the referral.

| The Child Referral and Parent Consents Form (CSB-501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor and the Comprehensive Services Assistant Manager. A copy of this form (CSB-501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.

| The CSAM reviews the signed CSB-501 and processes it immediately. Once verified referral receipt by phone with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the assistant manger completes the Response to Referral Form (CSB-502).

| The original form (CSB-502) is placed in the child's file while the copy is given to the parent attached to additional relevant informational resources.

The CSAM enters the referral notes in the "Disability Intervention Referral", "Intervention Notification" and "Case Management Information" under the disability tab in CLOUDS. Copy of the case management (CSB-514) or Case Management CLOUD's print out form is placed in the child's file.

The CSAM contacts the family for a follow-up within 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting.

Additional Case Management will follow up as needed and/or as determined in the initial meeting.

F. Child and Family Mental Health Services

1. Description

The Community Services Bureau Mental Health Unit provides individual psychotherapeutic services to children enrolled in the Early Head Start and Head Start program. The staff provides individual and group consultation to parents and teaching staff on child abuse, parenting skills, parent advocacy, developmental and mental health issues impacting the 0-5 year-old population and their caregivers.

The Mental Health Unit operates a comprehensive Master's level Internship Program in collaboration with Contra Costa County Health Services Department, Mental Health Division on a year-round basis.

The Contra Costa County Community Services Bureau program staff, partners with parents and mental health professionals, to identify mental health concerns of children and parents in the program. The task of the Case Management Team is to:

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- Ensure the delivery of appropriate mental health services in a timely manner
- Assist in designing strategies to identify mental health concerns of children
- Recommend appropriate placement and/or program modifications to meet the individual needs of children
- Support and include parents in the decision making regarding mental health services for their child

Goals of the Mental Health Unit

- ~~Some of the~~ The goals of ~~the~~ prevention activities provided by the mental health unit address self-concept, building positive relationships among children, their peers and their caregivers; developing coping and problem solving skills, and stress management.

2. Mental Health Services

The Mental Health Unit delivers the following services:

- Prevention, early identification and intervention in problems that may interfere with a child's development
- Developmental/Social and Emotional Screening (ASQ3 and ASQSE)
- Focus on early detection of concerns of caregivers, staff and children who may be in need of mental health services
- Mental health assessment
- Play Therapy (Individual Psychotherapy with children)
- Family Support
- Parent (Guardian) – Child Interaction Therapy
- Staff Training on mainstreaming and social integration techniques
- Parent Training on social, emotional and mental health development of children
- Parent Training on positive child rearing techniques and stress management
- Program evaluation and performance partnership review to ensure planning and delivery of excellent supports and services.
- Case Management
- Crisis Intervention
- Provide community resources to families
- Child Abuse and Domestic Violence awareness

The objectives of Mental Health treatment are to alleviate and resolve identified symptoms per a diagnosed mental health issue and medical necessity. The clinicians perform assessment and ongoing treatment based on a diagnosis by their licensed supervisor. The treatment is provided in accordance with the parent or legal guardian's consent; parents or guardians are encouraged to be active participants in the treatment planning process as outlined by the Head Start Performance Standards.

Services are individualized and are primarily provided at the preschool sites in dedicated play therapy rooms. The Clinical Team coordinates care of children, parents and families with other contracted and non-contracted county child and family service agencies while a child is enrolled in and transitioning out of Head Start. The hours of operation vary depending on the child's school program and individual needs. ~~The school sites are generally open Monday through Friday, 8:00 a.m. to 5:00 p.m., and~~ clinicians provide some services in the early morning or evening to accommodate caretakers' work schedules.

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Additionally, all Mental Health staff is available via voicemail, and email through the Mental Health unit administrator.

3. Mental Health Referral Procedures

If recommendation is for referral to Mental Health services within Head Start/Early Head Start or other agency, the Education Staff or Comprehensive Services member will follow this protocol:

The child's teacher is responsible for:

- Consulting with Site Supervisor to recommend a referral.
- Providing documentation regarding concerns such as Positive Guidance Plan, tracking report, observations.

The Site Supervisor ~~and CSAM are is~~ responsible for the following:

- Reviewing child's file and any pertinent screening results such as Brigance, ~~DECA ASQ-SE, Health and Health~~ History to identify and gather additional information to share with appropriate parties as support for the referral.
- ~~Coordinate~~ Schedule ~~ing~~ a meeting with parent to offer ~~strategies that can to support the child and suggest referral for~~ mental health services ~~as applicable for additional services.~~
- ~~CSAM and Site Supervisor explain the MH services and the referral process to the parent or guardian prior to c~~ ompleting referral forms and securing parent consent and signature. (CSB 501-Child Referral and Parent's Consent)
- ~~Processing the referral with the appropriate Comprehensive Services Assistant Manager.~~

CSAM ~~are is~~ responsible for:

- ~~When Comprehensive Services Assistant Managers receive a referral for MH, they must t~~ Thoroughly review the referral form prior to it before processing it. All sections of the referral form must be filled out completely on the (CSB501) form (See CSB Forms) including:
 - Name
 - Birthdate
 - CLOUDS ID#
 - Center name, room number, and EHS or HS checked
 - MediCal #
 - Social Security number
 - Medical provider
 - ~~Check if child has a~~ Including child's Positive Guidance Plan with the referral Plan and provide copy of the plan with referral if applicable
 - ~~Check if child is on one of~~ Reviewing the 4-Step Discipline Policy Letter (CSB521) Steps, and if as applicable, indicating which step and provide copy of the Discipline Letter the child is on.
 - Address
 - Phone #
 - Parent's name
 - Home Language and English skills level of Parent and child
 - If child is being raised by grandparent or foster parent
 - Name of person making referral (not just "teacher")
 - Reason for Referral
 - Name of agency and address parent is giving consent to
 - Initials for consent for assessment and exchange of information, signatures and dates.
 - CSAM name and phone number
- Providing parent with copy of referral

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- Entering the referral in CLOUDS to include:
 - Entering the reason for the referral in the comment section
 - Completing 'Parent Consent for Release of Info' -marking as 'Received' and entering the date that the parents signed the form
 - Entering the child's Medi-Cal Number in CLOUDS
- Faxing referral with cover sheet to confidential fax at CSB Mental Health Unit at (510) 374-7033. and Including the following documents:
 - Completed Referral Form
 - MediCal Card or other insurance documentation
 - Positive Action Behavior Plan/Discipline Step Policy Letter if on file
 - DECA-ASQ-SE (as if available)
- Sending email or calling Mental Health Manager and Mental Health Clerk to advise that referral is being faxed. Include the following information:
 - The CLOUDS # of the child
 - If it is a high priority case and needs immediate attention, such as a CFS At-Risk referral, use the High Priority Flag on the email, and write in, "High Priority Case-Please process ASAP".
- Changing referral status from "New" to "In Process"
- Changing the referral status in CLOUDS from "In Progress" to "On Going" when a clinician has been assigned
- Adding extra notes under Case Notes as applicable
- Scheduling case management
- Creating a new Referral in CLOUDS if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services and an outside provider is available
 - CSAM will follow-up with the parent to see if they are receiving services. Update in CLOUDS Referral section and note when the child is actually receiving outside services
 - CSAM will continue to communicate with Site Supervisor and the Mental Health team regarding services or for support in providing referrals
- If parent fails to obtain outside services, CSAM will assist in finding services and check back periodically with MH clerk to see if CSB MH has case openings and is able to serve the child, CSAM, updates CLOUDS to reflect status of referral (Complete, Parent Refused).

Mental Health Clerk is responsible for:

- Verifying if the child qualifies for services
- Entering in the Case Notes section of the referral, beginning with the date, and ending with her first initial and last name.
- Sending an email to CSAM and Site Supervisor to let them know the referral was received. The referral will be processed and assigned to a mental health clinician who will perform an assessment and provide ongoing services if the child symptomatic behaviors meet medical necessity for treatment.
- Emailing the CSAM and Site Supervisor with child's CLOUDS # with the child's MediCal eligibility status and advise if services can be provided or if an outside referral is needed.
- Entering in the Mental Health Section of CLOUDS "Facilitated Referral"
- Sending an email to CSAM and CSB Site Supervisor to inform that the child's case has been assigned to a clinician and when services will begin.

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- Entering the clinician assignment in the Mental Health section and Case Notes of CLOUDS
- Emailing the CSAM and Site Supervisor when a referral is closed or returned.

~~The Mental Health CSAM is responsible for:~~

- ~~Advising-Informing CSAM and Site Supervisor if-when~~ there are no available case openings, the child is not eligible for Medical Services, or the parent declines services.
- ~~In this case a second cCase mManagement may be held to communicate with parent/guardian and to provide support and /follow up and/or, additional resources, and-When appropriate to parent and/or-recommending a referral for outside services if appropriate. if appropriate.~~
- ~~Recommending a referral for outside services if appropriate (and document in referral section of CLOUDS) and communicating to site supervisor and CSAM.~~
- ~~Including CSB site supervisors in e-mail notifications. (The CSAM will notify Partner agency staff)~~

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Mental health Clinicians are responsible for:

- Contacting the child's parents to obtain informed consent and to start services
- Consulting with CSAM to advise and/or coordinate first parent contact meeting as appropriate

~~CSAM or Mental Health Assistant clerk (whichever applicable)~~ will update CLOUDS in the Referral Section, and change status of the original referral and select "Complete" from the drop down menu and provide a brief explanation in Observation Comments Section.

4. Mental Health Emergency/Crisis Referral Procedures

If a CSB Site Supervisor and/or CSAM believe that a child is experiencing and/or responding to an emotional crisis or emergency in their life and need urgent mental health intervention, the following people in this order should be notified before making a referral:

- Mental Health Clinical Supervisor, Lora Groppetti: (925) 890-7540
- ~~CSAM/Mental Health, Rowena (Reena) Torres: Cell (925) 383-4913~~
- Lead Assistant Director, Janissa Rowley: Cell (925) 525-9951
- Cluster A Assistant Director, Pam Arrington: Cell (925) 864-9084
- Cluster B Assistant Director, Carolyn Johnson: Cell (925) 852-9735
- Comprehensive Services Assistant Mental Health Managers (If MH ~~Manager Clinical Supervisor~~ or ~~Assistant Directors~~ As cannot be reached)

The responding Mental Health Manager, Clinical Supervisor or Agency Manager will determine an appropriate intervention or course of action based on the level of crisis and an initial clinical assessment. If CSB Mental Health determines that the case needs specialized intervention that CSB cannot provide, the responding clinical supervisor/manager will assist site staff in the facilitation of an appropriate outside referral. If the CSB Mental Health team can provide treatment and the child is determined to be in crisis, a referral will be processed and treatment will be provided regardless of the child's MediCal eligibility.

The referral should be rushed through the current procedure; MediCal eligibility and/or health insurance information can be checked after the referral is faxed to the mental health unit (~~refer to Mental Health Referral section: Section 2, Part 1, F3).~~

5. Mental Health Professional Staff

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The Mental Health unit employs licensed Clinical Supervisors and unlicensed Master's level staff working towards Marriage Family Therapist or Clinical Social Worker licensure and who are educated specialized in children and families Mental Health. The staff strives to provide excellent early intervention to children and support services to parents and guardian caretakers that are designed to meet their specific needs.

~~The Mental Health unit attempts to employ staff to accommodate the linguistic and cultural needs of a diverse Head Start population. The unit is supported by one full time Bachelors level mental health assistant and seven eight CSB Comprehensive Services Assistant Managers. These staff help provide with the identification and facilitation of referrals.~~

To promote children's mental wellness, CSB develops collaborative relationships with local mental health agencies for the purpose of securing ongoing prevention, intervention, consultation, and direct services to the program's children and their families.

6. Mental Health Services & Special Education Services Sign-In Protocol at All CSB Sites When Providing Mental Health and Special Education Services

~~When MH services are provided at CSB sites all~~ The Mental Health Professionals and site staff will adhere to the following: this protocol, when Mental Health services are provided at all CSB sites.

Mental Health Clinicians and Special Education Staff are responsible for:

- ~~Signing the Site Visitor log at each site visit when~~ visiting and providing services to a child or attending a meeting. To ensure client confidentiality and comply with HIPPA regulatios ~~Only sign name~~ only and do not without ~~identifying~~ self as a Mental Health provider. ~~to ensure client confidentiality and comply with HIPAA regulations.~~
- Adhering to appropriate classroom protocols when removing/returning child from/to classroom for play therapy and special education services.

~~Special Education Staff are responsible for:~~

- ~~Accessing the Special Services Log from its locked location and sign it every time the Mental Health Intern or Special Education staff comes to the site to provide services to a designated child.~~
- ~~Filling in the date and both the child's name and the intern's name.~~
- ~~Giving special services log back to site staff (secretary at front desk, site supervisor) and ensure the log is returned to a locked file/drawer.~~

Front Desk Staff is responsible for:

- ~~Signing a confidentiality statement annually.~~
- ~~Making sure Special Services Log is filled out correctly.~~
- ~~Ensuring that the Special Services Log remain in a locked location at all times when the intern/special education staff is not using it.~~ Maintaining the sign in and out log and ensuring that all visitors are accounted for.

Site Supervisors are responsible for:

- ~~Reviewing daily and ensuring that the sign in and out log is accurately maintained.~~ Signing a confidentiality statement annually.
- ~~Monitoring the safe locked storage of the Special Services Log.~~
- ~~CSAMs are responsible for:~~
- ~~Signing a confidentiality statement annually.~~

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● ~~Entering all Special Services Log entries to the child's chart by the end of the month.~~

7. Policy Regarding Response to Legal Situations

i. Description of CSB Policy Regarding Involvement in Custody Disputes by Treating Mental Health Clinical Staff

If there is a custody dispute involving the child who is receiving Mental Health services from CSB's Mental Health unit, it is the policy of this agency that the treating clinician or Mental Health Clinical Staff not get involved in such a custody dispute. This dispute may be between the parent and the system or between Social Services and the parent(s).

Mental Health Clinical Staff are discouraged from writing letter or reports in support of either side in such a dispute. The treating clinician will serve their client best by staying neutral in a custody dispute. Taking sides opens the door for the clinician to be asked to testify in a court of law and expose confidential client information.

If a parent (or Social Services) requests a written report about the child's treatment, and after a Release form has been signed by the parent, a short treatment summary should be composed and – upon approval by the supervisor – mailed to the child's parent ONLY.

ii. Description of CSB Policy Regarding Subpoenas

- Subpoena of Records

If a subpoena for records is served to the treating clinician, the clinician must attempt to have the child's parent sign a release form permitting the release of a treatment summary. If such a release cannot be acquired, the clinician must claim the Psychotherapist/Patient privilege. The court will then have to override the privilege and request the records.

- Subpoena to Appear in Person

If a subpoena to appear in person is served to the treating clinician, the clinician, upon consultation with his/her supervisor must also claim the Psychotherapist/Patient privilege. The clinician must not respond to or talk to any court representative, serving officer, or lawyer for any party, without the special written permission of the child's parent(s) (or Social Worker for Social Services). If a Mental Health Intern gets served with a subpoena, he/she should contact his/her supervisor immediately for a consultation.

8. On- Site Mental Health Consultation

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers facilitate and make referrals for psychological assessments for children having potential emotional or behavioral problems with ~~parental~~ written parental consent.

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers utilize the Directory of County Mental Health Providers to make referrals when appropriate and work with parents to obtain information on available school resources and services in the area of mental health, locating placement for individual children including securing psychological services.

Parents and staff collaborate in the planning of all mental health and educational services.

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The Mental Health Supervisor, clinical staff and Comprehensive Services Assistant Managers advise the site supervisor and educational staff on integrating mental health activities into the curriculum. Mental Health clinical staff collaborates with site supervisor and classroom teachers to implement strategies and plans related to social emotional curriculum. Periodic observation of children's behavior and classroom learning environment is performed. Case management meetings are held to discuss the observations with education staff, parents and/or Comprehensive Services Managers.

The Mental Health Clinical Supervisor and clinical staff provide workshops to staff and parents on topics relating to child mental health, such as childhood depression, management of difficult childhood behaviors, stress management, recognition of child abuse/neglect, increasing children's self-esteem, and play therapy and positive parenting. Information is also provided to staff on identifying mental health needs, making mental health referrals and utilizing case management to facilitate a referral. The Mental Health Clinical Supervisor and clinical staff provide consultation at case management meetings to discuss children who are presenting with atypical behavior or emotional/behavioral needs.

9. Additional Mental Health Supports

Staff and parent support group meetings are held to discuss child mental health parenting and caregiver issues and challenges. Case management meetings are conducted a minimum of twice per year depending on the needs of the family.

i. Identifying Mental Health Concerns

Mental Health Staff collaborate with CSB health, disabilities, nutrition, and education colleagues and CFS to determine a child's need for a diagnostic evaluation. Diagnostic evaluations are recommended for all children who present with symptomatic behavior indicating signs of severe stress, social, emotional, educational, developmental delays and/or physical concerns.

Program staff, in partnership with parents, uses the following steps:

- The teacher and/or parent assess the child's behavior (through —DECAASQ-SE, direct observation, monitoring tool etc.), and determine that there are concerns at school or at home.
- In the case of children involved in the Child Welfare System, the CFS worker may determine that a child needs assessment and/or intervention based on the child's exposure to trauma as a result of early abuse, neglect in addition to risk factors such as prenatal drug exposure, prematurity, low birth weight, poverty, homelessness, parental depression, and other mental health problems. The CFS worker may also deem that the child needs assessment and/or intervention as a result of the removal of the child from the biological home and placement in foster care.
- The teacher observes and records behavior and consults with Site Supervisor before requesting assistance from the Comprehensive Services/Disabilities/Mental Health Supervisor.
- The appropriate content area Comprehensive Services Manager reviews the child's file (or Child Health/Education Passport in CFS child case) for pertinent information (e.g., health issues, family history, Family Partnership Appraisal, screening results, and other areas of concern) that may have significant impact on the referral.
- If the recommendation is for referral to a school district or other agency, the nature of the referral is discussed with parent through a case management meeting. Staff checks with parent for understanding, and parent initials and signs the Child Referral Parent's Consents form (CSB501). ~~(see Mental Health Referral section)~~

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- If a parent requests service only for him/herself, the Mental Health Manager or clinical staff will provide brief confidential consultation and appropriate referrals utilizing the County Mental Health Provider directory. If the parent's issues will have significant impact on the child's classroom behavior or emotional and/or physical health and well-being, appropriate steps are taken to ensure the child's safety and stability. Referrals are provided to Child Protective Services, County Health Services, and/or community agencies that assist with crisis, domestic violence, and homelessness.

ii. Strategies for Behavior Management

Any form of discipline or punishment that violates a child's personal rights is not permitted. ~~(see Discipline Policy section: Section 2, H).~~

The teaching staff must utilize positive guidance techniques and developmentally appropriate practices in managing children's behavior. Children respond differently to various intervention approaches, and have individual temperaments that staff must consider in behavior management.

- **STRATEGY A-**~~Implement Best Practices~~
- **STRATEGY B-** Conduct Case Management with parent and site staff to develop Individualized Positive Guidance Plan/Behavior Action Plan (Refer to Form CSB-134B)
 - ~~Case Management with parent/caregiver and site staff to develop plan~~
- **STRATEGY C-**Case Management
 - If behavior continues/escalates, review and assess the Individualized Positive Guidance Plan Behavior Action Plan
- **STRATEGY D-**Discipline Policy Implementation
 - Apply only when Strategies A-C have been executed
 - ~~Site Supervisor must be consulted prior to implementation~~

STRATEGY A-Implementing Best Practices

Undesirable behavior, while a normal part of growing up, is discouraged or redirected. The following strategies reflect best practices for responding to inappropriate behavior:

- Anticipate/eliminate potential problems
- Evaluate and adjust the environment
- Redirect child away from conflict or negative events to more positive activity
- Offer choices to the child
- Assist child to learn logical/natural consequences of their actions
- Encourage respect for the feelings/rights of others
- Encourage initiative
- Encourage identification and healthy and socially acceptable ways to express emotion
- Encourage development of self-regulation and behavior control through positive reinforcement of pro-social behavior

Additional behavior management strategies include:

- ~~Let children know what is expected and why – Inform children what the rules are, and the reasons for these rules. Let children help create classroom rules. Example: "We walk inside – so we don't bump into tables or other children."~~

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- Model/encourage expected behavior – Show children, with actions and words, what is expected. Praise children's actions when appropriate. ~~Example: "Thank you for helping!"~~
- ~~Respect children's developing capacities – Ensure that expectations match/respect children's developing capacities. Example: do not expect a four-year-old to sit still/be quiet for long periods of time.~~
- Talk to children about why they are behaving a certain way – Kneeling down/getting on the children's level and listening, communicates caring concern about them as individuals.
- When reminding children of expectations, move close to them, touching them gently on the hand or arm (if culturally acceptable).
- ~~Be patient; wait for children to respond (when appropriate) –Tell a child what behavior is expected, and allow time for the child to process this information. Example: "When the toy is picked up, you may join us in the circle."~~
- Allow someone else to step in and help – If a teacher becomes angry with a child, immediately ask another teacher/supervisor to help. (It is best to request another adult to take over until you have calmed down.)
- Observe/record behavior - especially recurring behavior – to determine factors involved in the behavior. Maintain a positive/loving attitude – Keep your sense of humor, do not focus on the difficult behavior. View the behavior and responses as opportunities to help children grow/learn.
- Discuss with children healthy ways to deal with anger, stress, and frustration.
- "Time out" for children is not an ~~acceptable~~ accepted CSB strategy for dealing with inappropriate behavior.
- ~~Use Social Emotional Learning Curriculum (DECA) screening results to determine which protective factors the child needs help building and employ recommended classroom strategies to address the child's need.~~
- Consult with Mental Health clinical staff and collaborate with clinicians and parents to develop effective intervention plans.

STRATEGY B-Positive Behavior Action Plan

~~iii. Positive Behavior Action Plan~~

When the above listed strategies are ineffective, the next step is for the teacher, with site supervisor support and guidance, to consult with parent to develop an Individualized Positive Guidance Plan ~~Positive Behavior Action Plan (CSB-134B) - Positive Discipline Action Plan~~. Steps include:

- ~~Identifying the child's protective factors (Review DECA results)~~
 - Defining the child's strengths
 - Defining the child's social, emotional, physical, learning needs
 - Defining the child's behavioral concerns
 - Partnering with parent/caregiver through mutual decision-making process in:
 - Developing a plan to redirect the behavior with specific quantifiable and observable goals
 - Developing a plan to reinforce the child's positive behavior (specific strategies for intervention related to each goal).
 - Set timelines for plan implementation and progress follow up (2-4 weeks should be given to implement behavior plan and should be followed up with case management within 4 weeks to review implementation and any needed changes)

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~~IV~~**STRATEGY C**—Case Management Team Meeting

After classroom observations have been completed, and ~~DECA-ASQ-SE~~ results have been reviewed, a Positive Behavior Action Plan that considers any necessary modification to environment and teacher/child interactions ~~(per DECA)~~, is developed and implemented. If there is little or no progress in relation to the goals of the plan, or the child's behavioral concerns increase, the Site Supervisor follows up with the ~~Comprehensive—Disabilities/Mental Health Comprehensive Services Services~~ Manager/~~Disabilities Manager/Mental Health Staff~~ to schedule a Case Management Team meeting. ~~A Comprehensive Services Assistant Manager or CS Manager will facilitate this meeting.~~ The Case Management Team will discuss strengths/concerns/recommendations at this time. ~~Please see Case Management section for more details.~~

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G. Parent Involvement in Health, Nutrition, and Mental Health Education

CHDP consultants train parents and staff on prevention of common childhood illnesses.

(Contra Costa County Health Services) MediCal representatives provide education and information to parents and staff on MediCal application procedures and the Managed Care system.

Dental representatives train parents and staff on dental hygiene. A Mental Health Consultant trains parents and staff on early prevention/intervention of children's Severe Emotional Disorder, Behavior Disorders, and stress related behavior.

H. **STRATEGY D**—Discipline Policy

In compliance with Section #101221 of the Licensing Code, and in support of children's right to be treated with dignity and respect, the following covers our philosophy and methods for handling behavior of young children. Examples of hurtful behavior include biting, hitting, spitting, damaging school property or hurting classroom pets.

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~~If a child consistently displays inappropriate behavior in the classroom, the teacher is responsible for calling the Site Supervisor immediately for assistance. If a child's behavior continues to escalate, the following guidelines will be followed in the classroom with the child (after having implemented the above strategies implementing best practices and developing and implementing the Positive Behavior Action Plan).~~

~~In compliance with Section #101221 of the Licensing Code, and in support of children's right to be treated with dignity and respect, the following covers our philosophy and methods for handling behavior of young children. Examples of hurtful behavior include biting, hitting, spitting, damaging school property or hurting classroom pets.~~

~~CSB will report to Community Care Licensing any incidents requiring medical attention~~

~~To ensure that CSB provides an environment that fosters the development of a positive self-concept and self-control, CSB will implement this four step discipline policy.~~

If a child continues to display inappropriate behavior and previous interventions (Stragies A,B and C) have failed, CSB staff will implement the following four step discipline policy. (After each step, staff and parents are required to sign that each step has occurred):

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Step 1

If the child bites, hurts someone or damages school property for the first time, the teacher will inform the parent privately about the incident. At that time, parent is provided with resources and intervention strategies to address the specific behavior. The parent is asked by the site supervisor if they would like an information/linkage to parenting classes and/or consulting (confidentially) with a CSB Early Childhood Mental Health/Behavioral Healthcare specialist. The Site Supervisor will evaluate the incident in the classroom.

The following actions shall be taken:

Teachers are responsible for:

- Reviewing and completing the Discipline Policy- Step Letter to Parents form (CSB521—~~Discipline Policy and Step Letter~~) with parent and provide parent with copy.
- Informing the Site Supervisor about the incident by submitting the Accident/Incident Report (~~See Forms~~-CSB208)
- Ensuring that the parent signs a copy of the “Accident/Incident Report”
- Reviewing the Individualized Positive Guidance Plan (if not already created) or provide a copy of the plan and additional documentation relating to child’s behavior as applicable

Site Supervisors are responsible for:

- Evaluating the incident in the classroom.
- Reviewing and signing the Discipline Policy- Step Letter to Parents form (CSB521—~~Discipline Policy and Step Letter~~)
- Reviewing and signing the Accident/Incident Report (~~form~~-CSB208).
- Offering parent resources and/or linkages to consultation.
- Discussing child referral for assessment with parents if appropriate and securing Parent’s signature on a Child Referral Parent’s Consent form (CSB501).

Step 2

If the child bites, hurts someone or damages school property for the second time, the parent will receive an incident report. The Site Supervisor will meet with parent to provide resources as needed to help deal with the situation at home and discuss how staff is dealing with the situation in the classroom. The site supervisor will offer the parent linkage to confidential consultation with the CSB Mental Health Staff.

The following actions shall be taken:

Teachers are responsible for:

- Informing the Site Supervisor about the incident by submitting the second Accident/Incident Report.
- Meeting with the Site Supervisor and parent to discuss the second “Accident/Incident Report” and request the parent to sign.
- Reviewing the Positive Guidance Plan with parent for progress and modifications needed.

Site Supervisors are responsible for:

- Calling the parent immediately and setting up a conference to discuss the incident.
- Meeting with the teacher and the parent.
- Reviewing and signing the Discipline Policy- Step Letter to Parents form. (CSB521—~~Discipline Policy and Step Letter~~)

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- Reviewing the Individualized Positive Guidance Plan and provide resources and make adjustments as needed.
- ~~Offering parent linkage to confidential consultation with CSB Early Childhood Mental Health Manager or follow-up on previous referral to linkage.~~
- Scheduling a case management meeting with parents to discuss new strategies for behavioral modification and the possibility of a more appropriate placement for the child.
- ~~•~~
- Discussing child referral for assessment with parents if applicable. If parents agree to referral ~~Completing~~ a Child Referral, Parent's Consent form (CSB501) will be completed and signed.
- ~~Scheduling a case management meeting with parents to discuss new strategies for behavioral modification and the possibility of a more appropriate placement for the child.~~
- Requesting Education Manager to observe classroom and provide strategies to support the child and teaching staff.

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Step 3

If the child bites, hurts someone, or damages school property a third time and the two previous steps are proving to be ineffective, parent is required to attend a team meeting to discuss the possibility of a more appropriate placement for the child and referrals are provided.

The following actions shall be taken:

Teachers are responsible for:

- Informing the Site Supervisor about the incident by submitting the third "Accident/Incident Report".
- Reviewing and modifying child's progress report and the Positive Guidance Plan if needed with team and Site Supervisor for behavioral modification.

Site Supervisors are responsible for:

- Calling the parent immediately to pick up his/her child if necessary.
- Reviewing and signing the Discipline Policy- Step Letter to Parents form. (CSB521-~~Discipline Policy and Step Letter~~)
- Following-up on previous linkage to referral given.
- Securing parent's signature and date "Accident/Incident Report."
- Provide documentation on the child's progress which may include review of teacher's progress report based on Education Manager observation and strategies provided in step 2, Positive Guidance Plan or any other behavioral monitoring tool.
- Requesting additional assistance from Comprehensive Services Education Manager and informing Assistant Director as needed and Mental Health Clinician if child is receiving mental health services.

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Step 4

If the three previous steps prove to be ineffective and the child bites or hurts someone, or damages school property a fourth time, the Site Supervisor and Comprehensive Services Assistant Managers are to assist the parent with securing or transferring the child to a more appropriate environment or program. The parent is given two week's written notice of the change or a Notice of Action to comply

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with the state regulations and termination notices). During this period program staff is to assist the parent in reviewing alternative referral services and advocating for entry into a new program.

The following actions shall be taken:

Teachers will be responsible for:

- Informing the Site Supervisor about the incident

Site Supervisor will be responsible for:

- Alerting the Assistant Comprehensive Services Manager, Comprehensive Services Manager & Assistant Director
- Reviewing and signing the Discipline Policy- Step Letter to Parents form (CSB521—~~Discipline Policy and Step Letter~~)

Comprehensive Services Manager will be responsible for:

- ~~Conducting a case management with Site Supervisor and Assistant Director to consult and discuss child's alternative placement.~~
- Providing resources and additional support to the family as needed to help with the transition.
- ~~Informing the parent about the child's alternate placement or and referrals and support their transition.~~
-

I. Case Management

1. Description

Case management is a collaborative process involving parents, staff, social workers, specialized providers and specialists for the purpose of developing, implementing, coordinating, monitoring and evaluating plans and the various options and services available and/or required to meet children and family's needs. Shared decision making, open communication and promotion of the family and child's strengths are key elements to the process and essential to quality outcomes.

2. Purpose

Case management at CSB is strengths-based and enhances access to care and improves the continuity and efficiency of services. Depending on the specific setting and location, Comprehensive Services Managers are responsible for a variety of tasks, ranging from linking clients to services to providing the services themselves. Other core functions include outreach to engage clients in services, assess individual's needs, and arrange requisite support services (such as housing, benefit programs, job training, and advocating for parents rights and entitlements).

Case management is not a time-limited service, but is intended to be ongoing, providing families whatever they need, whenever they need it, for as long as necessary. For children with disabilities or receiving mental health services, it is expected that at least two case managements are conducted per year.

3. Role of the Case Management Facilitator

A case management facilitator serves as a liaison between the family, service providers, teachers and Site Supervisors to identify what services and resources are needed. They meet with parents individually or as a multidisciplinary team; often at their respective sites, via telephone, or even in a casual environment, all for the purpose of enhancing communication between the present parties.

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Case management services are best offered in a climate that allows direct communication between the case management facilitator, the parent, and appropriate program staff in order to optimize the outcome for all concerned. These meetings are always facilitated in a manner that is sensitive to the parent, child and family's needs, allowing the parent maximum opportunity for expression of their concerns, and help the parent develop advocacy skills. All concerns, agreements and process of the meeting are documented in the Case Management Report (~~form~~-CSB514) and the parent is offered a copy of this report for their records.

Case management facilitators are able to identify those providers and facilities that can best serve the family's needs throughout the continuum of services, while ensuring that available resources are being used in a timely and effective manner for families. For example, parents in need of health-related support and services receive assistance in navigating the healthcare system and working with other outside agencies.

4. Case Management Team Members

It is essential to not overwhelm parents by inviting too many people to the meeting or having too many items on the agenda. Many issues being discussed at these meetings are complicated and can be emotionally difficult for parents. It is also important to encourage the parent to bring an advocate if they feel that will help them better understand the information being discussed, or make important decisions. An agenda and introductions should be required for every meeting so that the parent know what the goals are and who they are sharing information with and understand team members roles.

The Case Management Team may include:

- Parents
- Teachers
- Site Supervisors
- Education Manager
- Disabilities Manager
- Mental Health Supervisor/Clinician
- Health Manager
- Nutritionist
- Comprehensive Services Assistant Manager
- Other community professionals such as a Pediatric Nurse, Psychologist, Speech Therapist, Resource Specialist, CFS Child Welfare/Social Worker, Public Health Nurse, Special Education Teacher, and/or Mental Health professional

5. Case Management Team Responsibilities:

- To respect the civil rights of the parents, children and families involved.
- To provide a confidential and safe place for the child/family information to be discussed.
- To ensure that the child/family's private information is protected and managed in accordance with all state and federal laws.
- To review and discuss assessment, evaluation results, placement and outcomes for children.
- Review and discuss appropriate placement or action to be taken.
- Establish time lines and types of service delivery.
- Develop and implement Family Partnership Agreements with parents.
- Meet on an ongoing basis to review and discuss progress of child.

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- Review and evaluate ~~Behavioral Management Plan~~ Individualized Positive Guidance Plan.
- Ensure that a family-focused approach is taken to ensure service delivery
- Develop and implementing transition plans for children.
- Ensure that strengths of children and families are encouraged and considered in identifying expected outcomes for children.
- Ensure that family priorities, concerns, and resources are recognized and are part of the Family Partnership Agreement.

6. The Case Management Team Meeting

i. Description

A Case Management Team meeting may be called at any time for a child as the need arises. This meeting is conducted to exchange information, and to develop the most appropriate action plan for a child with disabilities.

These plans may include development of a Family Partnership Agreement (FPA) with the parent(s), home visits, referrals to outside agencies or professionals, requests for additional information from outside agencies or professionals, and classroom placement decisions or modifications. The following is the case management process:

- Site Supervisors and teachers review all children's files prior to Case Management
- Summary notes from the child's file will include but not be limited to health, dental, nutrition, disabilities, mental health, family services and parent involvement. All confidential mental health or other health records are stored in accordance with HIPAA.
- After files have been reviewed, the Site Supervisor will ~~submit cases to~~ inform the Comprehensive Services unit about family concerns. The Comprehensive Services Managers will hold Case Management Meetings for all children with concerns or at high risk at any time as the need arises.

To provide continuity of care for children with disabilities, Case Managements are conducted as needed during the year.

ii. Referral for Inappropriate Behavior

If a teacher is concerned about a child's consistent display of inappropriate behavior, she/he ~~should call~~ will inform the ~~ir~~ Site Supervisor.

The Site Supervisor, ~~Head teaching staff and Education Manager~~ Teacher, classroom staff and Comprehensive Services Manager/Assistant Manager will observe the child in the classroom and complete documentations on their observations for use at a Case Management Team meeting. A Case Management Team meeting must be scheduled to plan strategies on how to effectively meet the child's needs.

The Comprehensive Services Manager/Assistant Manager will be responsible for:

- Creating an agenda that is provided to all participants and keeping the meeting on time/track and have all participants sign-in
- Facilitating Case Management Team meetings
- Coordinating and gathering relevant information before the meeting

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- Keeping on file all documentation of Case Management Team meetings and record meeting notes ~~(on CSB514).~~
- Inviting all applicable parties or individual advocates working on behalf or providing services for child/parent (with parent consent), including but not limited to legal guardian, CFS Worker, Speech/language Therapist, Occupation Therapist, and Mental Health Therapist.
- Following up on next steps.

The Site Supervisor ~~are~~ is responsible for:

- Requesting assistance from Education Managers to observe the classroom.
- Reviewing classroom observations and Individualized Positive Guidance Plan with the teaching staff prior to a Case Management Team meeting
- Discussing strategies/intervention techniques with teaching staff prior to the Case Management Team meeting
- Discussing recommendations for referral with the parent(s) of a child with disabilities
- Coordinating meeting with Comprehensive Services staff so appropriate staff may attend

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If Applicable, the Nutritionist and Health Services Manager are responsible for:

- Gathering relevant information before the meeting
- Writing nutritional plans for children and families

J. Child Abuse Reporting Policies

1. CSB Staff Responsibilities

~~All CSB staff must. It is essential that all CSB program staff~~ adhere to Mandated Reporters Law and are required to report all instances of suspected child abuse including neglect, physical, sexual and emotional abuse, suspected non-accidental injury, sexual molestation, or infliction of physical and mental suffering and/or neglect of a child. The following reflects the policy of CSB and their delegate agencies:

~~All personnel having contact with children are required by law to report all instances of suspected child abuse or neglect.~~

- A. Grantee, Sub-contractors, and Delegate Agencies will maintain confidentiality of records concerning child abuse and neglect in accordance with state law and Head Start Performance Standards.

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- B. CSB will give children who are identified by Child Protective Services (CFS) as at-risk highest priority for intervention and placement in the school program; and make every effort to retain abused and neglected children and/or admit allegedly abused and neglected children referred by Child Protective Services (if the families are income-eligible).

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- ~~CSB staff provides children who are identified by Child Protective Services (CFS) as at-risk highest priority for intervention and placement in the school program; and make every effort to retain abused and neglected children and/or admit allegedly abused and neglected children referred by Child Protective Services (if the families are income-eligible).~~

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The Comprehensive Services/Health/Disabilities/Mental Health Managers will coordinate activities regarding the issues of child abuse/neglect. Their responsibilities are to:

- Provide training and consultation for staff and parents regarding identification / reporting of child abuse. The purpose of this training will be to educate participants that the Abusing parents or caretakers need help and support - not punishment.
- ~~Providing~~ Provide support and educational services to parents as a preventive measure to reduce the likelihood of an so that additional abuse/neglect occurrenceing does not occur.
- Provide training to parents and staff yearly on the significant aspects of abuse / neglect. Comprehensive Services/Disabilities/Mental Health Managers will maintain documentation of such training.
- Establishing liaison with Child Protective Services (which has legal responsibility for receiving reports of abuse and neglect).
- Collaborateing with Human Resources to ensure that program staff is properly informed/trained on procedures for identifying/reporting suspected child abuse and neglect.
- Collaborateing with Human Resources to ensure there is a signed document in each CSB program personnel file acknowledging that the person has been trained regarding child abuse and neglect.
- Ensureing that information/training is provided for parents and staff on the legal requirements regarding reporting of abuse/neglect.
- Provideing written explanation of the legal requirements of reporting (given to every parent when he/she enrolls in the program).
- Obtaining a signed acknowledgment from the parent that he/she has received and understands the information, ~~and understands it~~ (HS 610) (CSB 103)
- Reviewing annually child abuse reporting laws and updateing all employees on new requirements.
- Maintaining tracking sheet for all reports.
- Ensureing that parents are provided ongoing educational opportunities to learn about positive parenting and child abuse prevention techniques.

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2. Child Abuse Reporting Laws - Penal Code Sections

~~Section 11166 (a)~~Section 11166 (a) - requires that any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of, or observes a child in his/her professional capacity or within the scope of his or her employment whom he/she reasonably suspects has been the victim of child abuse, shall report such suspected instance of child abuse to a child protective agency immediately by telephone (or as soon as practically possible), and shall prepare/send a written report thereof within 36 hours of receiving information concerning the incident—requires that any:

Child care custodian

Medical practitioner

Non-medical practitioner

Employee of a child protective agency

Anyone listed above having knowledge of, or observing a child in his/her professional capacity or within the scope of his or her employment whom he/she reasonably suspects has been the victim of child abuse, must report such suspected instance of child abuse to a child protective agency immediately by

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~~telephone (or as soon as practically possible), and must prepare/send a written report thereof within 36 hours of receiving information concerning the incident.~~

Section E of 11166 states, "The reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided they are not inconsistent with the provision of this article."

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Section 11172 (b) states, "Any person who fails to report as required by this article an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement in the County jail for a term not to exceed 6 months or by a fine of not more than ~~five hundred one thousand~~ dollars (\$~~5001,000~~) or both."

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11166.01(b) Amanded reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment.

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3. Child Abuse Reporting Procedure

All staff and volunteers in all divisions MUST report child abuse or neglect IF:

- They have knowledge of it, or
- They have observed it, or
- They have reasonable suspicion of its occurrence or
- They receive second-hand information of the suspected abuse

The report must be made as soon as the suspected abuse is noticed. Report of child abuse takes priority over other matters. In Contra Costa County, it is the responsibility of the local Welfare Department and the police to assess whether or not abuse has occurred.

If you are unsure if a report should be made, discuss the situation with your immediate supervisor or your second level supervisor and/or consult ~~the~~ with CFS directly (see contact information below). You may also call the Mental Health Unit for additional support ~~at the following number: 925-335-8911 890-7540~~ or 925-335-8940.

When any member of the CSB staff suspects abuse or neglect of a child, they should ~~first~~ check the child's file to gather pertinent information; this information is for the purposes of reporting. Particular attention should be made to Health History, physical exam, and Family Partnership Agreement (to become familiar with any details that may provide further explanation for the incident prompting suspicion of abuse or neglect).

~~The following steps must be taken when a member of CSB staff suspects child abuse or receives the information second hand~~

- CSB staff is encouraged to consult with their immediate supervisor for guidance and support prior to reporting. However, reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person reporting shall be subject to any sanction for making such report.
- Immediately inform and discuss with direct Supervisor

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- Supervisors immediately inform Assistant Directors upon receiving reports of suspected child abuse. Assistant Directors report the information to Division Manager

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- ~~Call Report to Child Protective Services~~ In accordance with mandated reporting responsibilities and laws; ~~(Law requires the person suspecting child abuse/neglect to report it to Child Protective Services by phone immediately)~~
 - ~~To Report suspect child abuse~~ To report suspected child abuse, call Children & Family (Protective) Services, at ~~(24 hour Hot Line)~~ **1-877-881-1116** (24 hour Hot Line).
 - After an oral report is made, a written "Suspected Child Abuse Report" (CSB510) must be submitted ~~by~~ mail or fax within 36 hours to:

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Children and Family Services

400 Ellinwood

Pleasant Hill, CA 94523

Fax: 925-602-6980/6981

- The Person Making the report must sign the written report and provide a copy of the report to their site supervisor for filing

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- ~~Teachers to report to their~~ Immediately inform and discuss with direct Site Supervisor immediately the information that was reported to them
- ~~Site Supervisors and Managers report the information to Assistant Director~~
- ~~Assistant Directors report the information to Division Manager~~
- After an oral report is made, a written "Suspected Child Abuse Report" (see EHSD Intranet -> FormSTAR -> SS 8572) must be completed and sent within 36 hours to (mail or fax):

~~Central Screening Office~~

Child Protective Services

400 Ellinwood

Pleasant Hill, CA 94523

Fax: 925-602-6980/6981

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- ~~The Person Making the report must sign the written report and provide the report to their site supervisor.~~

Site Supervisor is responsible for:

- Maintaining and storing ~~of any/all~~ CFS reports in a locked confidential file, which is separate from the child's cumulative/educational file.
- ~~Sending a "Notification of Report" email to the appropriate Comprehensive Services Manager and Assistant Manager (of the corresponding Cluster) and Mental Health Clinical Supervisor, (Email should include only the CLOUDS child ID#)~~
- Completing an Unusual Incident Report to Community Care Licensing with CPS report attached as required by licensing. Report to licensing must be completed within 24 hours of the initial CSPCFS call.
 - Only authorized CSB staff will have access to review "confidential" files.
 - Comprehensive Services/Disabilities/Mental Health staff are to discuss the report with the family, when appropriate with acknowledgment and approval of CPS.

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- ~~Staff may choose to remain anonymous in filing the report.~~
- ~~This request must be honored, unless the case goes to court or there is further police investigation.~~
- ~~Content area managers meet regularly to discuss mutual areas of concern~~
- ~~The Mental Health Clinical Supervisor provides all requested and/or necessary follow-up and/or consultation to support parents and program staff with reporting or incidents involving reports or the removal of a child from the school program or by Child and Family Services.~~
- ~~The Mental Health Supervisor or assigned Mental Health staff actively collaborates with Children and Family Services to coordinate delivery of any/all necessary services to children, biological/foster parents to support family preservation, reunification and child/family mental health.~~

~~For CSB Mental Health staff, above reporting procedures applicable with the exception of the following are responsible for:~~

- ~~Informing and consulting with their clinical supervisor, rather than site supervisor.~~
- ~~Providing a copy of the CFS report to the Mental Health Clerk and file filing a report in the child's mental health file, not at site or child's cumulative file.~~
- ~~The Mental Health Clinical Supervisor provides all requested and/or necessary follow-up and/or consultation to support parents and program staff with reporting or incidents involving reports or the removal of a child from the school program or by Child and Family Services. Actively collaborating with Children and Family Services to coordinate delivery of necessary services to children and families to support family preservation, reunification and child/family mental health.~~

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II. Services for Children with Disabilities

A. Purpose

The Contra Costa County Community Services Bureau complies with the IDEA (Individuals and Disability Act IDEA) and is consistent with both Federal and Center regulations governing the rights of the disabled. Children enrolled in Head Start programs with disabilities receive all the services to which they are entitled to under the Based on Head Start Program Performance Standards at (45 CFR part 1304), children with disabilities who are enrolled in Head Start programs receive all the services to which they are entitled.

~~The Contra Costa County Community Services Bureau recruitment-enrollment efforts include recruiting children with disabilities, who have severe disabilities and must not deny placement Enrollment may not be denied on the basis of a disability or its severity to any child when as long as:~~

- ~~(1) The parents wish wants to enroll the child,~~
- ~~(2) The child meets the Head Start age and income eligibility criteria,~~
- ~~(3) Head Start is an appropriate placement according to the child's IEP/IFSP, and~~
- ~~(4) The program has space vacancy to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.~~

~~The When a Head Start program has been determined an appropriate placement for a child with a disability and documented on the child's IEP/IFSP Contra Costa Community Services Bureau will access~~

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resources, recommend and plan for placement options, such as dual placement, use of resource staff and provide staff training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP/IFSP is not denied enrollment because of: as needed.

Children with disabilities may not be denied enrollment due to the following:

- (1) Staff attitudes and / or apprehensions; and/or unfamiliarity with the child's individual disability or special equipment required to accommodate the disability
- (2) Inaccessibility of facilities;
- (3) The nNeed to access additional resources to serve a specific child;
- (4) Unfamiliarity with a disabling condition or special equipment or devices needed to support the child, such as a prosthesis;
- (5) The nNeed for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

The same policies governing Head Start program eligibility for children with or without disabilities are the same, apply to children with disabilities.

The Contra Costa Community Services bureau has instituted a variety of enrollment placement options for enrollment, including:

- Joint/shared placement with other agencies
- Shared provision of services
- Shared Collaboration with the school district personnel to supervise special education services
- Shared enrollment slots
- Accepting kindergarten-aged eligible children in collaboration with school districts when IEP states the need
- Increased staff, such as classroom support aides and volunteers

There are two kinds of cChildren with disabilities identified for services are as follows:

- Children who have been diagnosed by a certified and/or licensed professional as "having a developmental delay or a disabling condition and have and IEP or IFSP."
- Children who may require special attention due to the specific high risk factors that who do not have a diagnositic ability. These children may not have and IEP or IFSP.
- Children who have been diagnosed by a certified and/or licensed professional as "possessing a disabling condition and have and IEP or IFSP."

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B. Definitions

(a) ACYF - Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, and includes appropriate Regional Office staff.

(b) **Children with disabilities** - Children with intellectual disabilities-delays (mental retardation), hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities; and who, by reason thereof, need special education and related services. The term children with disabilities for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional

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development, or adaptive development; and who, by reason thereof, need special education and related services.

(c) **Commissioner** - Commissioner of the Administration on Children, Youth and Families.

(d) **Day** - Calendar day.

(e) **Delegate agency** - A public or private non-profit agency that a grantee has delegated the responsibility for operating all or part of its Head Start program.

(f) **Disabilities coordinator** - Person on the Head Start staff designated to manage on a full or part-time basis the services for children with disabilities described in part 1308.

(g) **Eligibility criteria** - Criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.

(h) **Grantee** - A public or private non-profit agency that has been granted financial assistance by ACYF to administer a Head Start program.

(i) **Individualized Education Program (IEP)** - A written statement for a child with disabilities, developed by the public agency responsible for providing free appropriate public education to a child, and contains the special education and related services to be provided to an individual child.

(j) **Least Restrictive Environment** - An environment in which services to children with disabilities are provided:

(1) to the maximum extent appropriate, with children who are not disabled and in which;

(2) special classes or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

(k) **Performance Standards** - Head Start program functions, activities and facilities required and necessary to meet the objectives and goals of the Head Start program as they relate directly to children and their families.

(l) **Related services** - Transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services, and parent counseling and training. It includes other developmental, corrective or supportive services if they are required to assist a child with a disability to benefit from special education, including assistive technology services and devices.

• ~~(1) Assistive technology Device~~ - Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

• ~~(2) Assistive technology service~~ - Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The term includes: The evaluation of the needs of an individual with a disability; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and training or

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technical assistance to professionals who employ or provide services involved in the major life functions of individuals with disabilities.

- (m) **Responsible HHS (Human Health Services) official** - The official who is authorized to make the grant of assistance in question or his or her designee.
- (n) **Special education** - Specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a child with a disability. These services include classroom or home-based instruction, instruction in hospitals and institutions, and specially designed physical education if necessary.

C. List of Disabling Conditions

The classification of a child as “having a disabling condition” requires diagnosis by a qualified professional. Children with disabling conditions require special education and related services, due to one or more conditions including, but not limited to:

- Autism
- Emotional /Behavior Disorder
- Developmental Delay
- Health Impairment
- Hearing Impairment and Deafness
- Intellectual Disability as of Oct. 2010 instead of Mental Retardation
- Learning Disabilities
- Orthopedic Impairment
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment and Blindness
- Other impairments

No child will be identified as having a disability because of speaking a language other than English, economic circumstances, ethnic or cultural factors, or normal developmental delays.

D. Responsibilities of CSB Full Inclusion Teacher

- Work collaboratively with the Site Supervisor, Comprehensive Services team and school district full inclusion staff.
- Share joint responsibility for all students in the class with regard to the implementation of indoor and outdoor activities ~~The CSB inclusion teacher and with~~ the School District full inclusion teacher (Special Education Teacher) ~~share joint responsibility for all students in the class with indoor and outdoor activities.~~
- Obtain appropriate documentation (copy of IEP or IFSP) that identifies the child as having a disability and be aware of other services provided to the child.
- Complete ~~classroom~~ child observations in the classroom.
- Ensure each child’s safety and assist identified children with self-help skills while they are receiving services.
- Assist school district full inclusion staff with bathroom procedures including diapering and toileting.
- Participate in case management and IEP/IFS meetings regarding children in the class.

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E. Responsibilities of School District Special Day Classroom (SDC), Response to Intervention (RTI) and Full Inclusion Teachers

~~CSB does not directly supervise the~~ School District ~~and CSB Staff but~~ works in collaboration to ensure the children and families ~~benefit from their receive needed~~ services while ensuring the education and safety of the children under their supervision.

Full Inclusion Staff

- Follow all Community Services Bureau policies and procedures.
- School District Inclusion Teacher (Special Education Teacher) and CSB inclusion teacher share joint responsibility for all students' supervision during small and large, indoor and outdoor activities. ~~This includes a~~ Assisting full inclusion children in bathroom procedures (including diapering and toileting).
- ~~Provide Responsible for providing the~~ special education services to ~~for~~ identified children, ~~by ensuring the children's IEP goals are addressed,~~ maintaining accurate records of evaluations documenting progress, and meeting with families, parents and overall ensuring the children meet their IEP goals.
- Follow CSB transition protocols
- Participate in team planning for classroom inclusion strategies, case management team meetings, meeting schedules regarding full inclusion children and IEP meetings.
- Participate in program collaboration meetings.

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Special Day Class Staff

- Ensure the safety of the children under their direct supervision (SDC).
- Collaborate directly with the Comprehensive Services Team to ensure the family and children comply with CSB mandates.
- While in the playground, SDC teaching staff and CSB Teacher share joint responsibility for ~~all students'~~ supervision of all students during small and large outdoor activities.
- ~~SDC teachers are responsible for providing the~~ special education ~~for to~~ identified children, ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations, documenting progress, and, meeting with families, parents and overall ensuring the children meet their IEP goals.
- Follow CSB transition protocols
- Participate in case management meetings, SDC program collaboration meetings and children IEP meetings.
- Participate in program collaboration meetings.

Response to Intervention (RTI) Teaching Staff

- Ensure children's safety while providing direct supervision under RTI. (Tier II and III)
- Follow CSB transition protocols
- Collaborate directly with the Comprehensive Services Team to ensure the family and children comply with CSB mandates.
- Track children's progress under their program level
- Participate in case management meetings, RTI program collaboration meetings and children IEP meetings for individual children.

CSB Site Supervisor Responsibilities

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- Maintain communication with school District staff (teachers and/or therapists) under the various programs in an effort to coordinate delivery of services at the site level such as: ~~o~~Ordering classrooms supplies, ordering meals/snacks, building maintenance/repairs, communicating site events, etc.
- ~~Monitor the safety transition of children entering and exiting going in and out of the classrooms, playgrounds, and buses. and in and out of sites such as playground transitions, playground rations, bus arrival/departing, etc.~~
- Ensure adult and child ratios are met at all times.
- Ensure the teachers participation when applicable or represents teachers in IEP and/or case managements ~~as needed~~ based on family/child needs.
- ~~Maintain communication with Disability Manager and Assistant Director relating to the program about the program progress in an effort to strengthen up the enhance~~ collaboration.
- Participate in program collaboration meetings.
- Participate in program collaboration meetings.

F. Responsibilities of the Comprehensive Services Team

1. Comprehensive Services Clerks

- Complete CSB temp files ~~package~~ at intake.
- Flag ~~the file the files~~ using the red/yellow flag system to alert the staff and assistant manager ~~about as to~~ the child's health, nutrition, ~~socio~~social-emotional ~~and~~ developmental needs; to also include parental concerns and /or family needs.
- Communicate to comprehensive services assistant manager if child's physical exam/baby well check ~~and/or~~ sensory/developmental screening results indicate concerns.
- Keep accurate records of child ~~ren~~ health, / nutrition and families services information.

2. Comprehensive Services Assistant Managers

- ~~Review and follow up children intake packages flagged with the red/yellow flag system.~~
- Review all records relating ~~ing~~ to the child's health history, medical records and screening results to ensure children with suspected or identified concerns receive further evaluations and services.
- Carefully review and follow up on intake files flagged with the red/yellow system
- Lead and coordinate case managements as needed to provide early interventions to children with identified concerns based on health, nutrition, ~~socio~~social-emotional and developmental screenings.
- Lead and coordinate pre-enrollment case managements for new children entering our program with identified health, nutritional, ~~socio~~social-emotional and developmental needs.
- Maintain close communication with parents and staff to ensure the delivery of services ~~and~~ resources ~~and/or~~ referrals are in place; ~~according to based on~~ the individual needs of the child and the family.
- With parental consent participate in IEP/IFSP meetings and any other meetings related to the services the child/family are receiving.
- Maintain accurate and up-to-date documentation regarding current IEP/IFSP and other services provided to the child and family in the children's file and in CLOUDS.
- Coordinate, schedule and participate with the site supervisor in transition planning for children moving from Early Head Start to Head Start and from Head Start to ~~preschool~~kindergarten; especially for those children with IEP and IFSP.

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- ~~When no other alternative is available, C~~oordinate and schedule transportation ~~with the comprehensive services team to facilitate transport~~ the child/family participation to receive in further evaluations/assessments or to the IEP/IFSP meeting. Assist families, as needed in finding public transportation so they are able to participate in meetings.
- Consult and maintain open communication with the disability services manager and ~~any~~ other content area managers as needed.

3. Responsibilities of the Comprehensive Services Disabilities Manager

- Coordinate and Monitor the delivery of services provided by Community Services Bureau in collaboration with outside agencies to children with suspected and diagnosed disabilities and their families.
- Review, update and implement the Community Services Bureau Disability Services Plan.
- Review, update and train Community Services Bureau staff on following disability protocols to ensure that policies and procedures are implemented consistently.
- Create, review, and update interagency agreements with community agencies serving children with disabilities in an effort to:
 - Participate in the public agency's Child Find plan under Part B of IDEA,
 - Participate in or lead joint trainings ~~of for~~ staff and parents,
 - Create procedures for mutual referrals and placements,
 - Plan for transitions to provide support ~~to for~~ children and families,
 - Share resources sharing, and
 - ~~Any other items agreed by both agencies.~~
- Coordinate delivery of services and provision to children with a suspected or diagnosed disability.
 - Coordinate with other content area managers the timely completion of health/cognitive screenings.
 - Monitor site data reports to ensure that children received early intervention as a result of their screening and assessments results.
 - Participate in case management meetings and IEP/IFSP meetings as needed.
 - Assist teaching staff with trainings based on a specific disability or as requested.
 - Monitor the implementation of services provided to children with disabilities based on their IEP or IFSP goals and objectives.
 - Monitor the disability referrals tracking system to ensure child referrals are followed up accordingly.
 - Coordinate and monitor classrooms adaptations, accommodations and modification based on the individual needs of the child.
 - Assist identified parents with resources and advocacy information to prepare for meetings s with the Regional Center or School District to develop an Individual Family Services Plan (IFSP) or an Individual Education Program (IEP).
 - Regularly visit classrooms to ensure that children with suspected and identified disabilities receive the individualization and accommodation they need based on their IEP and their individual needs. Monitor the delivery of services from both Community Services Bureau and the collaborative agencies.
 - Monitor delivery of services to children with disabilities and their families when transitioning from home to center based program, from infant/toddler program (EHS) to Preschool Program (HS) and from Preschool Program (HS) to Kindergarten. Participate in transition plans and meetings as needed.

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- Provide disability content area assistance, and support to upper management, teaching staff including home based and comprehensive services team.
- Monitor disability reports for accuracy and timely completion of delivery of services to comply with PIR (Program Information Report) requirements.
- Review Program Self-Assessment reports and create follow up action plans when needed.
- Manage allocated funds to purchase or lease of special equipment and materials for use in the program and home to assist the child to move, communicate, improve functioning or address objectives ~~which are~~ listed in the child's IEP/IFSP.
- ~~Track and provide a detailed~~ report to the Assistant Directors of the number of children enrolled in HS and EHS with disabilities ~~in HS/EHS services area~~, including the types of disabilities. ~~to Assistant Directors.~~

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G. Documentation of Disabilities Services

CSB must maintain a records ~~from of~~ all services provided to children with disabilities and their families. Children's records are confidential and are maintained in locked files and password-protected in the CLOUDS data system. Data from these records are used to prepare the annual Program Information Report (PIR).
~~Children's records are confidential and are maintained in locked files and password-protected in the CLOUDS data system. Data from these records are used to prepare the annual Program Information Report (PIR).~~

H. Postural Supports / Protective Devices

Children needing protective, postural or medical devices due to a disability ~~condition~~ must have a written request from a physician or an IEP/IFSP Team indicating such need.

The Comprehensive Services Disabilities Manager works with educational and health staff to ensure that children with disabilities use approved medical devices including, postural or supportive restraints that are in accordance with state requirements and have CSB approval.

~~Children needing protective, postural or medical devices due to a disability condition must have a written request from a physician or an IEP/IFSP Team indicating such need.~~

The use of any medical appliances, devices or supportive restraints must be secure and able to be released in a way that is in compliance with fire clearance and earthquake safety.

CSB Teachers and Site Supervisors directly working with the children ~~and Site Supervisor~~ should be trained in the use and care of such devices prior to the child starting the program. The training should be documented in the case management notes with attached signatures of the trainer and trainees.

I. Disabilities Resources

The Comprehensive Services Disabilities Manager works with the Special Education Local Plan Area (SELPA) and other collaborative agencies to utilize all available resources to ensure ~~the best~~ involvement of the child and family in the program. The Comprehensive Services Disabilities Manager is responsible for developing a coordinated plan with all agencies working with the child and family.

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J. Service Plan

Community Services Bureau develops annually a disabilities service plan based on the community assessment results, providing strategies for meeting the community needs and the special needs of children with disabilities and their parents. The purpose of this plan is to assure:

- ~~That All~~ components of the Community Services Bureau program are appropriately involved in the integration of children with disabilities and their parents.
- ~~These R~~esources are used efficiently.

The Community Services Bureau Disability Manager coordinates with other service managers the provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and ensures provisions for any modifications necessary to meet the special needs of the children with disabilities.

K. Disabilities Budget Coordination

The Comprehensive Services Disabilities Manager is the designated liaison for special education services. Disabilities services outlined in the budget follow the regular budget procedure of parent and staff input with final approval.

L. Special Education Budget Allocation

The CSB program works within its budget to assist in providing needed services to children with disabilities. The program accesses all available sources to insure that all needs identified in the IEP or IFSP are met. This includes the local and state LEAs, SSI funding, other agency support, and local educational institutions. Every effort is made to utilize community resources to meet the needs of each child with disabilities enrolled in the program.

M. Disabilities Screenings

All preschool children are screened by the teaching staff in the areas of social and emotional development, speech and language, motor and cognitive development. All infants and toddlers are screened for cognitive development, social-emotional development and follow the vision and hearing assessments based on the EPSDT schedule. The Comprehensive Services Team screens preschool children in hearing, vision, and nutrition, within 45 days of initial enrollment in Head Start and follows CHDP schedule thereafter. Parents are informed about all screenings, their purpose, and give consent in advance before staff can complete the screenings. Comprehensive services staff completes the screening results form ~~to and~~ communicates results to parents. The screening results ~~from the screenings~~ are used for beginning the individualization process for each child.

The Site Supervisors are responsible for working with the Teachers and Comprehensive Services Team to ensure that the speech and language screening tool, the ~~social-emotional-social/emotional~~, sensory and developmental screenings are completed within 45 days of child's entry. Teachers will give each child time to adjust to the new environment before completing the screenings. Lead teachers ~~must~~ review and initial all education screenings to ensure they are accurately completed and meet required timelines.

Designated site staff enters the screening data in CLOUDS. The Teacher places original documents ~~of for~~ the Speech and Language Checklist, Brigance Cognitive Screening and Ages and Stages Social Emotional ASQSE Devereux Early Childhood Assessment (DECA) behavioral screening in the Education section of the family file. ~~If concerns are noted, the appropriate service area staff will follow up to ensure services~~

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~~meet the needs of the child. Teachers will give each child time to adjust to the new environment before completing the screenings.~~ Children ~~whose with~~ screenings ~~that~~ show concerns ~~will may~~ be rescreened within thirty days to ensure the validity of the original screening.

If concerns arise after re-screening, ~~the Teacher~~ (for cognitive, ~~social-emotional~~ ~~Socio-emotional~~ ~~and/or speech/language SP/L~~ screenings results) ~~the teacher will communicate with the Site Supervisor and Comprehensive Services Assistant Manager to discuss options for referring the child for further evaluation/s. If concerns arise after sensory re-screenings or the Comprehensive Services staff will follow the same process. (for sensory screenings results) will communicate with the Site Supervisor and Comprehensive Services Assistant Manager to follow up with strategies to refer the child for further evaluations.~~

N. Evaluations

~~All children identified as needing further evaluation~~ Children recommended for further evaluation as a result of screening results, parent request, or observations and recommendations by a professional are referred with parent consent to the appropriate agency or professional for further evaluation and assessment. ~~The referral follows the established referral procedure:~~

- ~~• Through a case management, the guardian's permission is obtained.~~
- ~~• The teacher, Home Educator or Comprehensive Services Assistant Manager follows through on accessing the appropriate services.~~
- ~~• When no other alternative is available, the Comprehensive Services Team provides transportation for the family and child to obtain evaluations.~~
- ~~• The Comprehensive Services Assistant Manager monitors the referrals and supports parents and staff as needed.~~
- ~~• The Comprehensive Services Manager is available to provide knowledge and expertise to handle challenging cases.~~

O. Accessibility of Facilities

All Community Services Bureau facilities are ADA (American Disabilities Act) compliant.~~provide for handicapped accessibility; in addition~~ Additionally, CSB in conjunction with other agencies provides special furniture, equipment and materials ~~are provided in conjunction with other agencies working with the child based on their individual needs and their IEP or IFSP; in order to meet the individual needs of children with disabilities.~~

P. ~~Disabilities~~ Transitioning Children with Disabilities Services IFSP Transition

- All infant toddler transition plans start when the child turns 30 months old. The Parent, Site Supervisor, Teacher and Comprehensive Service Assistant Manager meet together to plan the transition and complete write the transition using the Infant Toddler Transition Plan Form (CSB 161). ~~This meeting is to plan what needs to be in place for when the child ages out the EHS program. A plan is completed for all children transitioning out of EHS including children with a current Children with current IFSP; are included in this plan.~~
- ~~In addition W~~ when a child with IFSP turns 30 months and no later than 90 days prior to their 3rd birthday the family and child will transition from the Early Intervention Program (Part C Services of IDEA) to the School District (Part B of IDEA) as part of the IFSP transition. This meeting

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includes but is not limited to the Parent and any family member for support, the Early Intervention Provider, the School District Coordinator, the Special Education teacher, the Comprehensive Services Assistant Manager or Comprehensive Services Disabilities Manager, and the CSB Teacher or Home Educator. The team will create a transition plan; evaluate the child's strengths and areas of concerns, schedule further evaluation by the School District and ~~schedule~~ a diagnosis meeting. ~~At the end of~~ Following the evaluations the child may or may not qualify for an IEP services under the School District and exit the Early Intervention Program (IFSP) the day before the child turns 3 yrs. old.

IEP Transition into a HS program

- Another opportunity for transition ~~starts begins~~ when the child qualifies for an IEP and CSB placement is available at ~~the a CSB site~~. ~~For that When this occurs~~ a case management conference is held to evaluate and plan how to best serve the child at the site ~~and to include~~ how to support his/her learning based on ~~his/her the child's~~ IEP goals. Evaluation of the classroom and outdoor environment will take place to identify accommodations needed including adaptive furniture or materials, modification of classroom schedules and routines to meet the individual needs of the child. This Transition Plan may include a gradual transition that involves both programs over a period of time. Any needed staff training will be provided as part of the plan.

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IEP Transition out of HS program

- For children transitioning out of the program into another program, the Teacher, Home Educator or Comprehensive Services Assistant Manager coordinates with parent and School District as to how to support the child's transition. The meeting is to explore possible placements for the child. Included in the meeting are the child's ~~Guardian parent~~, School District Coordinator, Teacher or Home Educator, and other professionals providing services for the child and family. When the ~~best possible most appropriate~~ placement ~~for the child is has been~~ decided ~~for the child~~, the ~~Teacher~~ and the family will initiate a meeting with the ~~child's~~ new Teacher. At that time, a plan for a gradual transition including visits to the new program and sharing information about the child and their individual plan takes place.

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Q. Transition Policy for Early Head Start Children Receiving Mental Health or Special Education Services

- ~~As CSB's Mental Health services have expanded to include services for the~~ EHS children receiving mental health services, CSB must consider ~~these~~ children's ~~with~~ disabilities in transitioning from the EHS program to the HS program. If an EHS child who is receiving mental health or special education services turns 3, the child must not automatically be terminated from the program. Transition planning must consider the child's individual developmental and emotional needs as well as age. ~~The Head Start performance standards, Sections 1304.41(c) (1) and 1304.41(c) (2), require programs to establish transition procedures which take into account the child's health status and developmental level and current and changing family circumstances among others, and allow for a child to remain in Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program. (Based on licensing regulation this might not apply to all EHS programs).~~

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~~In order to meet these Head Start and Early Head Start requirements and to address each child's individual situation, the following policy regarding transitions will be in effect and only if the EHS~~

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~~blended program can accommodate such transition. To accommodate the child's individual needs the following steps will be followed:~~

- If a child is receiving mental health services from Community Services Bureau's Mental Health unit, a transition-planning meeting will take place approximately 3 months before the child's 3rd birthday to ~~address this~~address the child's individual circumstances. The family, teachers, ~~s~~Site ~~Supervisor,~~ comprehensive services assistant manager and ~~m~~Mental hHealth clinician will participate in this a case management meeting. ~~This meeting is~~ coordinated by the MH clinician.
- If it is determined that the child is developmentally and/or emotionally not ready to move into the HS program, the child can remain in the EHS program until such time when it is determined that the child is ready to transition to the HS classroom.
- If there is a time gap between the child's 3rd birthday and the beginning of the HS program, ~~in order so as to~~ ensure continuity in educational and mental health services ~~to this child,~~ the child may remain in the EHS program until he/she can transition into the a HS classroom. ~~Follow-up meeting with all caregivers can be held as appropriate.~~

R. Special Education and Related Services

All infants/toddlers and preschool age children entering Community Services Bureau must have a well-child exam within 30 days of enrollment. Those preschool children who did not receive a hearing and vision screening as part of their well child exam will be screened by in-house certified trainers within 45 days of enrollment.

~~Any C~~children identified ~~as having a with~~ concerns are referred back to their physician for further evaluation or referred to a community agency for assessment. Children who qualify after assessment receive services from the Special Education Local Plan Area (SELPA) or the Regional Center under an IEP or IFSP plan in accordance with our interagency agreement.

A ~~m~~Mental hHealth ~~c~~Consultant is available to discuss behavioral/mental health concerns that the family, teacher or home visitor may have about a child. The consultant will share non-confidential ~~results information~~ with the teacher/~~h~~Home eEducator and families, and work with them to develop a plan for the child.

When no other alternative is available, the ~~c~~Comprehensive sServices ~~t~~Team provides transportation for the guardians and child to obtain evaluations. When services are not provided on site, parents are assisted in finding public transportation to clinics or service providers.

Community Services Bureau works collaboratively with all other agencies involved with the child and the family to meet the objectives in the IEP or IFSP.

Community Services Bureau, subject to budgetary allowances, will purchase any assistive devices identified in the IEP or IFSP that cannot be funded through outside agencies.

Comprehensive Services staff ~~undertakes forms~~ collaborative partnerships with individual families to develop a Family Partnership Agreement (FPA) twice a year. ~~The~~ Comprehensive Services staff provides families with community resources such as, parent support groups, parent trainings, advocacy and child development among others to assist families to ~~reaching~~ their FPA goals.

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S. Special Education Services with Other Agencies

CSB refers children to the Local Education Agency (LEA) for further evaluation/s when there is strong documentation that early intervention is necessary now and we cannot prolong waiting for screening results. Such documentation may be based on parents, teachers and other professional's observations and recommendations.

Following the preschool age child assessment administered by the Local Education Agency (LEA), LEA an IEP meeting is held which-that includes the child's family, the teacher or hHome eEducator and/or cComprehensive sServices aAssistant mManager, and the LEA representative. At thisat time, the appropriate placement is determined and a service plan is developed for the child. For children who do not qualify for placement with the LEA, Community Services Bureau addresses the child's individual needs within the classroom or during a home based visit and-to provides necessary required support and services.

For a child with disabilities transitioning in or out of the program, Aan IEP meeting is held to develop a plan and establish goals for children with disabilities transitioning in or out of the program. to work together toward common goals. The meeting includes the Family, the Teacher/Home Educator, and the other service providers. CSB and the LEA share resources as appropriate at this time. This resource sharing includes use of the classroom for any individual, family or group work that is necessary for the child's success. The LEA staff member also shares ideas and materials with the CSB teaching staff when possible-as applicable to foster attainment of IEP goals. CSB refers children to the LEA as soon as concern is suspected and does not wait until all screenings are completed. CSB refers children to the LEA for further evaluations when there is a strong documentation that early intervention is necessary and can't wait for screening results. Such documentation can be based on parents, teachers and other professional's observations and recommendations.

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Children enrolled with a diagnosed disability and have a current IEP or IFSP, receive individualized education based on their unique needs. For Ccenter Bbased Ccare, if a child's IEP or IFSP indicates a part-time schedule, he/she may share an that enrollment slot with another child. Children who have joint-with shared placement in Community Services Bureau and other-outside agencies receive careful monitoring to ensure that the program developed for them in each placement is meeting the needs of the children, working in concert with the other to provide an overall program that meets all the needs of the child. Frequent communication among the service providers is necessary to ensure this. The family also plays a key role in assessing the success of the shared placement.

T. Volunteers

CSB welcomes community volunteers and student interns from colleges.

Whether paid or volunteer, all staff working with children with disabilities, are provided training that includes specific identified topics relating to the unique needs of each child. Also, Ggeneral training topics also include working with children in group situations and respecting child/family confidentiality. (Health Insurance Portability and Accountability Act - HIPPA regulations).

U. Special Education Staff

Community Services Bureau ensures that the Disabilities Services Plan addresses program efforts to meet state standards for personnel when serving children with disabilities. Special education and related services are provided by or under the supervision of personnel meeting state qualifications.

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All staff working with children with disabilities meets required state special education standards for personnel serving children with disabilities. Training and supervision that meet special education standards are developed in collaboration with Local Education Agencies.

V. Interagency Agreements

CSB maintains an interagency agreement with the Contra Costa County Special Education Local Plan Area (SELPA) and the Regional Center of the East Bay (RCEB) to establish shared guidelines for providing services to identify children with disabilities within the CSB program.

CSB participates in the Local Education Area (LEA) Child Find plan (Child Find is a component of the IDEA) by providing information on application and enrollment guidelines to the LEA and working with supporting them ~~to with the~~ enrollment of eligible children.

W. Recruitment and Enrollment

All ~~staff personnel responsible for involved with~~ the recruitment and enrollment of children are is knowledgeable of all laws (Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance and of the American with Disabilities Acts) and Head Start mandates regarding children with disabilities.

Interagency agreements between Community Services Bureau, Local Education Agencies and Regional Centers are developed, maintained and updated annually to aid in the recruitment, enrollment and mainstreaming of children with disabilities. Referral sources are maintained, utilized and updated to provide needed services for children with disabilities. Special efforts are made to recruit children with severe disabilities.

All staff involved with the recruitment and enrollment of children with disabilities receives training on children's records as they apply to each child file.

Obstacles (including staff apprehensions, inaccessibility of facilities, provision of additional resources necessary for child's specific needs, unfamiliarity with a disabling condition or special equipment, and the need for personalized special services) are addressed through needed program adaptations and trainings and do not affect a child's enrollment.

Enrollment placement takes into account the number of children receiving services under the disabilities area, including types of disabilities, severity of the disability, and services and resources provided by other agencies.

Resources and placement options are utilized according to a child's IEP or IFSP. Children with disabilities enrolled in Community Services Bureau programs follow the same eligibility enrollment procedures stated in the Community Services Bureau Policies and Procedures and comply with all licensing regulations for center based programs. Children with a current certified IEP or IFSP may have an over income waiver to qualify them for the HS/EHS program.

Families ~~whose children with children who~~ have a current certified ~~a~~ IEP or IFSP may qualify for an over income waiver to enroll in a for the HS or /EHS program. At the same time families enrolled in double funded programs (State/Federal) may have a fee, based on the state portion of the program.

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Children with a current certified IEP or IFSP, sharing blended state-federal funding, ~~must need to~~ comply with state requirements ~~and~~ providing CSB with ~~at the~~ copy of the ~~child's~~ IEP or IFSP and the Exceptional Needs Verification Form (~~See Form CSB65~~) ~~completed in full~~.

The Comprehensive Services Disabilities Manager monitors the recruitment and enrollment of children with suspected disabilities and certified IEPs or IFSPs.

X. American with Disabilities Act (ADA) Policy – Recruitment and Enrollment of Children with Disabilities. The Americans with Disabilities Act (ADA) is a federal law, enacted in 1990, that provides child care professionals with an exciting opportunity to serve children with special needs or disabilities. The law guarantees that children with disabilities cannot be excluded from “public accommodations” simply because of a disability. CSB takes steps to ensure full ADA compliance; to identify the unique needs of each child and family; to facilitate the individualization process in collaboration with the family; and to make needed modifications in policies, practices and/or procedures as deemed reasonable.

During intake, the individual needs of each child and family are reviewed. Based on information presented at this time a child may or may not have a suspected or diagnosed disability. However, if determined that the child has a diagnosed disability (IEP/IFSP), the parents are required to provide such documentation for review.

The site team, with the appropriate comprehensive services manager will review the intake file to include if available IEP/IFSP documentation. After reviewing all documentation and as applicable case management meeting will be scheduled with the family and other related professionals to:

- Further identify child/family strengths and needs
- Define needed accommodations/adaptations
- Identify staff training needs and support
- Identify any additional action that may be needed

Following the Case Management meeting in collaboration with the comprehensive services manager the site team will:

- Initiate an individualized assessment of the child's needs as applicable. The process for an individualized assessment will be determined on a case by case basis:
- The process for an individualized assessment will be defined on a case by case basis and may include:
 - Reviewing additional medical or special services, records/information.
 - Gathering the most current medical knowledge and/or best objective evidence regarding the disability.
 - Observation of the child in a natural environment or through parent/child site visitations.
 - Medical guidance obtained from Public Health Agencies, Center for Disease Control, National Institute of Health, including the National Institute of Mental Health, and other such agencies.

Based on the findings of the previous actions, a proposal of accommodations/modifications to allow for the child to participate in the program will be presented to a management team (Including the Assistant

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Director). The team will determine if identified modifications constitute reasonable accommodations or if CSB can demonstrate that making such modifications would:

- Create undue financial burden/hardship (all resources available for use in funding and program operation will be considered)
- Fundamentally alter the nature of the program (essential elements of program as well as essential elements necessary for participant will be considered)

The management team must also determine if the child's presence would pose a direct threat to the health and safety of the individual child or others (factors to consider include: nature, duration, and severity of risk; probability of occurrence of injury; whether reasonable modifications of policies, practices, or procedures will mitigate or eliminate risk). The team will:

- o Recommend enrolling the child in appropriate placement
- o Or provide a written statement of the reasons for reaching the conclusion not to enroll the child based on criteria stated above.

American with Disabilities Act (ADA) Policy — Enrollment of Children with Disabilities, Recruitment and Enrollment Community Services Bureau serves children with disabilities and other exceptional needs, and their families, in all program options. The following steps are taken to ensure full ADA compliance, to identify the unique needs of each child and family, to facilitate the individualization process collaboratively with parent and to make needed modifications in policies, practices and/or procedures as deemed reasonable.

At intake, the individual needs of each child and family are evaluated.

If it is determined that the child has a disability, whether developmental, behavioral, or health related (and may be documented by an IEP/IFSP) the parent is asked to provide documentation/records regarding the identified need.

The site team, as well as appropriate Comprehensive Services Managers will review the records.

A Case Management meeting is conducted with site team, Comprehensive Services Manager, parent and may include special service providers to:

Further identify child/family strengths and needs

Define needed accommodations/adaptations

Identify staff training needs and supports

Identify additional needed action

Following the Case Management meeting and completion of additional actions needed, the site team, in collaboration with the Comprehensive Services Manager:

Will enroll the child or, initiate an Individualized Assessment of the child's needs.

The Comprehensive Services Manager will lead/conduct the Individualized Assessment. The process will be defined on a case by case basis which may include:

Reviewing additional medical or special services, records/information.

Gathering the most current medical knowledge and/or best objective evidence regarding the disability.

Child observation in the natural environment or through parent/child site visitations.

Medical guidance obtained from public health agencies, Center for Disease Control, National Institute of Health, including the National Institute of Mental Health, and other like agencies.

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~~Based on the findings of the previous actions, accommodations/ modifications will be identified that would allow for the child to participate in the program.~~

~~The findings/case will then be presented to a management team (including the Assistant Director) to determine if identified modifications constitute reasonable accommodations or if CSB can demonstrate that making such modifications would:~~

~~Create undue financial burden/hardship (all resources available for use in funding and program operation will be considered)~~

~~Fundamentally alter the nature of the program (essential elements of program as well as essential elements necessary for participant will be considered)~~

~~The management team must also determine that the child's presence would pose a direct threat to the health and safety of the individual child or others (factors to consider include: nature, duration, and severity of risk; probability of occurrence of injury; whether reasonable modifications of policies, practices, or procedures will mitigate or eliminate risk).~~

~~The team will then:~~

~~Recommend enrolling the child in appropriate placement.~~

~~Or provide a written statement of the reasons for reaching the conclusion not to enroll the child based on criteria stated above.~~

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Y. Assessment Process of Children with Disabilities

The Comprehensive Services Disabilities Manager coordinates ~~with health and education staff~~ the sensory and cognitive screening of all children within 45 days of enrollment with health and education staff.

~~The Comprehensive Services staff is involved in the screening process of all children, particularly those requiring further evaluation.~~

The Comprehensive Services Assistant Managers evaluate the need for further specialized assessment after all standard screenings have been completed.

In a case management meeting families are informed of screening results and are encouraged to sign a written consent for requesting further evaluations with an outside agency when appropriate.

The Comprehensive Services Assistant Managers refer~~s~~ children for further formal evaluations~~s~~ to the LEA (3 years to 5 years) or RECEB (new--born to 2.9 years) according to the established referral procedure. LEA agencies have 60 days to process ~~the~~ referrals and develop an IEP upon receipt of the family intake ~~packagefile~~. RECEB has 45 days to process the referrals upon receipt of the family parent intake ~~packagefile~~.

The evaluation procedure is conducted with the following provisions:

- ~~Obtain p~~Parental consent prior to evaluations
- ~~Informing parents~~Parents informed of their rights and responsibilities under IDEA
- ~~Administered~~An evaluation conducted in a culturally sensitive manner by trained certified/licensed personnel that speak the child's home language. ~~Using more~~
- ~~More~~ than one criterion will be considered in ~~the~~ determining ~~of~~ an appropriate program placement.

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- ~~and having a~~ multi-disciplinary team including the child's teacher ~~to do will conduct the an~~ evaluation ~~using utilizing~~ assessment materials validated for the purpose. ~~for which they are used~~

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Z. Eligibility Criteria: Health Impairment

Children will not be discriminated against if they present any health impairments such as, cancer, severe asthma, uncontrolled seizures, neurological disorders, rheumatic fever, heart conditions, lead poisoning, diabetes, blood disorders, cystic fibrosis, heart diseases, ADD, AIDS and other medically fragile conditions.

Children who meet specific criteria including level of functioning, age, onset of indicators and documented reports may be classified as having Health Impairment.

Children with suspected health impairments are referred for further evaluation. With the parent's consent, CSB teaching staff will provide documentation of behavior observations relevant to the impairment, to the appropriate professional for assessment. Upon receipt of a physician evaluation, a case management will take place to ensure that CSB can accommodate the individual needs of the child.

AA. Eligibility Criteria: Emotional / Behavioral Disorders

The identification of children with emotional/behavioral disorders involves specific ~~behavioral~~ characteristics, the use of multiple sources of data ~~such as child's health history, behavior screening results, teachers/parents observation notes, and, and the review of~~ the child's Head Start physical exam.

Children suspected of having an emotional/behavioral disorder are referred for further evaluation to appropriate community agencies to determine whether IEP services are appropriate. Upon receipt of a diagnosis, a case management will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

BB. Eligibility Criteria: Speech or Language Impairments

All ~~HS~~ children are screened for speech and language delays, within 45 days of enrollment. ~~Children Infant/toddlers and preschool children~~ with suspected speech/language delays are referred for further evaluation to RCEB or SELPA. If a determination is made for intervention or special education, an IEP or IFSP will be implemented through the outside agency (Regional Center or SELPAs). When referring children for assessments, careful consideration is given to cultural, ethnic and bilingual differences as well as temporary disorders and delays that fall within the normal range for the child's age. Upon receipt of evaluation and diagnosis, a case management will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

CC. Eligibility Criteria: Intellectual Disability

"Intellectual Disability" is ~~a new the~~ term in IDEA ~~for replacing~~ Mental Retardation ~~(Rosa's Law, 2010).~~ ~~In October 2010, Rosa's Law changed the term to be used in future to "intellectual disability."~~ After screening ~~is completed~~ children suspected of having any delays/deficits in adaptive behavior are referred for further evaluation to the LEA and/or physician and/or MH services. A case management will be ~~in place scheduled~~ upon receipt of the diagnosis to ensure proper placement and support ~~is provided~~ for the child.

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DD. Eligibility Criteria: Hearing Impairment

All children are screened for hearing loss through the program or ~~their private~~ by their physician. Children needing further evaluation are referred back to their private physician and to the SELPA or to the Regional Center. Upon receipt of evaluation and diagnosis, a case management will take place to ensure the CSB can accommodate the individual needs of the child in the classroom.

EE. Eligibility Criteria: Orthopedic Impairment, Visual Impairment / Blindness

Children suspected of having an orthopedic impairment including but not limited to spinal bifida, cerebral palsy, loss of or deformed limbs, arthritis, or muscular dystrophy are referred to their pediatrician for further evaluation. Children requiring special services are referred to the SELPA or Regional Center and the California Children Services.

All children have vision screenings through the program or their physician. Children needing further evaluation are referred to their physician, an ophthalmologist and/or optometrist to determine whether the child is visually impaired.

Upon receipt of evaluation and diagnosis, a case management will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

FF. Eligibility Criteria: Learning Disabilities

All Head Start children are screened for possible learning disabilities. ~~Those Children~~ with suspected disabilities are referred to their physician and RCEB or SELPA as needed. Site Supervisors with the assistance of ~~t~~Teaching staff provide classroom observations and child's work samples as needed to document the child's needs. Upon receipt of evaluation and diagnosis, a case management will take place to ensure ~~the that~~ CSB can accommodate the individual needs of the child in the classroom.

GG. Eligibility Criteria: Autism, Traumatic Brain Injury, Other Impairments

Children that present behaviors ~~like such as~~ autism, traumatic brain injuries or other developmental impairments may qualify for services under the Regional Center or SELPA. CSB supports the early identification and intervention of children at risk and ~~with following~~ parental consent children are referred for further evaluation to outside agencies. Upon receipt of evaluation/diagnosis, a case management will take place to review the IEP/IFSP. CSB will make proper accommodations and maintain the child in dual enrollment if CSB is the proper placement based on the child's IEP/IFSP goals and objectives.

HH. Disabilities/Health Services Coordination

The Comprehensive Services Disabilities Manager works closely with the Health Manager, CS Team and other staff in the screening, assessment process and follow-up to meet the needs of children with disabilities.

The Health and Disabilities Managers work together to ensure children's special needs are met and supervision of the administration of all prescriptions and over the counter medications occurs in accordance with state requirements. Children requiring medication must have the doctor's instructions and parental consent before the medication is administered. Individual records of all medications dispensed and a regular review with the child's parents occurs.

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All medications ~~must be are~~ adequately labeled, locked and stored out of reach of children. ~~Epi Pens needs to be labeled and accessible but out of children's reach.~~ Individual medical plans ~~should be are~~ shared with the teaching staff and closely monitored for compliance. Any changes in a child's behavior related to a drug ~~must be is~~ shared with staff, parents and the physician. Pre-enrollment case management is encouraged to ensure CSB staff is aware of the individual needs of the child and accommodations can be made.

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II. Developing Individualized Education Programs (IEPs)

The School District ~~in advance~~ notifies families in writing of the time, date, location and purpose of the IEP meeting in advance, to enable participation. Repeated and documented attempts are made to facilitate the family's participation in the IEP meeting. Opportunities are provided for reviewing the results of the meetings. Efforts are made to assure that families are knowledgeable about their parent's rights and responsibilities under IDEA and understand ~~(including interpreters)~~ the purpose and proceedings of the child's program.

Head Start must evaluate all pertinent information when determining eligibility and placement options of children with current ~~IEPs. The~~ IEPs such as:

- ~~The e~~Child's strengths and present level of functioning in all areas of development, strengths.
- ~~The i~~dentification of challenges and needs in areas requiring specific services, ~~challenges.~~
- Short and long term goals and objectives.
- Specific special education and related services necessary for the child to participate in Head Start including those services provided by other LEAs and professionals.
- Personnel responsible for services provided, projected dates for initiation/duration of services and ~~place location~~ of services.
- ~~And e~~Evaluation procedures to determine the achievement of goals including family goals and objectives.
- Transition Plans
- Transportation if applicable

JJ. Disability Referral Procedures

1. Description

The first five years of the children's life are times of rapid growth and learning. CSB provides rich learning and nurturing environment for them to grow and develop, ~~however, some e~~Children ~~will~~ develop at different rates and ~~would some may~~ need ~~some~~ extra support to reach their age appropriate milestones. The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide the necessary early intervention that will lead to ~~a better~~ future positive outcomes for the child.

2. Screening for suspected concerns

i. Prior to enrollment and during the application period the child's file ~~might may~~ be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history shared by the parent. The health history briefly screens children for possible health, nutrition, and socio-emotional and developmental risks.

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ii. Child's Physical Exams/Baby Well Checkups provide a great source of information and ~~they are given~~ parents are responsible for submitting to them to us by the parents within 30 days of enrollment thereafter as required by CHDP (Child Health and Disability Prevention.)

iii. Sensory and developmental screenings and assessments are provided to all enrolled children within 45 days of enrollment.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

3. Referral

The referral process is explained in detail to the parent during a case management meeting. This meeting will take place in the parent's home language whenever possible. The CSAM will review agency referral protocols with the family, to include the referral time lines, and requirements to complete the referral. The family will be provided with copies of the Parent's Rights and Responsibilities under IDEA. Depending on the child's age Referrals could be sent to one of the agencies below:

~~Based on the agency identified for referral, the assistant manager will explain in detail the requirements for their referral process, their timelines, and provide copies of the parent rights and responsibilities under IDEA to the parent. It is crucial that this portion be clear to the parent and an interpreter assist the parent with any clarification.~~

- ~~Referral for~~ Regional Center (Children ~~0~~zero to two years "2.9 yrs")
The process takes ~~about~~approximately 45 days from the date of referral.
- ~~Referral to~~ Local Education Agencies/Family Home School District (Children 3 to 5 years)
The process takes ~~about~~approximately 60 days from the date of referral.

As part of a ~~e~~Case ~~m~~Management the parent is encouraged to sign the Child Referral and Parent Consents Form (CSB-501); ~~;~~ only after understanding the referral process and his/her parent rights under IDEA. ~~The assistant manager assists the team by providing the copy CSB-501 form to be signed.~~

For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on disciplinary steps and has a behavior action plan, a copy of ~~this-the~~ plan, along with the child's ~~Devereux Early Childhood Assessment-Social-Emotional~~ and Developmental Screenings ~~is are~~ included with the referral.

The Child Referral and Parent Consents Form (CSB 501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor and the Comprehensive Services Assistant ~~Manager. A~~Manager. A copy of this form (CSB-501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.

~~A copy of this form (CSB-501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.~~

The ~~A~~Assistant ~~M~~anager reviews the signed CSB-501 form and processes it immediately. Once receipt of the referral is verified ~~referral receipt by phone~~ with the appropriate School District, Early

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Intervention Agency, or Mental Health Unit, the ~~A~~ssistant ~~M~~anager completes the Response to Referral Form (CSB-502).

~~Review referral before processing.~~ The referral must be completed including:

- Child's ~~n~~Name
- Child's ~~b~~Birth date
- Child's CLOUDS ID ~~number~~ #
- Child's ~~c~~Center
- Current home address (Encourage family to avoid moving houses while the LEA is evaluating the child)
- Family ~~p~~Phone ~~number~~#
- Parent's name
- Parent's language of preference
- Child's language of preference
- No need of SSN# or Medi-Cal for Disability referrals
- ~~CSAM-R~~ referral contact: ~~CSAM's~~ / name and phone number
- Consents for exchange of information and assessment should be initialed by parent.
- Parent's signature
- Site Supervisor, CSAM or Home Based Teacher's signatures

Agency to refer information:

- Determine Home School District for children 3 to 5 years old. Identify individual school referral requirements such as: Child's birth certificate, child's immunizations, copy of parent's ID, a copy of a utility bill and any other home addressed mail other than cell phone bill.
- Access RCEB or other intervention programs if the child is under 2 ½ years old.
- Fax signed form (CSB-501) to outside agency and follow up with a confirmation phone call to ensure they have received the referral.
- Complete Response to Referral Form (CSB-502)

The original Response to Referral form (CSB-502) is placed in the child's file ~~while the~~ and a copy is given to the parent attached to any requested or additional relevant informational resources such as CARE Parent Network, IEP/IFSP program descriptions, advocacy resources, etc.

- ~~The copy of the Response to Referral Form (CSB-502) is given to the parent~~
- ~~Community resources such as CARE parent network, IEP/IFSP programs description and advocacy resources are given to the family with any other resources they might have requested.~~
- ~~The original Response to Referral Form (CSB-502) is placed in the child's file under the Special Needs section.~~

The ~~comprehensive service assistant manager CSAM~~ enters the case management notes and intervention/referral information under the disability tab in CLOUDS (Intervention/Referral). ~~A c~~Copy of the ~~C~~ase ~~M~~anagement (CSB-514) is placed in the child's file.

The ~~assistant manager CSAM~~ will contact the family for a follow-up ~~within~~ between 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting.

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Additional Case Management ~~s~~ will follow ~~up~~ as applicable, needed and/or as determined in the initial meeting.

KK. Nutrition Services for Children with Disabilities

The Comprehensive Services Disabilities Manager works with the Health Services Manager and the Nutritionist to ensure that provisions to meet the needs of each child are incorporated into the nutrition program.

Appropriate professionals are consulted ~~on ways to assist to provide support for~~ Head Start staff and families ~~in regards to for~~ children having severe disabilities and problems with eating.

Activities to help children with disabilities participate at mealtimes are implemented in the classroom after discussion in a ~~C~~ase ~~M~~anagement meeting.

Case Management meetings with CSB staff, other professionals and families are held to meet the nutritional needs of children with disabilities including the prevention of disabilities with a nutrition basis.

LL. Parent Involvement in Transition Services for Children with Disabilities

Description

In an effort to support the transition of children with disabilities into CSB programs, or children transferring from one Community Services Bureau program to another, the parent will be asked to attend a Case Management meeting (transition planning meeting) prior to enrollment or transfer. The focus of the meeting will be to:

- Review the IEP/IFSP goals and objectives as well as identify parent goals for child
- Determine the needs of the child
- Insure appropriate placement
- Plan program adaptations (if needed)
- Support family and foster team approach for service delivery
- Provide activities and information to the family to foster the child's development.
- Provide activities to the family to reinforce program activities at home.
- Provide family with resources such as Social Security (SSI), Early Periodic Screening Diagnosis and Treatment (EPSDT) programs and other community resources and assist them in accessing these resources.
- Provide family with information to prevent disabilities among younger siblings.
- Provide parent with information about their rights under the Individuals with Disabilities Act. (IDEA)
- Provide resources to family groups for children with similar disabilities who can provide peer and family support.
- Comprehensive Services Team will support family through the children's transition from Early Head Start to Head Start or from Head Start to Kindergarten or to other agencies.

III. Individualization in the Program

A. Description

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Individualization is the process used to design a plan for each child that reflects their unique characteristics, strengths and needs.

Individualization is based on information gained from:

- Home visits
- Child's health and nutritional screenings and health histories
- Educational screenings: Speech and Language, Brigance Cognitive Screen and [Ages and Stages Social Emotional Questionnaire \(ASQ-SE\)](#) ~~DECA (Devereux Early Childhood Assessment Program)~~
- Desired Results Developmental Profile (DRDP 2010) Assessment
- ~~Portfolio Assessments~~
- Parent conferences and contacts
- Children's Individual Education Plans (IEP's, IFSP's)

B. Individual Goals

Individualization is documented on:

- CSB Individualized Tracking Sheet
- DRDP 2010 Individualization Form
- Lesson Plans
- First and Second Parent Conference Forms
- Progress Notes
- Case Managements
- Behavioral Management plans

Upon completion of the child's first sixty days, teaching staff review the information collected from the parent contacts, educational screenings, the DRDP 2010 assessment, anecdotal records, health histories and IEP's/IFSPs (when applicable) and determine a minimum of seven goals (2 Social emotional, 3 Cognitive, 1 Motor and 1 Health and Safety) based on the Infant/Toddler and Preschool domains.

Each child's goals including their DRDP 2010 measure number are listed on the CSB Individualized Tracking sheet form under the appropriate category. IEP/IFSP goals and special health goals such as nutrition interventions are listed on the form under Special Needs. In addition, each child is assigned a letter code that is used to document individualized activities on the lesson plan.

C. First Parent Conference / Individualized Plan

The first parent conference is scheduled within the first ninety days of enrollment.

During this conference, the teacher and parents discuss the child's progress based on screenings, DRDP 2010 assessment, and parent observations. The teacher and parent develop the goals for the child's individual plan. The child's strengths, individualized goals and activities that will support the development of goals are listed on the conference form. A minimum of seven goals (2 Social emotional, 3 Cognitive, 1 Motor and 1 Health and Safety) ~~are identified that must be specified with~~ corresponding to DRDP 2010 measures. Home activities are also planned for the parent and child to engage in at home. Parent and teacher must sign and date the form.

D. Second Parent Conference

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A second parent conference is scheduled within 20 days of the completion of the second DRDP 2010. During this conference the parent and teacher review the child's progress on the goals and objectives set during the first conference and discuss parent observations and view the child's portfolio. New learning goals and objectives are determined in collaboration with parent. Parent/child activities to support goals are planned for the home.

If the child is going to kindergarten, the Kindergarten Transition Packet may be discussed with the parent. A signed and dated copy of the second parent conference is placed in the portfolio and the child's file. The Kindergarten Transition form is signed by the parent and included in the file.

E. The Infant-Toddler Individual Needs and Services Plan

The Individual Needs and Services Plan (CSB-180) is completed prior to the first day of attendance. The process includes a personal interview with a family member by a staff member. The form is then updated quarterly. Included in the plan is:

- The current feeding schedule and the amount and types of food provided including whether breast milk or formula and baby food is used.
- The meal patterns of the child, new foods introduced, preferences and voiding patterns are shared.

Staff should be aware of and ~~may~~ share information about community nutritional issues that may be identified services that are needed by a child that are different from the normal routines shall be provided including but not limited to special exercises for children with physical disabilities.

F. Lesson Plans

Lesson Plans are posted weekly. The lesson plan provides a variety of developmentally appropriate activities and materials for the children to engage in that will stimulate their physical, social and cognitive growth. The lesson plan includes activities that meet the children's individualized needs based on the results of their screenings and assessments. Individualization is documented on a tracking form with the ~~-~~children's alphabetic code. These codes are added to the activities planned to meet the children's individual needs.

The lead teachers are responsible for:

- Planning and developing the weekly lesson plan with their classroom team.
- Writing individualization codes for each child throughout the lesson plan within different activities.
- Submitting the draft plan to the site supervisor every Thursday.
- Posting the weekly lesson plan every Monday,

The Site Supervisor is responsible for:

- Reviewing and approving the draft weekly plan.
- Signing off and dating the approved plan.
- Returning the approved plan to the lead teachers every Friday.
- Ensuring the lesson plans are posted in the classrooms every Monday morning.

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G. Developmental, Sensory, and Behavioral Screening

~~All New~~ly enrolled preschool children are screened by ~~the~~ teaching staff in the areas of social emotional development using the ASQ-SE, speech and language, ~~motor~~ and cognitive development using the Brigance within 45 days of enrollment. ~~All preschool children are given a speech and language screening annually, and by the Comprehensive Services Team in hearing, vision, and nutrition, within 45 days of class entry, annually.~~ ~~New~~ly enrolled infants and toddlers are screened by teaching staff in the areas of ~~for~~ cognitive development using the Brigance, and social emotional development using the ~~and for ASQ-SE behavior development.~~ Comprehensive Services Team screens all children in hearing, vision, and nutrition, within 45 days of class entry, and annually thereafter. Parents are informed about all screenings and their purposes in advance. The results from the screening are ~~will be~~ used to begin the individualization process for each child.

(For more information on screenings, please refer to Part II, Services for Children with Disabilities, Section L, page 37).

H. Assessment

The Desired Results Developmental Profile Child Assessment (DRDP 2010) is the required assessment tool mandated by the California Department of Education and also includes the Head Start Outcome requirements. There is a DRDP for preschool, infant, and toddler age children.

The tool assesses children in the four areas of the California State specified Desired Results: Children are: Personally and Socially Competent, Children are Effective Learners, Children show Physical and Motor Competence, Children are Safe and Healthy. The DRDP 2010 assessment of children is accomplished through on-going written observation of the child.

Infants, toddlers and preschool children are assessed three times a per year: The first assessment is completed within the first 60 days of enrollment and the second DRDP 2010 assessment is completed within 150 days of enrollment, and the third DRDP is completed in May. Teachers must also write evidence notes per assessment measure in order to document the child's show behavioral proof that the child is at that level. Assessment results are entered into CLOUDS within the required timelines/guidelines. Results of the assessments are shared with parents during parent conferences, and ~~are~~ are a basis for developing children's individual goals and plans and ~~are~~ used for individualizing the lesson plans.

I. Portfolio Assessment

~~Portfolio assessment is implemented quarterly as an ongoing assessment process for curriculum development, individualization in the classroom and as a basis for communicating with parents. It enables primary caregivers, teachers and parents to follow children's development over the year within and across curriculum domains.~~

~~The teaching staff is responsible for collecting meaningful samples of children's work including but not limited to the child's writing, cutting and drawing skills. Infant and toddler caregivers are responsible observe children's growth and developmental changes and document those changes in the portfolios. Documentation may include photos, work samples that document developmental change.~~

~~Information gathered in the child's portfolio is used as part of the lesson planning process in which teachers reflect on gathered information and observations in relation to program goals for each child.~~

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~~Information gathered in the portfolio is periodically reviewed at parent conferences and home visits. New educational goals are jointly developed as the ongoing assessment process continues.~~

~~If a child transfers to another center, the portfolio will be placed in the child's file and sent to the office. The Site Supervisor will then route it to the new location; when the school year is complete (June 30), the parent will be given a complete portfolio to utilize with the teacher in kindergarten as part of the transition plan. On July 1, a new portfolio is started for a returning child.~~

~~II.~~ Program Transitions

Parents are given the opportunity to participate in and be supported in the transition of children into Early Head Start, Head Start and Kindergarten.

1. Transition Policies and Procedures for Infant/Toddlers

Transition into the infant/toddler programs will start begin for families during the enrollment process into CSB program options. Parents and children ~~will be are~~ invited to visit the center or other program options to meet center staff, family childcare providers, home educators, or other program staff, and observe the educational environment. Classroom orientation will be done before the child starts the program, followed by the initial home visit.

To ensure a continuation of program services to children and families, infant/toddler staff and preschool staff will work in conjunction to provide a quality and effective transition to preschool. The transition plan from the infant/toddler program to preschool is mandated to begin six months prior to the move.

The CSB Transition form (CSB-161) will be completed by the parent, teacher caregiver and site supervisor six months prior to the transition and updated quarterly. At that time, the child will be placed on the CSB wait list and the Comprehensive Services Team will be notified that a transition is being initiated. Comprehensive Services staff will schedule a meeting with the parents to determine eligibility for CSB programs as soon as possible. If the family is eligible, ~~as per~~ Head Start Performance Standard 1305.7c, CSB will ensure whenever possible, that the child receives Head Start services until enrolled in school. If the family no longer qualifies for CSB programs, they will be provided other alternatives including partner sites and fee-based sites. The persons involved during the transition will be:

- Parents
- Teacher/Primary Caregiver
- Teacher in new site
- Site Supervisor(s)
- Comprehensive Services Team

After three months, the above team will meet to update the Transition Plan (CSB_161) and to discuss the preschool placement.

Three weeks prior to the transition, the child will begin visiting their preschool classroom accompanied by their caregiver teacher. The length of the visits and the number of visits will be determined by the child's comfort level. A final home visit will close the child's file and the caregiver teacher will continue to visit the child in the new setting as needed. The infant/toddler file will be placed behind the new preschool file.

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2. Transition Policies and Procedures for Preschoolers

Transition will begin for children and their families during the enrollment process into CSB program options. Parents and children will be invited to visit the center or other program options to meet center staff, family childcare providers, home educators, and other program staff, and experience the educational environment. The initial home visit will be used to begin the transition. The classroom/home-based orientation will further enhance the process.

A child transition plan will be developed according to the individual needs of each child. The plan will be designed when the parent indicates an upcoming change of placement or when the child is scheduled to transition. Staff involved in the plan development with the parent(s) includes:

- Teacher/Family Childcare Provider/Home Educator
- Receiving site staff
- Site Supervisor
- Comprehensive Services team

Prior to a final transition, the parent, child and CSB staff (when possible) will visit the new program. A final home visit will be conducted to finalize the process and determine any additional family support that may be needed.

3. Kindergarten Transition

Kindergarten transition meetings are scheduled ~~from between~~ December through March. During the kindergarten transition meeting, parents are given information on their local school districts enrollment procedures and are given written resources to help their child transition to kindergarten.

Representatives from the local public schools are invited to speak to parents at parent meetings about the transition to kindergarten. Parents are also encouraged to attend field trips to kindergarten classes and to familiarize themselves and their child with the school facility. Site staff assists parents with the Kindergarten registration process, and if necessary, assist parents to obtain the necessary documents required for Kindergarten entry.

4. Kindergarten transition planning for children with disabilities

- Identify family concerns, priorities, resources that relate to the change, and parents' expectation(s) of kindergarten.
- Provide training to parents to become knowledgeable regarding the application procedure and their parental rights.
- Review placement options, parental rights as they relate to responsibilities within the school system, and steps they can take to help their child do well in school.
- Review child's progress and update records. Complete "Authorization to Release Information" (CSB139).
- Provide activities for parents to do at home to prepare their child for kindergarten.
- Inform parents of transition meetings, and allow them to decide what role they will play.
- Schedule an introduction for parents with their new contact, either in person or by phone.
- Encourage parents/arrange a visit to the prospective school before their children transfers

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IV. Curriculum (Education and Early Childhood Development)

A. Child Development and Education Approach

All CSB Centers implement The Creative Curriculum for Infants, Toddlers and The Creative Curriculum for Preschoolers. Goals for curriculum promote children's active involvement in their own learning. Children will have a learning environment and varied experiences appropriate to their age and stage of development that will help them grow physically, socially, linguistically, intellectually and emotionally. The education program is guided by Head Start Performance Standards (45 CFR 1304), The California Department of Education, National Association for the Education of Young Children Developmentally Appropriate Practices, Program for Infants and Toddlers Caregivers (PITC) and Reggio Emilia Inspired Project Approach. The Program Services Committee of the Policy Council provides input into the program curriculum and approach to children's education.

1. Educational Options

- Center based: Preschool/infant toddler full-day and Preschool part-day program options.
- Full Inclusion programs: Children with disabilities are mainstreamed into center based classrooms in collaboration with the school districts.
- Preschool Special Day class: school district operates two special day classes in collaboration with CSB.
- Home Based: Home base teachers serve as facilitators of children's learning in the child's home environment. The program provides one home visit per week for a period of 1.5 hours and two group socialization activities per month.

2. CSB Educational Programs

The curriculum goals are based on the State Child Desired Results and Head Start Child Outcomes.

- Desired Result 1: Children are personally and socially competent
- Desired Result 2: Children are effective learners
- Desired Result 3: Children show physical and motor competence
- Desired Result 4: Children are safe and healthy

The curriculum is enhanced by the Project Approach to learning. The Project Approach is a meaningful way to teach content built on children's knowledge and interests. Projects support the development of a child's knowledge, skills, disposition and feelings.

In addition, the curriculum is guided by:

- Growing, Growing Strong: A Whole Health Curriculum for Young Children.
- I Am Moving, I Am Learning infant and toddler gross and fine motor enhancement.
- Second Steps which supports children's growth in social, emotional, and self-regulation.

B. Curriculum Implementation

1. Orientation

The CSB program operates year-round, and children are enrolling and departing throughout the year. Orientation is ongoing throughout the year. Orientation Steps are as follows:

- Phase In: The first day of school is called phase in and lasts a minimum of two hours. The goals for phase in are to welcome the child and family into the program and familiarize them with program philosophy and procedures.

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- During phase in, the teacher gives-provides a tour of the classroom and play yard, introduces the daily schedule, lesson plans, parent conferences, emergency procedures, curriculum, screening and assessments, meal-time practices, celebration policies and hygiene practices.
- The Site Supervisor informs parents about sign in-sign out procedures, parent and policy council meetings, attendance and drop off and pick-up policies, volunteer opportunity information, behavior management policies, sick child and medication policy and complaint procedures for parent and completes emergency forms (CSD-112).

2. Classrooms

Preschool Classrooms are divided in clearly defined interest areas including:

- Block, Art, Science, Dramatic Play, Manipulative and Math, Library, Writing, Sand and Water, Computer and a quiet/cozy area where children can play alone or with one classmate.
- There is a place where each child can keep personal belongings.
- Learning materials are logically organized, age appropriate, open ended, labeled and accessible to children.
- There are enough materials in each area for several children to work together.
- Classroom displays reflect children's work and activities.
- Classroom rules are generated by the children and posted. Rules are phrased in positive terms, for example instead of saying "no running", say "walk".
- Classroom helper charts are posted.
- The classroom is inviting to families with displays of family photographs, parent information boards, and some adult sized furniture.
- Environments reflect diversity by including visual materials and activities that reflect diversity in gender, family composition, culture, language and ethnicity.
- Rooms are designed to be attractive, comfortable and orderly.

Infant and toddler classrooms are set up using a PITC Relationship based model between the infant/toddler and caregiver. The classroom environment is guided by the infant/toddlers changing curiosities, considering the needs, interests, and developmental level as the caregiver continuously reads the cues of the infant/toddler. of each child. In these classrooms, it is the child who drives the curriculum. Teaching staff implement strive to plan based on relationships and adapt their behavior based on cues from the child. In addition, activities are offered that facilitate child directed learning. Classroom areas include gross and fine motor materials, sensory opportunities, books, and classroom displays that reflect family backgrounds and diversity. For toddlers, materials are offered in logical groupings such as manipulatives, blocks, art, etc. to encourage independent exploration. Materials are rotated regularly as children's development and interests change and grow, and disinterests are observed by staff. By encouraging continuous communication with family members, classrooms are also able to reflect the experiences of home and neighborhood.

3. Classroom Transitions

In both ~~the~~ Early Head Start and Head Start classrooms, ~~instructional~~ teaching staff ensures that transitions are considered thoughtfully conducted for each child. Transitions to and from indoor and outdoor activities are implemented intentionally, smoothly, and naturally. Effectively managing and being thoughtful about transitions is important. Around three years of age children begin to internalize a schedule in that they can tell the difference between routine and transition activities from other activities during the day. When activities during the day are predictable, it ~~can~~ helps children begin to

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understand the concept of time. Well planned transitions make the difference between a difficult and a harmonious day for early childhood educators as well as for children. Anticipating what is coming next makes children feel they are in control of what is happening. The overall approach to classroom transition is:

- **Be proactive and be alert!** Have strategies to engage children who are having difficulties with transitions, and children who are learning the routines due to irregular attendance or ~~being new in to~~ the classroom.
- **Always transition children in small groups**, and ensure children are assigned to a small group at enrollment. This reduces confusion, distraction, and waiting.
- **Plan ahead and make transitions fun!** Transitions are to be planned ~~and anticipated~~, so that they are engaging for children and there is very little "empty" wait-time-is minimized. ~~Documentation transition activities on the lesson plan-on the Lesson Plan is recommended.~~
- **Prepare.** All teaching materials and small group activities ~~are~~ must be thoughtfully prepared ahead of time so they are ready for the day and easily accessible.
- **Have a back-up plan** for special events or ~~sudden-unusual~~ changes, such as when a staff member is out, or other emergencies arise during or before the transition.
- **Talk with the children** and let them know when a transition is going to occur. Give children a ~~warning or~~ signal 3-5 minutes before the transition. Engage children in the transition.
- **Review transition safety with the children** often and whenever needed, especially when providing required Pedestrian Safety at the start of the Program Year.
- **Follow the protocols** outlined in the Transition Head Count Policy and CLOUDS In-Transition feature, which include a visual count and the required sweep of the environment.
- **Always sweep** the environment before leaving the classroom or yard by physically walking the perimeter looking under and around thoroughly.
- **Communicate** continuously counts with all team members. Keep all team members informed.
- Quick and efficient transitions are a **CLASS expectation** in the Classroom Organization domain, and Productivity dimension.
- **CSB has zero tolerance for lack of visual supervision!** All designated caregivers are to be present, engaged, and calm during transitions.
- There are a minimal number of transitions in the day.
- All transitions that require children exiting or entering the classroom must be conducted using the Hourly Headcount and Transition form (~~See Form~~ CSDB-700 Head Count Form and CSDB-700A Hourly Head Count Protocol). Teacher placement is critical as the children transition, with one staff at the front of the group and one in the back. When there is only one staff member present, his/her placement must be such that she may be able to see every child as they transition.

4. English Language Learners

Education for English Learners is enhanced when preschool programs and families partner around children's education. The learning environment includes usage of the child's first language. Promoting language understanding and use in this atmosphere encourages easy communication among children and between children and adults. The following examples help promote language understanding:

- Give children ample time to talk to each other and ask questions in the language of their choice. Continued use and development of the child's home language will benefit a child as he or she acquires English.

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- Encourage free discussions, shared experiences and conversation between children and adults.
- Provide games, songs, stories, or poems that offer new and interesting vocabulary.
- Encourage children to tell and listen to stories. Interest areas offer opportunities for teachers to teach content as children explore materials.

5. The Project Approach

The CSB curriculum is enhanced by the project approach to learning. Projects are in depth investigations on a topic based on children's interests. Projects:

- Must be relevant to children's experiences and interests beyond their experience.
- Topics of study must be real-authentic so that children can manipulate and explore real objects.
- Literacy, math, social studies, art, science and technology are incorporated into project investigations.
- Parents and caregivers are an integral part of the planning and implementation of projects.
- Project Components include:
 - Selecting a topic based on the children's interests
 - Teaching team Creating a web of interrelated ideas and activities; ideas must-to incorporate literacy, math, science, social studies, the arts and technology into the study
 - Opening events
 - Involving parents in the implementation of the project.
 - Project investigations
 - Field trips and visiting experts
 - Documentation of Project process
 - Closing events

6. Program for Infants and Toddlers

The infant and toddler program is enhanced by the Program for Infant Toddler Caregivers (PITC) philosophy, which is based on the belief that infants and toddlers have their own innate curriculum. The CA Department of Education partnered with PITC to create the state Infant Toddler Foundations and Guidelines. Goals are achieved through a responsive curriculum that is based on supporting the child's internal motivation to learn.

PITC Program Components Include:

- Care in small groups
- Emphasis on strengthening the child's developing family and cultural identity so children develop a sense of who they are and what is important within the context of their culture
- Primary caregivers
- Continuity of Care
- Individualized schedules and routines
- Inclusion of children with special needs

7. Ready to Learn Curriculum Enhancement

Teaching staff implement strategies to assist children and their parents to successfully transition into a preschool or infant toddler classroom. Teaching staff facilitate this transition by welcoming new families; nurturing and bonding with children; modifying the classroom environment; establishing school

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rules; teaching health, safety and nutrition practices; helping children make friends; and by establishing caregiver groups upon entrance to the classroom.

8. Anti-Bias and Supporting Diversity

- CSB curriculum is based on an anti-bias, multicultural approach.
- Families are asked to share their culture and traditions.
- Food served at mealtimes is culturally inclusive
- Teaching staffs reflect the populations in the classrooms.
- Classroom activities and environments reflect children's ethnic identity.
- Environments include diverse visual materials such as pictures, books and photographs. Games, music, planned activities and books reflect diversity in gender, family composition, culture, language and ethnicity.

9. Teacher/Child Interactions

Positive teacher child interactions build trusting, nurturing bonds between staff and children, which supports the children's developing a love of learning.

Teachers:

- Welcome children and families into the program daily.
- Foster positive social behaviors such as cooperating, helping, conflict resolution, and turn taking by using modeling, coaching and encouragement.
- Speak to the children at eye level and move to where a child is to speak with them directly.
- Use an appropriate tone of voice. Teacher's voices should not be heard above children's voices.
- Observe children to assess their level of cognitive development and social skills.
- Facilitate child initiated learning by offering children choices and providing them with materials to manipulate and explore.
- Engage children in conversations during work time, mealtimes and throughout the day. Encouraging verbal expression enhances children's self-esteem and cognitive growth.
- Comfort children who are crying and validate their feelings.
- Engage in activities with the children on the floor by sitting on the floor with them unless a doctor's note with such limitation has been provided to the personnel office.

10. Caregiver Groups

Upon entry, each preschool child is assigned to a caregiver group of six to eight children based on their developmental and individual needs. The teaching staff assigned to the caregiver group will plan and implement individualized activities for their group during small group time and assist them during classroom transition times.

Upon entry infants are assigned to a caregiver group of three children per caregiver and a caregiver group of no more than four toddlers. Infants and toddlers remain with the same caregiver possible throughout their enrollment in the program to ensure continuity of care. Caregivers design the learning environment to be responsive to the individual needs of each child.

Caregiver Groups during Transitions:

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- It is CSB's policy to transition in small groups.
- Caregiver Groups are maintained throughout the daily activities, including transitions. Groups can be named after animals, shapes, etc. Each instructional staff works closely with that group at lunch and snack times, small group, bathroom time, hand washing, etc. For children, this reduces confusion, distraction and waiting around and promotes attachment with the primary caregiver.
- It is easier for a small group of children to go outdoors to indoors, get settled for nap, wash hands, etc. When children transition in their caregiver groups, teachers enhance bonding, group interactions, and language. Caregiver groups also enable instructional staff to meet individual needs and be more responsive to the children.
- When children are in caregiver groups, staff and children can take time for transitions and their schedule is more relaxed. For example, if children go outside in a small group, there isn't a mass rush to the door to get to the door first.

11. Child Health and Safety

Teaching staff integrates health and safety lessons and activities into the daily lesson plan. Health curriculum includes: I Am Moving, I Am Learning Gross Motor Activities, Little Voices for Healthy Choices, oral health, pedestrian safety (first 30 days), sun safety, transportation safety, hygiene practices, home safety, emergency safety including: fire, earthquake, shelter-in-place and school safety.

Children wash hands upon entering school, before eating, after wiping noses, after touching animals, after sand and water play, upon returning from the play yard and after toileting.

Staff inspects classroom and outside area daily to ensure all facilities, furniture, materials and structures are safe and free from hazards. Daily Playground Checklist (CSB form 136) is completed daily to document inspection of outdoor areas accessible to children.

Teachers perform a daily health check of each child upon their arrival to school. Refer to section 2, VI. A daily Health Inspections for further guidance.

For infants and toddlers, this practice is done using the Daily Communication Form where families and staff document ~~for~~ about each child at the beginning and end of the day. The daily health check is also conducted and documented on this form.

Teaching staff conducts head counts hourly and during transitions using CSB form 700 in accordance with Head County Policy as described in CSB form 700A, and checks that door alarms are set and all gates are secured at all times.

Children are supervised at all times, and always supervised while toileting.

12. Nutrition

Children participate in learning activities planned to affect the selections and enjoyment of a wide variety of nutritious foods.

Nutrition activities include: field trips, planting gardens, reading stories about food and nutrition, and sampling a wide variety of foods. Nutrition activities are planned for work time and circle time.

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Children are involved in simple cooking projects including making their own snacks and sandwiches weekly. Teaching staff serve meals family-style at the centers. Children participate in setting the tables, serve themselves, pour their own beverages and scrape their plates.

13. Language / Literacy Curriculum Enhancements

- **Reading is Fundamental:** A federally funded grant that provides for three book giveaways per child. Children participate in motivational activities prior to giveaways to encourage an appreciation of books and reading.
- **Learning through Literature Curriculum Enhancement:** Each month teaching staff receives a picture story book to read to their classroom that contains a written guidance of developmentally appropriate activities based on the content of the story to enhance children's learning.
- **Raising A Reader:** Colorful tote bags filled with books are taken home weekly by each child. Parents are encouraged to read to children daily and discuss the stories. Books are multicultural and include Spanish texts.
- **Books at Naptime:** Each child may choose a book to read to themselves on their mat for at least 10 minutes at the beginning of naptime.

14. Pedestrian Safety

Children and parents are taught the importance of pedestrian safety within the first 30 days of school. This includes educational videos and materials on pedestrian safety for both children and parents, various classroom activities and educating parents at parent meetings.

15. Television in the Classroom

Videos and DVD are not ~~to be~~ used in the classroom unless it is connected to a project topic or is approved as curriculum enhancement. Videos are not to be used for more than 15 minutes at a time. All videos and DVD must be approved by the site supervisor before they are viewed at the site.

16. Lesson Plans

The Infant ~~Plans~~, Toddler ~~Plans~~, and Preschool Weekly lesson plans are designed to ensure that all classrooms provide developmentally appropriate activities consistent with Head Start Performance Standards, NAEYC Guidelines, and Creative Curriculum. The lesson plan communicates to staff and parents the activities for each day of the week. The lesson plan must include strategies and activities that are consistent with the emergent, project based curriculum and focuses on the children's individual goals and IEP/IFSP goals. The teacher submits a completed lesson plan form to the Site Supervisor weekly for approval. An approved lesson plan is posted in the classroom by 8:00 A.M. Monday morning of the current week.

Lesson plans are completed at the center by the teaching staff, with input from parents and volunteers (CSB-105A Preschool, CSB-105B Infant Classroom Plans and Weekly Possibilities and CSB-105 Toddler Daily Possibilities). These must include:

- **Individualization:** activities planned to meet the individual goals of each child including IEP/IFSP goals. Individualization is documented on the lesson plan by adding children's alphabetic code to the activities planned to help them meet their goals.

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- Area Enhancements: List of materials that have been added to centers to stimulate children's interests.
- Projects: activities or materials that are provided to facilitate children's project investigations or explorations. Plan should include project related field trips and visiting experts.
- Center Activity: a teacher planned creative activity that children may choose to engage in during work time. Minimum of two science activities planned per week.
- Large Group/Circle Time – includes Music, movement, songs, finger plays, IMIL activities, short discussions, visiting experts.
- Small Group Time: a minimum of three small group language/literacy activities and two small group math activities must be planned.
- Outdoors time: list of activities or materials that will be offered to the children in addition to bikes and balls. I Am Moving, I Am Learning Curriculum enhancement activities must be listed. Outdoor science, art or building activities may be included.
- Health, Safety, Nutrition and Social Emotional activities should be listed at the bottom of the lesson plan in section entitled Weekly Activities Integrated into the Daily Routine. These activities must also be reflected in the upper body of the lesson plan under the appropriate category i.e. Work time, Circle Time, Small Group Time or Outside Time.

17. Required Elements of the Children's Daily Schedule

CSB daily routine blocks out times and establishes sequences for activities in the classroom. It includes active and quiet times, large and small group activities, outdoor times and adult initiated and child initiated activities.

- Greeting/ Health Check- each child and family member is warmly greeted when they enter the program daily. A brief health check is conducted by the teaching staff including touching of the child's skin and looking into their eyes. Staff may ask a child how they are feeling. Parents should remain during the health check and may be asked questions if there are concerns.
- Work Time / Independent Choices – Children have access to all interest areas in the classroom. Project investigations and center activities are offered as additional choices for the children. Teachers add materials for children's creative activities during this time. Teachers work with children and ask open-ended questions to stimulate and enhance child learning. A minimum of two science activities must be offered during the week. (Approximately 75 minutes in AM). For full day students, an additional afternoon work time of 60 minutes should be scheduled.
- Small Group Time – The class is divided into small groups of ten children maximum. This is a teacher-guided activity based on the developmental level of the group (approximately 15-20 minutes in length). A minimum of three literacy/language activities must be planned weekly. Two small group activities a week should focus on math skills. Small group time activities may be conducted anywhere in the classroom or outside. Children must not be restricted to tables.
- Large Group/Circle Time – Music, movement, songs, finger plays, IMIL activities, short discussions, visiting experts with large groups of children. Every child is offered the opportunity to participate but no child should be forced to attend circle. Alternate activities can be provided until a child wishes to join the large group. (Approximately 15 minutes).
- Outdoor Play - Children are able to use their large muscles and develop socialization skills; activities include tricycles, wagons, balls, games, water tables, obstacle courses, music, art, and dramatic play activities (not less than 30 minutes). Outdoor play is an extension of a child's learning environment experience and reflects the same care and planning given to indoor

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activity. For full time students, an additional 60 minutes of outdoor time should be scheduled in the afternoon.

- Meal Times - Breakfast, lunch and a snack are provided for full time students. Part time AM students receive breakfast and lunch and PM students receive lunch and snack. Infants and toddlers are fed on an individualized schedule. Mealtimes are learning times when teachers assist students with setting the tables, serving their own food and engage them in conversations. Breakfast and Lunch approximately 30 minutes, snack 15 minutes.
 - Teachers are role models for the children. Adult portions are to model the CACFP-USDA Meal Patterns for Ages Three to Five Years Old. (CSB Forms > Nutrition > CACFP-USDA Meal Patterns for Older Children).
 - Each child in a part-day program will receive one meal and one snack that provide at least 1/3 of the child's daily nutritional needs. A child in a full-day program will receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs.
 - Any child who arrives after scheduled breakfast time will be offered a nourishing breakfast.
- Rest Time – Full day classrooms are required to schedule a one and a half to two-hour rest period for preschool children and toddlers.
 - No child is to be restrained on their crib, cot or mat at any time.
 - All children must be visually supervised at all times (CCL reg: 101229, p. 137)
- Preschool classrooms: All children must be given an opportunity to rest without distraction or disturbance from other activities or children. Teachers encourage children to rest by offering them a book, engaging them in soft conversation and gently rubbing their backs. "Each center shall provide a variety of daily activities designed to meet the needs of children in care including but not limited to: (2) rest and relaxation. (b) All children shall be given an opportunity to nap or rest without distraction or disturbance from other activities at the center," CCL reg.101230 (a) p. 138. Those children unable to sleep may be given quiet activities to engage in. Once the children are resting, if all children are sleeping, one staff person may supervise the "napping" children, "provided that the remaining qualified teachers necessary to meet the overall ratio ... are immediately available at the center," CCL reg: 101230 (c), p. 139
- Infant and toddler classrooms: ~~also~~ Infants are provided an "on demand" schedule for their routines, including napping. Every ~~child~~ infant and toddler is required to have a crib, cot or mat; and once the ~~children~~ infants or toddlers are **sleeping**, one staff person may supervise the ~~children~~. the sleeping infants/toddlers provided the remaining staff necessary to meet the ratio are immediately available at the center (CCL regulation: 101416.5(d) p.158) No ~~child~~ infant/toddler is to be restrained on their crib, cot or mat at any time.
- Rest time napping equipment placement and sanitation guidance for preschool classroom and Infant/toddler classrooms:
 - The napping space for toddlers and preschoolers must be equipped with a mat, or cot, including a sheet and blanket. Each infant is provided a crib. The crib mattress for infants is wiped with a detergent daily and when needed. The toddler and preschool cot or mat is wiped with detergent as needed and disinfected weekly and when soiled or wet. Infant /toddler bedding must be laundered daily.

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- Preschool bedding is individually stored so that one child's used bedding does not come in contact with another's, and is to be laundered weekly.
- Napping equipment is arranged to provide access to children and spaced to prevent the spread of germs. Cribs must be placed three feet apart. Cots are placed eighteen inches apart and children are placed napping so that each child is alternating head-to-feet.
- ~~Rest Time — Full day classrooms are required to schedule a one and a half to two hour rest period. Infant and toddler classrooms also provide an "on demand" schedule for their routines, including napping. Every child is required to have a crib, cot or mat and once the children are resting, if all children are sleeping, one staff person may supervise the children. All children must be given an opportunity to rest without distraction or disturbance from other activities or children. Those unable to sleep may be given quiet activities to engage in. Teachers encourage children to rest by offering them a book, engaging them in soft conversation and gently rubbing their backs. No child is to be restrained on their crib, cot or mat at any time.~~
 - ~~The napping space must be equipped with a sheet and blanket. The crib mattress, cot or mat is wiped with detergent as needed and disinfected weekly and when soiled or wet. Infant toddler bedding must be laundered daily. Preschool bedding is individually stored so that one child's used bedding does not come in contact with another's, and is to be laundered weekly.~~
 - ~~Napping equipment is arranged to provide access to children and spaced to prevent the spread of germs. Cribs must be placed three feet apart. Cots are placed eighteen inches apart and children are placed napping so that each child is alternating head-to-feet.~~
 - ~~Soft, thick, or fluffy blankets are not allowed in infant cribs because of the risk of suffocation. Family members may provide thin blankets or CSB staff will provide an appropriate blanket for their child. Thick heavy blankets are not allowed in infant cribs because of the risk of suffocation. Family members may bring in thin blankets or CSB will provide an appropriate blanket for their child.~~

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18. Infant Toddler Routines

Infant and Toddler Routines include:

- Nurturing time with the teacher caregiver
- Indoor and outdoor activities
- Quiet and active play
- Group play and individual play
- Rest and relaxation on demand with a nap schedule for children over 12 months old.
- Feeding/eating and diapering/toileting on demand

19. Parent Involvement in Planning and Implementing Curriculum

Parents are partners in the processes of planning and implementing curriculum, and are encouraged to participate in the program in a variety of ways:

i. Home Visits

- Initial Home Visit: Within the first 45 days of enrollment, teachers conduct a home visit. Parents begin to develop a positive relationship with their child's teacher through this initial communication. The home visit gathers information about parent's observations of their children and the goals they have for them. The initial home visit gives the child an opportunity

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to meet the teacher in a familiar setting and may be used to plan individual goals for each child. Staff should make every effort to conduct the home visit at the child's house.

If parents request that teachers meet them in an alternate location or if they prefer not to have staff come to their homes, the other location will be considered "home visit." See Initial Home Visit form (CSB_170-Initial Home Visit and CSB170IT-Initial Home Visit). If the parent chooses not to have the visit in the home the reason for that decision must be stated on the home visit form.

- Each new family will be given a CSB Child Development Brochure, a toothbrush and guidance for tooth brushing and hand washing. The teacher will also assist the parent to complete a ~~DECA~~ behavioral screening. Teaching staff will enter the parent ~~DECA in e-DECA~~ and print out the results and add it to the child's file.
- Returning Child Home Visit: For children who are enrolled for a second year in the program, the returning child home visit form should be completed (CSB-106). As with the initial home visit every effort should be made to conduct the home visit in the child's home. Teaching staff will distribute a toothbrush and hand washing/ tooth brushing guidance and assist the parent with to complete the DECA behavioral screening. Teaching staff will enter the parent ~~DECA in e-DECA~~ and print out the results and add it to the child's file.
- Final Home Visit: During the final home visit, the teacher and parent review the child's progress, portfolio and assessment results. They may establish new goals, discuss kindergarten readiness, plan activities for the parent and child to do at home and address questions or concerns the parent has.

ii. Parent Conferences

All parents must be given the opportunity to participate in two conferences a year. Conferences are not home visits.

- First Parent/Teacher Conference – Within 90 days of the child's first day of school, each parent will be given the opportunity to participate in a Parent/Teacher Conference. During this conference, the teacher and parent(s) will discuss the child's progress (based on results of the screening, assessments, observations, and child's work), and will develop an Individual Plan (IP). A minimum of seven goals to include; two social emotional, three cognitive, one motor and one health and safety must be determined during the conference. If the child has an IEP, the IEP goals must also be included in the plan. DRDP 2010 measure numbers must be reflected next to the written goals. (~~See Form CSB118A 1st Parent Teacher Conference.~~)
- Second Parent / Teacher Conference – A second Parent/Teacher Conference will be scheduled to review the child's progress/objectives set during the first Parent/Teacher Conference. New objectives will be developed if applicable. (~~See Form CSB118B 2nd Parent Teacher Conference~~) For children going to kindergarten, a kindergarten transition packet may be reviewed with the parent during this conference or scheduled at a different time between December and March. Kindergarten transition packet checklist form should be added to the file with the second parent conference.

C. Parent Involvement and Participation in Program

Other Elements of Participation

- Parents have the opportunity to participate in planning and implementation of field trips.
- Families are encouraged to share their culture and traditions by volunteering in the classroom.

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- Parents are provided with individualized home activities by the child's teacher to reinforce child's learning objectives at home.
- Family Literacy: A variety of family literacy programs are offered to support parents in helping their children develop a love and appreciation of books. These include Raising a Reader, Reading is Fundamental and First Books programs.

D. Home-Based Option

CSB's Home-based program option provides opportunities for parents to enhance the parent-child relationship, promote the education and development of their children, enrich the home environment to encourage their children's learning, identify and refer children with special healthcare needs, developmental delays, or disabilities. Home Educators serve as facilitators, educators, and a support system for parents and families. They act as vital links to the local community and resources. All services provided to the home-visited family are the same quality as those given in centers. For Early Head Start, the parent-child bonding and attachment is one of the most important home visitation goals.

The Home-based Option uses the center-based sites for socialization and plans activities with the parents to use the home as their primary learning environment.

Head Start's Home-based Option services include:

- Providing one home visit per week per family (a minimum of 42 home visits per year), lasting for a minimum of 1.5 hours each.
- Providing a minimum of two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).
- Nutrition objectives are accomplished through both home visits and group socialization activities. The emphasis is on nutrition education, helping parents learn to make the best use of existing resources. Parents receive information and guidance on menu planning, consumer education, and money management.

• Home Start

~~Home Start is a locally designed option to meet the unique needs of our children and their families in collaboration with exempt providers in Contra Costa County. It is a model designed to support the parent's work toward self-sufficiency. It insures quality services for the children, their families, and providers; enriches the exempt providers' home environment to encourage young children's learning; provides early intervention services for the children and their families; identifies and refers children with special health care needs, developmental delays, or disabilities. The program builds bridges for the exempt providers and families to link them to local community resources.~~

The program maintains an average of 10 to 12 families per Home Educator with a maximum of 12 families for any individual Home Educator. Services include:

- One home visit per week for each child and provider lasting for a minimum of 1.5 hours each
- Two group socializations activities per month for each child. During socialization, activities and training are planned for parents and providers to increase their knowledge about child development issues.
- Monthly parent meetings are planned for all the parents. Parenting classes, parents support groups, and trainings are scheduled through the year.

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- All services provided to the home-visited providers are the same quality as those given in centers. The only difference is the home setting is used as the learning environment, and the provider is the educator.
- The resource center for parents and providers allows parents to meet and use materials in a central location. Materials include manipulative and educational games for children, books, and audio and visual training materials for parents and providers.

E. Classroom Assignments

Children are assigned to classrooms and teachers in accordance with their needs, available space, and other relevant variables. Each classroom must have a roster listing all enrolled children. The Site Supervisor notifies the teachers of new enrollees.

Copies of class rosters are continuously available on ~~our~~ CSB CLOUDS System and are kept current as children enroll or leave the program.

Classroom rosters do not list more than twenty children on any given day, per federal enrollment regulations except if a waiver has been granted. State Preschool not receiving HS funding may enroll 24 children. CSB centers maintain a minimum class size of at least 95% and a maximum of twenty children, and must never exceed the licensing capacity of the classroom.

F. Adult-to-Child Ratio

CSB's part day Head Start program is governed by California Community Care Licensing Title 22 Regulations which require a 1:12 ratio. However, Head Start regulations require that the maximum class size is 20 (unless a waiver is granted), so the adult-to child ratio in these classrooms is 1:10.

CSB's California Department of Education programs, including those combined with other funding such as Head Start and Early Head Start is governed by California Community Care Licensing Title V Regulations which require the following ratios: For children ages 3-5, 1:8; for toddlers, 1:4; for infants 1:3. For preschool classrooms, Title V regulations allow a classroom to be out of ratio for up to 120 minutes per day. These 120 minutes allow for rest time in early morning or late afternoon and do not apply during the core instructional time of day. During those times, children must be supervised according to the Title XXII regulation of State Licensing at 1 teacher per 12 children.

Children under three years of age may not be in groups with more than eight children. Each full-day classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day classroom is staffed with two Teachers and a Teacher Assistant Trainees.

The EHS Infant and toddler classrooms have the following ratios: Infants (birth – 18 months) is one to three (1:3) and toddlers (18-36 months) is one to four (1:4). Maximum group size for infants is six at all times. Maximum group size for toddlers is 8 at all times.

All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment. Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

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G. Sign-In and Out Procedures

1. Signing-In

Everyone must sign in at a center: visitors and guests. Upon arrival, every child must be signed in by a parent, friend or relative over 14 years of age, denoted on the emergency contact list. The full signature is required, along with the time of arrival. If a child arrives at the center unaccompanied, teaching staff must bring that child into the center, and contact the parent (and State Licensing) immediately so they may return and properly sign in the child. Failure to sign children in properly may require a referral to County Child Protective Services.

For our part-day sessions, if a parent and his/her child arrive before the start of session or stay after the closing of the session, the teaching staff will remind them that the child is the parent's responsibility during that time.

2. Signing-Out Procedures

The parent must always sign a child out at the end of the day.

Children who leave and return to the center during the day must be signed out and in by an authorized adult, e.g. a child leaving for a doctor's visit.

Adults who arrive at the center to pick up a child must be listed on the Children's Center File Emergency Card. Picture identification must be provided before child is released. It is the teacher's responsibility to keep emergency numbers current. At least two people must be listed who can pick up the child in an emergency.

If a person picking up the child is not on the emergency form, written preauthorization from the parents is required before CSB staff will release the child from the center. Children will not be permitted to leave the center unless accompanied by a preauthorized adult. Parents may not give verbal authorization for pick-up of children.

3. Child Release Policy

The safety of the children is the priority for all CSB staff; therefore the following policy must be enforced at all times:

- All parents are required to complete emergency forms during the enrollment process. Emergency forms with the names and telephone numbers of persons authorized to pick up the child will be kept in the child's file. Emergency forms must be updated at least every 12 months or anytime information changes.
- Photo identification will be required of all newly authorized individuals or individuals not recognized by staff prior to release of the child. Under no circumstances will a child be released to an unauthorized person.
- If CSB personnel are not certain the pick-up person is who he/she claims to be, the child will not be released.
- Staff will not release children if the person picking up the child smells of alcohol or if staff has reason to believe the person is under the influence of alcohol or other foreign substance.
- Staff will not release children to the person picking up the child if there is a court ordered restraining order on file against the person.

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- Children will not be forced to leave the center with someone they are not familiar with.

4. Sign-Out Disputes Due to Child Custody Issues

If a parent requests that the other parent not be allowed to remove a child from the center, Site Supervisor or Head Teacher must request a copy of the court order, and place it in the child's file in the locked cabinet.

The parent must be informed that CSB is not a law enforcement agency and cannot undertake that role. (A parent cannot be denied access to his/her child unless there is a Court Order.)

If a dispute over custody should occur in the classroom, the teaching staff will deal with the family calmly. The staff will ask the person if they would like to talk with a Supervisor. If it seems likely that the parent may become violent, the teacher may release the child, and inform the parent that they (teacher) must call the police as soon as the likelihood of violence becomes apparent. Should the parent leave with the child prior to the arrival of the police, the teaching team must be prepared to provide a description of the person, the car, and the license plate number. The teacher must call her/his Site Supervisor to report and document the incident. Such unusual incidents must be reported to an Assistant Director and to Community Care Licensing using the standard procedure.

5. Adults Signing Their Child In or Out While Under the Influence of Alcohol or Drugs

If the parent appears to be under the influence of drugs or alcohol, the teaching staff must call 911 immediately to notify the police. They must attempt to keep the adult at the center by discussing the child's day or other broad topics until the police arrive. One staff member will call an Assistant Director and inform him/her of the problem. Allow the person to take the child if he/she insists on leaving, or the staff and children are physically threatened. The staff must get the license number of the vehicle for the police. If this happens, the teaching staff must:

- Call the police
- Call County Child Protective Services and file a child abuse report
- Make an unusual incident report to Community Care Licensing.

If the police arrive at the center while the adult is still present, it is their responsibility to determine what further action should be taken. Only a police officer can officially determine if an adult is intoxicated.

6. Late Sign-Out Procedures

A parent is considered to be late when he/she has not picked up their child by the agreed upon time. Staff should not call parents to pick up their children before these times. ([See Form CSB132-Late Child Notice Procedure](#)) When a parent is late, the teaching staff will implement the following procedure:

- First Time - The staff will verbally inform the parent of the importance of picking up their child on time. This must be documented on the child's folder at the center.
- Second Time - When the child is picked up, the staff will give a late child notice to the parent. A copy of this notice will be kept in the child's file at the center.
- Third Time - The staff will call the Site Supervisor. The Site Supervisor will inform the parent that if this occurs again the child will be suspended from the center and placed on the waiting list. The Site Supervisor will give a "Late Child" letter to the parent. A copy of this letter will be placed in the child's folder at the center. ([See Form CSB132.](#))

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- Fourth Time - The staff will call the Site Supervisor, who will inform the family that their child will be placed on the waiting list. If the family receives collaborative funding from the CA Department of Education, a formal Notice of Action will be given terminating the state funding after the 14-day grace period for appeal. The Site Supervisor will notify the Assistant Director and the Comprehensive Services Assistant Managers of the change in that child's status.

Closing Time - If a child has not been picked up by closing, and no one can be reached to pick up the child, the Site Supervisor will determine the plan of action (which may include calling Child Protective Services). CSB staff must never transport children from the center via vehicle or on foot.

7. Full-Day Program Sign In/Out Procedures

The number of hours for each child enrolled in a full-day program is based upon their Contracted Hours Agreement, completed with the staff responsible for enrollment at that site. All full-day children must be signed in according to their contract hours. Each parent will have an individual sign-out time based on their unique needs for full-day services and Contract Agreement. The same procedures for late pickup are to be followed although "late" times will vary according to the parent's contract hours. Parent(s) may request a change in hours through "Request for Change of Contract Hours" form. (CSB-607)

H. General Classroom Celebration Policy

1. Description

The Community Services Bureau avoids endorsing commercialism surrounding the holidays. The focus is about learning and celebrating diversity. The following guidelines are followed when planning activities with staff and parents:

- Holidays are not a major part of the curriculum. They are integrated within the total curriculum. No more than a few days and few activities are dedicated to any holiday.
- Holidays are not a theme and the whole room is not to be decorated reflecting a holiday.
- Learning about holidays broadens children's awareness of their own, and other cultural experiences. Activities must be thoughtfully planned and implemented for inclusion of all children and families.
- Every group represented in the classroom (children and staff) is to be honored.
- Teachers must not assume that everyone from the same ethnic group celebrates holidays in the same way. Teachers check with the families to ensure that activities are indeed reflective of the cultures represented in the classroom.
- Teachers must plan strategies for working with children whose family beliefs do not permit participation in holiday celebrations. Their parents are to be included in planning a satisfactory alternative for these children in the classroom.

2. Children's Birthdays

Children's birthdays are very important and birthday celebrations are as unique as each child. However, the classroom's daily routine should not be changed to accommodate birthday celebrations. Because children learn by example, and to reinforce the nutrition education in the classroom, the following ideas are suggested:

- Giving and/or reading a book to the child and classmates
- Bringing educational toys to share

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- Bringing a baby book or other symbolic item, or a special family story to share
- Lead a game
- Decorating the classroom
- Performing magic acts
- Leading a nutritious class project (any food provided cannot be served in place of regular food service)

3. Inappropriate Activities in the Classroom

- Staged performances, plays, and ceremonies where children have memorized vocal parts or if rehearsals are required
- Lectures, where children have to sit and listen for a long period of time
- Commercial displays
- Adult-directed activities that focus on a product rather than a process (i.e., patterned art / work)
- Combined classrooms with large groups of adults and children-
- Graduation ceremonies with caps and gowns

I. Field Trips

1. Procedures

Field trips complement the classroom educational experience, current curricula, and must be developmentally appropriate. Field trips encourage hands-on exploration and experimentation. Field trips permit the child to learn about his/her world (school, neighborhood, and community).

Site supervisors must inform Nutrition office one week prior to date of a field trip using the Field Trip Form (CSB-115). All field trip lunches will consist of sun butter sandwiches, string cheese, fruit, vegetable, and milk.

Parent volunteers are encouraged to plan and participate in field trips. Only children enrolled in the classroom taking the field trip may participate. Parents may not bring siblings or other children on the field trip.

Parents may drive their own child to a field trip after signing their child out of school. Parents may not drive other students or parents on a field trip. While on the field trip parents need to sign their child in or out, use paper copy if tablets are not available.

Field trips are approved in advance by the Site Supervisor and are documented in the classroom lesson plan. Teaching staff notifies the Site Supervisor or designee when leaving/returning from the trip.

Parental permission slips are required for all field trips (CSB-114). Transportation is provided as needed, primarily for staff and children.

Travel time for field trips should be no more than 60 minutes in length, round trip, and allow for heavy traffic conditions when necessary. Walking field trips are encouraged, with the destination within a half-mile radius of the center.

- A field trip should be completed within three hours, including lunch and transportation.

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- Full-day programs require a two hour nap/rest period. A field trip should not interfere with the regular naptime schedule.
- Requests for additional time for field trips may be submitted to the Assistant Director for approval.

Size of group – no more than one group of twenty children may go at one time. AM and PM classes do not combine or change program hours to go on a trip. Adult-to-child ratio on all field trips is a minimum of one adult for every four children (1:4). This ratio may be adjusted lower (1:3 or 1:2) at the discretion of the teacher or Site Supervisor. Staff (and volunteers) must have assigned groups of children for whom they are responsible at all times. Each group must stay together, within the teacher's area of vision/supervision. Teachers are responsible for ensuring that each adult volunteer properly supervises his/her assigned group of children on the field trip. ~~Headcounts~~Attendance on field trips will be taken at the following times:

- Upon leaving the center
- On the bus or van
- Upon arrival at the destination
- At random times during the field trip
- When boarding the bus or van for the return to the center
- After return to the center
- Use paper copy for parents to sign-in and out if tablets are not available.

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Emergency information for each child, three blank accident forms, a cell phone, and a First Aid Kit must be taken on walking or driving trips. (CSB-113-Field Trip Information and CSB-1015-Vehicle Use Request Form)

- During field trips, each child must wear a tag at all times that only identifies the name of the center and the center's telephone number on the front. Child's name may be written on the back of the tag, but never on the front.
- Field trip leaders must keep to their schedule, or call the center if there are any changes.
- If there are insufficient adults, inclement weather or any circumstance that would make it less than an optimal experience, the trip must be cancelled. A well-planned field trip taken under adverse conditions or circumstances may become a danger.

2. Planning Protocols

When planning a field trip or socialization, the following must be completed:

- Establish educational goals and objectives for the planned trip
- Teacher, or their representative, is to visit the destination to check travel time and accommodations, and to ensure the safety of the children
- The field trip planning form must be completed and submitted one month prior the field trip
- If applicable, the request for change of menu and purchase requisition must be completed and submitted one month prior the field trip
- Parents are notified at least two weeks in advance of the upcoming trip, at which time they are encouraged to volunteer for the trip
- Children are prepared for the trip at least one week in advance through in-class discussions of field trip safety

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- When transportation is provided at least one trained bus monitor is aboard each vehicle at all times

The bus monitor training will include:

- Child boarding-and-exiting procedures
- Use of restraint systems
- Required paperwork
- Emergency response and evacuation procedures
- Use of special equipment
- Child pick-up and release procedures
- Pre- and post-trip vehicles checks

In Case of Minor Accident at Site or on Field Trip

- A designated staff member with a valid First-Aid Certificate assesses the situation, and renders first aid if necessary.
- If a minor accident occurs on a field trip, the teacher of an injured child must notify the child's parents on return to the center. (As noted above, the emergency contact list must be on hand.)
- The "Band Aid Report" form is completed, signed, and dated.
- The teacher retains one copy for the center and gives one copy to the parents.

In Case of Major Accident at Site or on Field Trip

- The teacher calls paramedics immediately. Classroom staff assesses the situation, and renders first aid as indicated for life-saving measures.
- Injured children are taken to the nearest emergency facility and the teacher or Site Supervisor accompanies the child.
- The teacher of an injured child must notify the child's parent(s) immediately. (The emergency contact list must be on hand.)
- The teacher must immediately notify the Site Supervisor, who will notify the Assistant Director and/or the Bureau Director or designee.
- Licensing must be notified by telephone (with a follow-up of the "Unusual Incident/Injury" report) as soon as possible.
- The parent may accompany the child in the emergency vehicle.
- If the parent is not at that location, the child's teacher accompanies the child in the emergency vehicle.
- If necessary, CSB staff will provide transportation for the parent to/from the emergency facility.
- The "Accident/Incident Report" form (See Form CSB208) is completed, signed, and dated by the staff person involved in the situation.
- An insurance form is also completed, signed, and dated.
- The teacher retains one copy of the "Accident/Incident Report" and insurance form for the center, and submits copies of the reports (within 24 hours) to the Site Supervisor.
- The Site Supervisor submits copies of these reports to the Assistant Director and/or the Bureau Director.
- The CDE must be notified by the Bureau Director if the client is in a program funded by the state.

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V. Child Nutrition

A. General Description-Identifying Children's Needs

To implement a comprehensive system of services for preventing health problems and intervening promptly when they exist, Comprehensive Services is responsible for identifying cases for nutrition referral, follow-up and ~~parent conference~~case management referrals.

B. Nutrition Referral

Comprehensive Services Assistant Managers and Clerks perform the following:

- Review medical records, health histories and growth assessments.
- Identify nutrition risk following the guidelines listed below in the table.
- Initiate nutrition referral in CLOUDS.
- Update existing referrals in CLOUDS ~~instead of creating new ones, so that all relevant case notes are kept together.~~
- ~~When talking to the parents, use nutrition terminology as indicated on the~~ Use the "What To Say and What To Do" protocol (see Shared Folder > Nutrition > Training-Flyers) based on the specific nutrition risk when ~~speaking with parents, the child has a nutritional risk.~~
- Complete WIC/Food Stamp screening form with parent, and provide other nutrition resources as appropriate (weight, iron-rich foods, picky eater, lead poisoning, and other areas of concern).
- Encourage parents to attend nutrition presentations, such as at parent meetings.
- Document in CLOUDS all actions/services provided to parent.
- Initial and date all documentation.
- ~~Identify nutrition risk following the guidelines listed below.~~

2. Guidelines for Identification of Nutritional Risk

Iron Deficiency Anemia – Criteria

Criteria for Providing Nutrition Information to Child's Parent			
Age / Years	Sex	Hgb	Hct
< 2	Both	11.4-0 – 11.04	3432.9 – 3234.9
2 < 5	Both	11.4-1 – 11.14	3433.9-0 – 3334.09
5 < 8	Both	11.9-5 – 11.59	3534.9-5 – 3435.59
Criteria for Initiating Nutrition Referral and MD Referral			
Age / Years	Sex	Hgb	Hct
< 2	Both	10.9 or less	32.8 or less
2 < 5	Both	11.0 or less	32.9 or less
5 < 8	Both	11.4 or less	34.4 or less

Blood Lead
Levels

Provide nutrition resources to parents if child's blood level is below 10 ug/dl. If child's blood level is 10 ug/dl or greater, a referral should be made to the Comprehensive Services Health Manager.

Diabetes

If child has been diagnosed with diabetes, obtain "Child Diabetes Care Plan" from child's MD.

- If child requires blood glucose testing or glucagon for emergency life saving measure, Community Care Licensing requirements must be met prior to enrollment.

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Underweight

Input child's height and weight under Growth Assessment in CLOUDS to determine nutritional status. Refer children with underweight status.

If child's status is underweight and there is a family history of small stature, a nutrition referral should not be made. If CLOUDS triggers an automatic referral, click "no referral needed," and explain why under comments, unless there are additional concerns such as:

- Failure to thrive
- Developmental disabilities
- Anemia

For infants, initiate nutrition referral if following values are determined after plotting on the growth chart:

- Weight-for-age < 3-5%
- Weight-for-length < 5%
- Head circumference < 5%

Overweight & Obese

To effectively manage ~~Child Health and Developmental Services, nutrition children's nutritional concerns~~ follow-up must be ~~accomplished in a timely manner and~~ monitored through resolution of the problem.

Assigned staff is responsible for the following.

- Comprehensive Services Clerks
 - Hand out resource(s) and enter in CLOUDS which resource(s) were given
 - Follow steps as indicated on the "What To Say and What To Do" protocol (see Shared Folder > Nutrition > Training-Flyers).
 - ~~Download updated list of Overweight and Obese children, and distribute list to the respective Site Supervisors & Partner Agency Staff.~~
- Comprehensive Services Assistant Managers
 - Monitor to make sure follow-up is completed.
- Site Supervisor and Partner Agency Staff
 - Obtain updated list of Overweight and Obese children from the Comprehensive Services Clerks.
 - ~~Distribute updated list of Overweight and Obese children to the respective teachers in the classrooms.~~
- Teachers
 - ~~Place updated list in "Nutrition Alert" binder.~~
 - ~~Follow nutrition interventions for Overweight and Obese children in the classroom as indicated in the Nutrition Alert binder.~~
 - Model correct portion size of food for children, i.e., teachers do not serve themselves adult sized portions.
 - Monitor children's food consumption during meal time and assist children in making healthier choices if needed.

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- If a child is extremely underweight or obese, staff will follow policies and procedures related to reporting suspected child abuse and neglect. Nutritionist and Health Services Manager are available for consultation as needed.

3. Picky Eaters

When picky eaters are identified, Comprehensive Services Assistant Managers and/or Clerks are responsible for providing the nutrition handout to parents, and to document actions and parent conversations in CLOUDS in the comment section under Health History. No referral is needed.

4. Tube Feeding

~~If child requires gastrostomy-tube care Community Care Licensing requirements must be met prior to enrollment. Case management takes place prior to Community Care Licensing notification and prior to enrollment into a CSB program. Case management must be conducted with the family and a public health nurse before any child with a feeding tube can be admitted to the program. If, after case management, enrollment is deemed feasible and reasonable, Community Care Licensing must be informed in writing of CSB's intent to provide tube feeding. A care plan must be developed and LIC 701B is to be used to document permission by licensing and the medical provider. Staff must also be trained by a qualified health care professional.~~

5. Special Meals and/or Accommodations

If dietary modifications are indicated based on a child's medical or special dietary needs and/or religious/personal/cultural belief, the Nutritionist will modify or supplement the child's diet on a case-by-case basis, in consultation with parents and the child's medical provider.

6. CSB is a Peanut-Free Program

Each CSB center is designated a Peanut-Free Zone. CSB does not serve foods that contain peanuts due to this increasing health risk in young children. ~~The prevalence of childhood peanut allergies has increased dramatically in the past few decades.~~ Peanuts are currently the leading food-related cause of severe life-threatening allergic reactions.

7. Food Allergies and Special Diets

When food allergies and special diets are identified, the following will apply

Comprehensive Services Assistant Managers, Clerks, Site Supervisors, and Site-Based Clerks must:

- Identify food allergy/intolerance or need for special diet if any.
- Immediately give parent a "Medical Statement to Request Special Meals and/or Accommodations" (~~See Form CSB401~~). This form is to be used only for food allergies and/or intolerances, and is not complete without the designated healthcare provider's signature.
- Use Request for Special Meals Due to a Cultural, Religious, and/or Personal Beliefs form for non-medical special diets (~~see Form CSB402~~). This form is not be used for personal food preferences.
- ~~• Follow up with parent until form is returned.~~
- Submit completed forms to Nutrition Office two business days prior to child's first day. Original to be kept in child's file, with a copy sent to Nutrition Office.

Site Supervisor or assigned staff must:

- Schedule case management with Comprehensive Services Assistant Manager before child starts in the program if food allergy is life-threatening or if several different food items are restricted so that meal pattern becomes unbalanced.

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- Post meal modifications weekly in both kitchen and classrooms, with names covered for privacy. Cooks and transporters are responsible for:
- Checking posted meal modification to confirm accurate food preparation and delivery.
- Reviewing meal modifications and addressing any questions to the Nutritionist.

The Comprehensive Services Assistant Manager is responsible for consulting with the Nutrition Office regarding the possibility of accommodating other food substitutes necessary to meet child's needs.

Nutrition Clerk is Responsible For:

- Adding child's name to the Allergy List of the center in which child is enrolled.
- Forwarding copy of list to center.
- Updating list as information is received from Site Supervisor or Comprehensive Services for children who are enrolled or dropped from program.
- Keeping on file in Nutrition Office the Medical Statement to Request Special Meals and/or Accommodations form and Request for Special Meals Due to a Cultural, Religious, and/or Personal Belief form.

8. Menu Change Protocol for Food Allergy/Modifications

The Nutritionist is responsible for any food modifications/substitutions. When a— recommended food item is not available:

- The Nutritionist will be immediately notified by FS Worker III, FS Manager, or AD. Nutritionist will give an alternate food substitute.
- If Nutritionist is not available, the FS Manager will check past meal modifications to determine appropriate substitution. FS Manager will inform kitchen staff of change.
- FS Manager will also inform Nutritionist when substitutions have been made.
- If FS Manager is also not available, the Supervising AD will check past meal modifications to determine appropriate substitution. Supervising AD will then inform kitchen staff of change.
- Supervising AD will also inform FS Manager and Nutritionist when substitutions have been made.
- Nutrition Office will inform Site Supervisor or assigned staff of food substitutes.
- Kitchen staff is not to make any substitutions without approval from Nutritionist, FS Manager, or Supervising AD.

9. Heights and Weights

As part of nutrition screening, heights and weights must be taken regularly by designated staff to determine the nutritional status of each child.

The Child's Teacher is responsible for:

- Following height and weight protocol when filling out Height & Weight log.
- Using Height & Weight log to monitor and ensure healthy growth of all children.

Comprehensive Services Clerks are responsible for:

- Taking heights and weights of all preschool children during the first month of enrollment.
- Recording heights and weights in CLOUDS from the Height & Weight Log completed by the teachers.
- Returning Height & Weight Log to Site Supervisors for grantee and Site Directors for the partners.

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- Plotting Early Head Start length-for-age, weight-for-age, and head circumference-for-age on growth chart whenever information is available on well baby exam based on periodicity schedule.

Site Supervisor (Grantee) is responsible for:

- ~~Distributing back to respective teachers the Height & Weight Log to be filed in the Nutrition Alert binder.~~

Site Director (Partners) is responsible for:

- ~~Filing Height and Weight log in the Height and Weight binder.~~

C. Child Adult Care Food Program (CACFP)

1. General Description

To ensure our participation in the USDA Child Nutrition Program, the following must be accomplished by assigned staff.

Site Supervisor or designee is responsible for:

- Completing CACFP form before child attends school, or upon enrollment.
- Completing CACFP enrollment document.
- Filling in days and hours child attends and types of meals served to child while in attendance.
- Ensuring enrollment document is signed and dated by the parent.
- Parent's completion of Meal Benefit form for child(ren) being enrolled, and for signing Meal Benefit form.
- Determining eligibility using current eligibility guidelines.
- Collecting enrollment document and meal benefit form from July 1st to October 31st.
- Sending a CACFP form and CACFP enrollment document to the Nutrition Office.
- Completing Enrollment Eligibility Roster each month, which includes:
 - Listing new children for the current month.
 - Determining whether child is free, reduced or base.
 - Marking whether child is in Head Start.
 - Listing child's certification date.
 - Listing children who have dropped for the current month and the drop dates.
 - Sending monthly Enrollment Eligibility Roster to Nutrition Office by the 5th of ~~the~~ following each month.

2. Non-Discrimination in Child Adult Care Food Program Services

Community Services Bureau Head Start will comply with Title VI and Title VII of the Civil Rights Act of 1964, Title XI of the Educational Amendments of 1972, Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Each center will prominently display the "And Justice for All" poster.

Staff will receive annual training on Civil Rights requirements and on handling Civil Rights Complaints. Nutrition Office will monitor and oversee training.

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D. CACFP Monitoring

To ensure compliance and meet CACFP requirements, all grantee sites must be monitored three times a year.

~~The~~ Nutritionist ~~is responsible for~~ responsibility:

- Unannounced monitoring of mealtimes.
- Conducting CACFP facility reviews three times per classroom per academic year.
- Using CACFP Centers Facility Review form (see Form CSB440).
- Reporting findings to Site Supervisor or designee immediately after monitoring.
- Writing corrective action plan based on recent findings.
- Sending findings to the Assistant Director.
- Sending original copy of CACFP Center Facility Review form to Nutrition Office.
- Following up to confirm completion of corrective action within 60 days of findings.
- Completing CACFP 5-day reconciliation to ensure accuracy of meal claims by each site.

Site Supervisors ~~are responsible for~~ responsibility:

- Implementing corrective actions and/or responding to monitoring report within 2 weeks.
- Sending Nutritionist documentation of the corrective action plan ~~taken~~ and date of completion, e.g. Individual/Small Group Conference form, agenda and sign-in sheet for verification of completion of corrective action

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VI. Child Health and Safety

A. Daily Health Inspection

The teacher is mandated by Licensing to perform a daily health check of each child. The daily health check is performed when greeting the child and parent as they arrive. Parents are requested to remain present while the teacher performs this ~~quick assessment which usually takes less than a minute~~. The Daily Health Inspection is a head-to-toe check of emotional and physical well-being. This is an effective tool to develop a baseline of what is normal for each child. This exercise helps the teaching staff reduce the spread of illness and establish rapport with the child and parent each day. It is important that this health check be conducted in the form of a greeting and that no invasive inspection, such as lifting clothing, or discussing findings out loud in front of others, should take place. For preschool classrooms, team members will complete ~~in CLOUDS or using~~ the Daily Health Check log (CSB ~~for~~ 230) to document completion of the Health Check for each child in attendance. For infants, the daily health inspection includes a diaper change and is documented on the Daily Communication Form (CSB ~~form~~ 155). Teachers must also observe the child throughout the day.

To complete a daily health inspection, the teacher will do the following:

- Listen: Greet the child and parent.
 - Ask ~~the~~ child the following question:
 - ⊖ “How are you today?”
 - Ask ~~the~~ parent the following questions:
 - ⊖ “How’s (name of child)?”
 - ⊖ “Was there anything different last night?”
 - ⊖ “How did he/she sleep?”

Listen to what the child and parent tell you about how the child is feeling. If the child can talk, is he/she complaining of anything? Is he/she hoarse or wheezing?

- Look: Get down to the child’s level so you can see him/her clearly. Observe signs of health or illness:
 - General appearance (e.g., comfort, mood, behavior, and activity level)
 - Is the child’s behavior unusual for this time of day?
 - Is the child clinging to the parent, acting cranky, crying, or fussing?
 - Does he/she appear listless, in pain, or have difficulty moving?
 - ~~Breathing:~~ Is the child coughing, breathing fast, or having difficulty breathing?
 - ~~Skin:~~
 - Does the child look pale or flushed?
 - Do you see a rash, sores, swelling, or bruising?
 - Is the child scratching his/her skin or scalp?
 - ~~Eyes, Nose, Ears, Mouth:~~
 - Do the child’s eyes look red, crusty, goopy, or watery?
 - Is there a runny nose?
 - Is he/she pulling at his ears?
 - Are there mouth sores, excessive drooling, or difficulty swallowing?
- Feel: Gently run the back of your hand over the child’s cheek, forehead, or neck.
 - Does the child feel unusually warm, or cold and clammy?
 - Does the skin feel bumpy?
- Smell: Be aware of unusual odors.
 - Does the child’s breath smell foul or fruity?

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- Is there an unusual or foul smell to the child's stools?
- Pay particular attention to a child who has been absent or exposed to contagious disease.

After doing the health check, teacher must now use findings to determine if the child looks healthy or sick. Use this chart to identify signs of health and illness:

	Looking Healthy	Looking Sick
General Appearance	Comfortable Cheerful, responsive Active, playing Behavior appropriate for child and time of day	Excessive crying, clinginess, fussiness Doubled over in pain, unable to move Listless, lethargic, unresponsive No appetite Vomiting, diarrhea
Breathing	Breathing slowly Relaxed Quiet	Breathing fast Difficulty breathing Sucking in around ribs Flaring nostrils Persistent Cough Wheezing
Skin	Normal skin color and texture for child Normal skin temperature No rashes, sores, swelling, or bruising No scratching at skin or scalp	Pale, grayish, flushed, yellowish Hot or cold and clammy skin Skin rash, sores, swelling or bruising Scratching at skin or scalp Skin doesn't spring back when pinched
Eyes, nose, ears, and mouth	Eyes bright and clear Nose clean Ears clean Mouth without sores, swallowing comfortably	Eyes swollen, red, crusty, goopy, watery, yellowish, or sunken Nose congested or runny Ears draining pus or blood Pulling at ears Mouth or lips with sores, excessive drooling, difficulty swallowing
Odors	No odor or normal odor for child	Breath smells foul or fruity Stool smells foul

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B. Hand Washing

Hand washing is the single most important routine in disease prevention. Both children and staff are required to wash hands upon arriving to work or school, before eating, before/after preparing or serving food, and after outdoor play, after wiping noses or using the bathroom, after handling animals/pets, before and after medication administration, and before and after gloving.

All adults and children in the classroom should follow the procedures for proper hand washing:

- Use soap and running water
- Scrub ~~your~~ hands vigorously for at least 20 seconds
- Wash all surfaces, including:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
 - Under and around rings
- Rinse well
- Dry hands with a paper towel
- Turn off ~~the~~ water using ~~a~~ paper towel instead of bare hands

C. Infection Control in the Classroom

In addition to Universal Precautions, the following measures are recommended for infection control in the classroom. -It is the teacher's responsibility to insure that simple routine practices which reduce disease risks in the group setting are implemented in the classroom. -These practices include:

- Hand washing
- General environmental sanitation
- Sanitary food service
- Good personal hygiene
- Careful diapering procedures
- Prompt exclusion of children and adults who have signs and symptoms of communicable disease
- Placement of cribs at least 3 feet apart and cots at least 18" apart

Hygiene - Universal Precautions

1. Training

All teachers, site supervisors, managers and food service staff will be trained annually on food sanitation and safety. At least one employee in the Central Kitchen must be trained and must hold a current Food Safety Manager certificate, certified in Safe Food handling through ServSafe.

2. Tuberculosis (TB) Tests

Licensing requires that proof of a negative TB test or chest x-ray of staff and volunteers (except student volunteers under the age of 18) must be kept in the center Licensing Folder. -Resources for obtaining a TB test are available for parents and other volunteers in need.

3. Standard Precautions

Precautions should be used at all times to protect staff and volunteers from the risk of being exposed to blood, fecal material, vomit, urine, or other potentially infectious materials.

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CSB Standard Precautions procedures apply to all program staff and volunteers. They will maximize worker protection from the spread of communicable disease resulting from occupational exposures to blood or other potentially infectious materials. ~~Staff will take the same precautions —(hand washing, use of gloves, disinfecting, and other safety measures)—~~ when dealing with the blood or body fluids of all children and adults, whether or not they appear sick.

CSB will supply staff with appropriate standard precaution personal protective equipment (e.g., gloves, aprons, mouthpieces for CPR). The program will ensure that all program staff receives training in the use of ~~all~~ this equipment.

CSB trains staff ~~in~~ standard precautions through annual trainings and as a function of the American Red Cross First Aid certification course. American Red Cross First Aid Re-certification is required every three years.

~~If a~~ Anyone who has questions regarding the appropriate use of this protective equipment, should call the Comprehensive Services Health Manager. If ~~your~~ personal protective equipment becomes damaged or lost, ask for a replacement immediately.

4. Diapering and Toileting Procedure

i. Description

Since diapering and toileting are every day procedures for staff, and are a possible way that infectious diseases can be spread, it is extremely important that proper techniques be used at all times. ~~It should~~ also be noted that no child may be denied the opportunity to participate in any program on the basis of toilet training. The program does not make successful toilet training a condition of enrollment.

~~Each child must be kept dry at all times.~~ The center staff must ensure that there are sufficient changes of clothing and diapers. Each child's clothing and/or diapers must be changed as often as necessary to ensure that the child is clean and dry at all times.

ii. Diapering

Proper Diapering Procedure

- ♦1. Get organized. Assemble supplies in the changing area within reach, (disposable diaper, wipes, gloves, non-absorbent paper liner, clean clothing and plastic bag if needed). ~~Cover the entire changing surface or table with paper. Wash hands thoroughly with soap and warm running water.~~
- ♦2. Place child on paper covered changing surface or table. Never leave child unattended during diapering processes.
- ♦3. Remove child's clothing and put soiled clothing aside. Put on gloves using posted procedure.
♦~~Put on gloves using posted procedure.~~
- ♦4. Unfasten diaper and leave soiled diaper under child. ~~Lift the child's legs and use disposable~~ wipes to clean skin creases, genitalia, and bottom. ~~Thoroughly as needed, wipe front to back using a clean wipe each time. Place used wipe~~s in dirty diaper.
- ♦5. Remove soiled diaper. ~~Fold diaper inward and place in covered, hands-free, plastic-lined container. Fold back paper liner if a clean surface is needed. Remove gloves.~~

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- ◆6. Clean your hands with a disposable wipe and then clean the child's hands with another fresh wipe.
- ◆7. Put clean diaper on child. ~~-(Put ointment provided by parents upon their written request.)-upon their written request).~~
- ◆8. Dress the child. -Change the child's clothing if wet or soiled.
- ◆9. Wash the child's hands with soap and water. -Put child safely in supervised area.
- ◆10. Clean and sanitize the changing surface or table. ~~-Throw away the paper liner in covered, hands-free, plastic lined container. -Clean any visible soil with detergent and water. Wet the entire changing surface with sanitizing solution.~~
- ◆11. Wash your hands with soap and water.
- ◆ Follow the posted NAEYC Proper Diapering Procedure.

iii. Toileting

The following procedure should be followed when toileting a child:

- Have all materials at hand before starting procedures.
- Never leave a child unattended; visual supervision is required.
- Have child sit on potty, but never longer than 5 minutes.
- After child has finished, teach child how to wipe self from front to back.
- If rectal area is still unclear, the adult (using gloves) will clean the perineal/rectal area with disposable, wet towels.
- Before child leaves bathroom, the child is to wash hands properly.
- ◆ Adult returns to empty potty, disinfect seat, rinse and dry.
- Staff member washes hands when done.

D. Napping Policy

To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by the physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumers Product Safety Commission.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment.
- The infants head must remain uncovered during sleep.
- After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.
- If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.

E. Dental Hygiene

All children with teeth shall brush or have their teeth brushed at least once during the hours the child is in care. For full day and family child care programs, children will brush their teeth after lunch. For part day morning programs, children will brush after breakfast. For part day afternoon programs, children will brush their teeth after lunch.

Using a Size appropriate toothbrushes, tenders and fluoride toothpaste will be obtained through the health supply ordering process and will be use as follows: ; the caregiver will either brush the child's

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~~teeth (for those children lacking the motor skills to brush themselves), or supervise as the child brushes his/her own teeth. The younger the child, the more the caregiver needs to be involved.~~

~~Fluoride toothpaste is available at all centers. The caregiver should use a layer of fluoride toothpaste, not larger than the size of a pea, for children 3 to 5 years of age. Younger children tend to swallow the fluoride toothpaste, which can cause fluorosis. Therefore, children under three shall brush without toothpaste.~~

- ~~For e~~Children age two and over:

~~Once daily in conjunction with a meal as noted above, staff should either brush the child's teeth (for those lacking the motor skills to brush themselves) or supervise as the child brushes his/her own teeth using a small smear of fluoride toothpaste. Fluoride toothpaste, not larger than the size of a pea should be placed on a disposable cup for each child.~~

- ~~For e~~Children between one and two years of age

~~Once daily in conjunction with a meal as noted above, staff must brush the child's teeth using a small smear of fluoride toothpaste premeasured on a disposable cup for each child.~~

- ~~For e~~Children under the age of one

~~At least once a day and after a~~ feeding, an infant's teeth and/or gums shall be wiped with a moist cloth, or a product distributed to the sites called "Tenders," to remove any remaining liquid that coats the teeth and gums, which turns to plaque and causes tooth decay. By doing this, caregivers are breaking up the plaque that forms to create a much healthier environment for the teeth that will be coming in later on. Follow these steps when caring for infants:

- Wash hands thoroughly and slip "Tenders" onto your index finger
- Moisten slightly with cool water. Do not use toothpaste
- Carefully swab infant's gums using a gentle circular motion
- Place used "Tender" in garment bag to be washed prior to next use

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F. Health Issues in the Classroom

- ~~Call your assigned Site Supervisor, Comprehensive Services team, or Health Manager~~ when you identify a health concern. It is crucial to provide appropriate intervention or resolution. Any unusual behavior, any injury or any signs of illness requiring assessment and/or administration of first aid by staff must be reported to the parent and documented in the child's confidential file.

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- Health issues include, but are not limited to rash, high fever, head lice, signs of conjunctivitis ("pink eye"), diarrhea, intestinal problems, vomiting and nutritional problems.

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The ~~Comprehensive Services team~~, Site Supervisor, comprehensive team member or Health Manager must follow up with the parent and medical provider(s) to confirm any diagnosis ~~offered~~ given by the parent or family member. The ~~is~~ information will be evaluated, and a decision made as to whether the child can attend school at that time. ~~Both, t~~The Site Supervisor and the teaching staff will be kept abreast of the health considerations that impact this decision.

G. Child Safety and Supervision

Visiting/socializing on the playground or the premises of a child care facility while on duty is prohibited. Visiting/socializing with fellow employees, who are still on duty regarding non-classroom activities, during break times, is not allowed. All visitors, former employees and relatives must report and sign in

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at the main office of each center before entering program areas. Information on the nature of the visit will be required.

Children must be visually supervised at all times indoor and outdoor, including while toileting and napping. Essential practices indoors and outdoors include, but are not limited to, active supervision, "zoning" and strong team communication.

Playground safety and supervision:

Yard staffing must support visual supervision at all times. Staff must "sweep" the yard by walking and visually scanning all areas before leaving.

Morning outdoor time and field trips:

Whenever the classroom is outside on the yard in the morning or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during field trips or morning outside time.

Afternoon outdoor time:

During the afternoon outdoor time, staffing must meet required teacher-child ratios, and the Lead Teacher must accompany the class and other staff in transitioning the children to and from the yard. If a low ratio allows only one staff person on the yard, that person must be at least an Associate Teacher level staff. Scheduled outdoor time must be approved by Site Supervisor with consideration of approved prep-time and break schedule.

Preschool outdoor safety:

- No more than two (2) preschool classrooms shall be outside on the playground at any time.
- This policy may be waived with written approval from the Assistant Director. If approval is granted, a written plan must be developed by the Site Supervisor and approved by the Assistant Director outlining additional safety measures that will be established, including but not limited to safe transitions and staff knowing all children on the yard.

Infant and toddler outdoor safety:

- Infant and Toddler classrooms shall have no more than eight (8) children present for any activity, including outdoor time.
- Whenever the classroom is outside on the yard or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during times scheduled outside of the classroom.

Semi-Annual Child Safety Check:

Semi-annually, during the first month of the "Program Year" (when all programs are in session) and in March, each Site Supervisor will complete and submit to their Assistant Director the Semi-Annual Child Safety Checklist (CSB form 751). This checklist will be used to confirm that the following has occurred as required:

- Annual review of Ready To Learn Curriculum safety considerations;
- Annual review of Pedestrian Safety Training for parents and children;
- Semi-annual review of outdoor schedule against staff breaks and prep time and against peak pick-up/drop-off times to ensure no overlap;

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- Semi-annual review of schedule and plan of class consolidations in early morning and late afternoon;
- Semi-annual meeting with staff to review child safety, visual supervision, staff placement , and safe transitions;
- Semi-annual completion of Transition Observation Checklist (CSB form 750) in each classroom;
- Semi-annual review of center documentation that all volunteers and substitutes have received an on-site orientation and have reviewed *CSB Substitute and Volunteer Handbook* with a signed *Handbook* receipt on file at the center;
- Semi-annual meeting with front desk/lobby/entrance/exit staff to review procedures to ensure Child Safety at all times; and
- Semi-annual meeting with parents to review Child Safety procedures, facility security, and handout *Parent Guidance for Keeping Children Safe*.

H. Child Illness Procedures

1. Admission and Exclusion

The decision to admit or exclude a child with an illness is the responsibility of the Site Supervisor and will be based on whether there are adequate facilities and staff able to care for the ill child and the other children in the group. The Site Supervisor, not the child's family, makes the final determination about whether the ~~acutely~~ ill child can receive care in the childcare program. Children will be excluded if:

- The child's illness prevents the child from participating in activities that the facility routinely offers for well children or mildly ill children.
- The illness requires more care than the childcare staff is able to provide without compromising the needs of that particular child or of the other children in the group.
- Keeping the child in care poses an increased risk to the child or other children or adults with whom the child will come in contact.
- The childcare staff is uncertain about whether the child's illness poses an increased risk to others. The child will be excluded until a physician or nurse practitioner notifies the child care program that the child may attend. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

2. Admission and Permitted Attendance

Specific conditions that do not require exclusion are:

- Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves.
- Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
- Children with a rash, but no fever or change in behavior.
- Children with cytomegalovirus infection, HIV or carriers of hepatitis ~~Bb~~.

3. Procedure for Management of Short-Term Illness

The behavior and health of each child must be continually observed during the course of the day, and should a child become ill, the following steps must be taken:

- The ill infant, toddler or child must be isolated on a cot/crib in an area, which is easily supervised and away from the kitchen, bathroom and any other area used by the other children. -Infants, toddlers and children in isolation must be under constant visual observation by designated staff.

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- Children ill enough to require isolation may not use the same toilets as other children. -One toilet and sink must be designated exclusively for the ill child's use. -The other children must be prevented from using that toilet and sink until the sick child has been picked up, and those facilities have been thoroughly disinfected.
- The Site Supervisor or designee will call the parent or other emergency numbers to arrange to have the child picked up. -If no one can be contacted, the child must remain on the cot/mat under close supervision and staff will continue to try to reach the parents or emergency numbers.
- If the child's condition worsens and becomes life threatening, the teaching staff must call 911. ~~Make a note in the child's file that parents were notified~~ Notification of parents must be noted in the child's file. ~~Notify~~ The Assistant Director must be notified immediately.

4. Short-Term Exclusion and Admittance

As the program is not set up to care for ill children, staff and parents should use the following three criteria to exclude children with short-term illnesses from the group care setting:

- The child does not feel well enough to participate comfortably in the usual activities of the program.
- The staff cannot care for the sick child without interfering with the care of the other children.
- The child has any of the following that indicate a contagious disease or an immediate need for medical evaluation:
 - Fever and behavior changes or other signs or symptoms, until the child's inclusion is checked with a health professional who determines that the child may be in child care
 - Signs or symptoms of a possible serious condition, such as those defined below under "Conditions that Require Immediate Medical Attention", until the child is checked by a health professional who determines that the child may be in child care

Children-An ill child may only be excluded for the period of time when ~~they-he or she~~ poses a significant risk to the health and safety of anyone in contact with the child and until the child meets the criteria for re-admission.

5. Conditions that Require Immediate Medical Attention

Get help immediately for a child with any of the following conditions:

- Specific fevers:
 - A baby less than 4 months of age has a temperature of 101° ~~Fdegrees~~ rectally or 100° ~~Fdegrees~~ axillaries (armpit).
 - A temperature of 105° ~~Fdegrees~~ or higher in a child of any age.
- For infants under 4 months, forceful vomiting more than once.
- Looking or acting very ill or getting worse quickly.
- Neck pain when the child's head is moved or touched.
- A stiff neck or severe headache and looking very sick.
- A seizure for the first time.
- Acting unusually confused.
- Unequal pupils (black centers of the eyes).
- A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury.
- A rash of hives or welts that appears and spreads quickly.

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- Breathing so fast or so hard that the child cannot play, talk, cry, or drink.
- A severe stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- Stools that are black or have blood mixed in ~~through~~ them.
- Not urinating at least once in 8 hours, a dry mouth, no tears, or sunken eyes.
- Continuous clear drainage from the nose after a hard blow to the head.

I. Return to School After Illness

Children who have been excluded from the classroom should not return until:

- A physician has certified that the symptoms are not associated with an infectious agent or the child's symptoms do not threaten the health of other children.
- The child is completely "nit-free" following a head lice infestation.
- The child has an axillary or oral temperature of less than 100°F, and does not have symptoms such as:
 - Sore throat
 - Vomiting
 - Diarrhea
 - Headache and stiff neck
 - Undiagnosed rash
- The child has no respiratory problems, such as:
 - Difficult/rapid breathing, severe coughing or a high-pitched croup or whooping sound while coughing.
 - The child is unable to lie down comfortably, due to continuous coughing.
- No Diarrhea (an increased number of abnormally loose stools in the previous 24 hours) - observe the child for other symptoms such as fever, abdominal pain, or vomiting.
- No Vomiting (two or more episodes of vomiting within the previous 24 hours).
- No Eye/Nose Drainage (thick green or yellow mucous from the eye or nose).
- No Sore Throat - especially with fever or swollen glands in the neck.
- No Skin Rash (undiagnosed or contagious) - infected sores; sores with crusty, yellow, or green drainage which cannot be covered by clothing or bandages.
- No Persistent Itching (or scratching) of body or scalp.

J. Medical Alerts

Medical Alerts need to be posted by the teacher after the Site Supervisor has investigated and determined that there was exposure to a communicable disease.

In some cases, the teaching staff may be notified by the parent regarding a confirmed diagnosis (i.e., a child with Chickenpox). ~~In this event, the Medical Alert may be posted immediately. The Site Supervisor, Comprehensive Services Team member, and Health Manager must still be notified about the illness.~~

After two weeks, the Medical Alert must be taken down from the classroom where it has been posted. (~~See Forms~~ CSB221 to CSB238.)

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K. Children Injured at the Center

1. Professional Medical Treatment

- All head injuries require an immediate call to the parent. -Parents can make the determination to pick up their child or not based on the staff report and advice as the seriousness of the injury. The CSB-208 form must be completed.
- In the event that medical treatment is required, the center staff will instruct the parent to take their child to the doctor. -If the parent cannot be contacted and a child needs to be transported by ambulance to the hospital, the teacher will accompany the child. -The teacher will notify the Site Supervisor if a child needs professional medical treatment.
- The parents will be responsible for any medical expenses incurred. -If the parent feels that it is the responsibility of the program to pay for these expenses, they must file a claim against the program. Contact the Health Manager for details regarding submission of claims.

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2. Student Accident Reports / Band-Aid Reports

Whenever a member of the center staff uses first aid or informs a parent that a child has been hurt, the Site Supervisor or Teacher will call the Assistant Director to report the accident. -If necessary, prompt arrangements for obtaining medical treatment will be made.

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The teacher is also required to complete an "Accident/Incident Report Form," (CSB208-Accident-Incident Report) noting any recommendations for the parent on spaces provided. Band-Aid Reports are completed for minor injuries such as scrapes or small cuts that require minor first aid. (CSB255)

~~To maintain confidentiality, the names of other children involved in the incident should not be written on the "Accident/Incident Report Form."~~

If more than one child is injured, a report must be done for each child. The information as to of-who was involved is written and kept confidential, but not given in the report the parents receive. To maintain confidentiality, the names of other children involved in the incident should not be written on the "Accident/Incident Report Form."

The Assistant Director should be notified immediately of all accidents/incidents. If the Assistant Director notices that an elevated amount of accidents are occurring, he/she should call the Site Supervisor/Teacher to discuss the situation and develop a plan/solution to prevent accidents.

If the Assistant Director notices that an elevated amount of accidents are occurring, he/she should call the Site Supervisor/Teacher to discuss the situation and develop a plan/solution to prevent accidents. Band-Aid Reports are completed for minor injuries such as scrapes or small cuts that require minor first aid. (CSB-255-~~First Aid Band Aid Report~~).

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Site Supervisors must maintain a "Site Accident Log" for each injury at all times.

L. Blood Protocol

1. Description

- This protocol is used to prevent the remote and unlikely possibility of the spread of blood and blood diseases in the school setting and applies to all site personnel who have direct contact with children and custodial personnel as necessary

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2. General Information

The so-called blood-to-blood diseases (AIDS, Hepatitis B, etc.) are spread by an organism's travel from the blood of an infected person to the blood of a non-infected person.

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- Blood and semen are the only body fluids that have been demonstrated to be capable of transmitting AIDS (Acquired Immune Deficiency Syndrome).

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3. Supplies needed

- Plastic gloves (disposable)
- Plastic bags
- Rubbing alcohol

4. Procedure

- Wash hands and put on gloves when having any contact with ~~child's~~ blood or bodily fluids. Use gloves ~~for~~ one time and only one student.
- After completing the necessary task ~~for the child~~, remove gloves by grasping the cuff and then stripping it off by turning it inside out. -Be careful not to touch the contaminated surfaces of the gloves.
- Dispose of glove in a disposable plastic bag. -See "Disposal of Blood/Body Fluid" below.
- Wash hands after de-gloving. -This is necessary because bacteria multiply rapidly inside a glove.
- Fill out "Accident/Incident" and "Band-Aid" reports as applicable. -(See Form CSB208-Accident-Incident Report and CSB255-First Aid-Band Aid Report) -File reports as required.

5. Disposal of Blood / Body Fluid:

Put all blood/body fluid disposals in clearly marked garbage containers. -Examples: soiled wet diapers, used gloves, wipes, vomit, blood products, and all other contaminated materials/supplies.

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Close the bag and tie it, then double bag, and dispose of it in a separate container marked for such disposals. -Make sure this container is not used for trash, and that is out of children's reach and can be easily moved around.

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Be safe - always wear gloves. -Questions should be directed to the Health Manager.

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M. Medication Administration

1. Administering Medication

~~Because~~ Administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, families must check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents may administer medication to their own child during the child care day.

2. Procedure

Staff, designated by the Site Supervisor, will administer medication only if the parent has provided written consent, the medication is in an appropriately labeled and stored container, and the facility has on file the written or telephone instructions of a licensed physician to administer the specific medication. (~~See Form~~ CSB213-Medication Form)

For prescription medications, parents will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication, the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; the administration, storage and disposal instructions. Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the child care staff on the prescription label and on CSB forms by a licensed physician or other person legally authorized to prescribe medications.

For over-the-counter (non-prescription) medications, parents will provide the medication in an original child-resistant container. ~~The medication will be that is~~ labeled with the child's first and last names and instructions for storage supplied by the manufacturer. Over-the-counter medications shall be administered with a documented recommendation by a physician and in accordance with the instructions of the physician for the dose, frequency, method to be used and duration of administration. Medication Form CSB 213 must be used and documentation must include the signature or stamp of the physician or other person legally authorized to prescribe medications. ~~specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.~~

~~Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the child care staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. Instructions from a parent or provider may not conflict with the instructions on the prescription label.~~

A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name, the name of the medication, the dose of the medication, how often the medication may be given, the conditions for use, and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous activity (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child

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(e.g., EpiPen®). A child may only receive medication with the permission of the child's parent and when the staff person who will give the medication has the skills required. All documentation regarding a child's medication and its administration shall be kept in the child's confidential file.

Prescription and over-the-counter medications cannot be administered without the appropriate documents in the child's confidential file.

~~Nonprescription medications may be administered without approval or instructions from the child's physician if all of the following conditions are met:~~

- ~~• Nonprescription medications shall be administered in accordance with the product label directions.~~
- ~~• For each nonprescription medication, the parent must provide written approval and instructions that are consistent with product labeling. This documentation must be kept in the child's confidential file.~~

3. Storage

Medications will be kept at the temperature recommended for that type of medication in a locked container that is inaccessible to children, separate from any other hazardous material storage. An example of an acceptable location is at the back of a locked file cabinet that is not used to store any other hazardous products or materials. ~~Do not place in~~ Medications that do not require refrigeration, such as inhalers for asthma, should not be placed in the refrigerator. This can damage them and render them ineffective.

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Medications that require refrigeration must be stored in the designated locked refrigerator medication boxes supplied to each center.

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EpiPens must be stored in a designated EpiPen box and should be out of reach of children in an easy and quick to access area with EpiPen signage posted.

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When the child no longer needs the medication or the child drops from the center, the medication must be returned to the parent or disposed of if the parent cannot be reached.

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Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

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4. Medication Log Documentation:

A medication log will be maintained by the classroom staff to record the instructions for giving the medication, consent obtained from the parent, amount and time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log. All records of any changes in the child's behavior, as documented on the Medication Log, will be communicated to the parent. Parents will be assisted in communicating these incidences to the physician as necessary. (CSB213-Medication Form) Parents will be informed as to when authorized medications have been given via this log.

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5. Asthma Protocol

~~Since a~~Asthma is a ~~very~~ common health condition and one that typically requires medication, the following protocol will assist the teaching staff. Teachers will receive training regarding asthma, its symptoms, and treatment procedures.

The Comprehensive Services Assistant Manager, upon review of the child's Health History form, will contact both the parent and medical provider(s) to clarify the current status of the asthma condition. It is the responsibility of the Comprehensive Services team to obtain confirmation of the diagnosis and any current treatment using the Asthma Action Plan (See Form CSB219).

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Subsequent to the initial health review by the Site Supervisor and Comprehensive Services team, if the teacher becomes aware of a possible asthma condition, previously unknown to staff, she must call the Comprehensive Services team assigned to the classroom. The Comprehensive Services team will then follow the procedures described above.

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Once all relevant information is obtained, a meeting will be held with the Comprehensive Services team, Site Supervisor, parent, and teacher to ensure teaching staff have the training to carry out the action plan for the child and to review the following:

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- Asthma Action Plan from the doctor.
- Medication form (See Form CSB213) completed by parent.
- Inhaled Medication – Nebulizer Consent forms (See Form CSB219a) completed by the parent for each teacher/staff administering the medication.

Copies of the Asthma Action Plan will be kept by the center staff, parent, and in the child's main file. If the plan indicates medication is used routinely or ~~necessary~~ "as needed," ~~then~~ CSB must have medication on site before the child can attend class.

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Until complete physician's instructions are provided, medications to treat asthma symptoms will be given according to the prescription labels. Medication will be dispensed outside of center hours whenever possible.

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When asthma symptoms occur during center hours, the teaching staff will call the parent to alert them about the child's condition. ~~The child will be sent home if the asthma symptoms interfere with the child's ability to fully participate in the program. In the event that the parent cannot be contacted, the teaching staff will call 911 (if the asthma appears life threatening).~~

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6. Training of Caregivers to Administer Medication:

Any caregiver who administers medications shall be trained to:

- Read and understand the Asthma Action Plan, the Medication Form and the Inhaled Medication-Consent Form;
- Check that the name of the child on the medication and the child receiving the medication are the same;
- Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);
- Administer the medication according to the prescribed methods and the prescribed dose;
- Observe and report any side effects from medications;

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- Document the administration of each dose by the time and the amount given;
- Store and handle medication appropriately;
- Record changes in child's behavior and help parents communicate observations to their provider;
- Demonstrate ability to comply with medication policy.

7. Inhaled Medications:

- An Inhaled Medication-Consent Form (See LIC 9166 and CSB Form CSB219a) must be filled out and signed by the parent before staff administers inhaled medications. A copy of the completed form must be kept in the child's file. A separate form must be filled out for each person (staff member) who administers inhaled medication to the child. This requirement includes all inhaled medications.

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8. Sun Protection Policy

- Sun protection routines in childhood can establish lifelong preventive habits. At CSB, shade is provided at all sites, infants under six months of age are not exposed to direct sunlight, children are encouraged to wear light colored, loose fitting clothing that covers as much skin as possible, parents are encouraged to apply sunscreen to their child's exposed skin as part of their school drop off routine and following the procedure for the over-the-counter medications sunscreen provided by the parent will be applied by teaching staff. -Drinking water is available to children during outdoor play.

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N. Incomplete Health Records

- The Site Supervisor and/or Comprehensive Services team will notify parents and teaching staff if a child is to be excluded from the classroom due to incomplete health records.

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Exclusions due to unmet health requirements: Children must be excluded for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed a onetime extension beyond the 30 day requirement for a physical exam with proof of an appointment on file however this extension does not apply to the TB clearance. -Children excluded for unmet health requirements are permitted up to three days of excused absences. -After that, a Notice of Action (as applicable) will be issued for termination from the program.

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Parents will be informed during enrollment and at pParent cConferences that the health requirements are the following: up-to-date immunizations, physical and dental exams, follow-up and required TB Clearance. -Parents will be assisted in identifying and accessing a source of care and a-Case Management will take place as needed to make every possible effort to meet the health requirements for the child. If, after these notifications and assistance, the child has not obtained the needed services, the parents will be informed that they need to schedule an appointment that day and notify the Site Supervisor or Comprehensive Services Team of the appointment date and time.

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When the parent has no phone, contact will be made by the Site Supervisor or Comprehensive Services team through the center. -The center staff will be asked to have the parent contact the Site Supervisor or Comprehensive Services team the same day. -In all cases, teachers will be notified and

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asked to reinforce the request made by the Site Supervisor or Comprehensive Services Team regarding health requirements.

Children may be excluded from the program for missing or incomplete initial physical exam, incomplete immunizations, and lack of a TB Clearance only.

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For all other health requirements that are incomplete, the Comprehensive Services Team will request updated information from the parent with a Health Records Update Form (See Form CSB242). As needed, case management will take place with the site staff, Comprehensive Services and parents and a plan will be implemented.

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O. Health and Safety Training for Center Staff:

The Site Supervisor of each center must ensure that each of his/her staff members has current CPR / First Aid Certification in the following: Adult / Child/Infant CPR Training (good for one year from date of issue), and First Aid Training (good for three years from date of issue). Staff can be sent to training via a request by the Site Supervisor to the Training Coordinator. The Site Supervisor is responsible for maintaining the personnel records of staff at his/her site to ensure that staff is certified in CPR / First Aid at all times. CPR / First Aid certified staff must be available at all times when children are present at the facility, or when children are offsite for facility activities.

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In addition to the CPR / First Aid training, one staff person or Director at each day care center must have at least 15 hours in preventive health practices. This training must include, but is not limited to, pediatric cardiopulmonary resuscitation; pediatric first aid; recognition, management, and prevention of infectious diseases, including immunizations; and prevention of childhood injuries. The training may include sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with disabilities and identification and reporting of signs and symptoms of child abuse. The supervisor makes requests for such training to the Personnel Unit.

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P. Posting of Documents (Health Emergency Procedures)

CSB conforms to all Federal, State, and local regulations by posting or having on file at each facility: mandated notices, licenses, and permits.

Site Supervisors and teachers are required to post mandated facility compliance documents on bulletin boards, which are attractive, neat, updated, and highly visible. Other required posted materials include: Dental Emergencies, Choking, CPR/First Aid, Evacuation Routes, and Emergency Numbers (posted near phone).

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The Site Supervisor is responsible for routinely monitoring bulletin boards and classroom files for compliance with this standard. The Comprehensive Services Managers/Assistant Directors are responsible for monitoring all compliance documents.

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Q. Pet Protocol:

Animals can bring joy to the classroom while offering children the opportunity to be responsible for another living creature.

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When an animal is being considered for inclusion in the classroom, child and staff allergies and fears must be considered. -The animal must be tame and classroom staff must agree to accept responsibility for the care of the pet. -Assistant Director's approval must be obtained.

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Turtles and reptiles are not allowed in the classroom because they are potential carriers of salmonella bacteria.

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Before the animal is included in the classroom, children will be instructed on the proper care and handling of the animal and the importance of proper hand washing.

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When the animal arrives in the classroom, the animal must be provided an appropriate habitat and space with opportunities to exercise, appropriate temperature, and all other natural conditions and activities.

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A Pet Care Plan must be posted to designate care needed to provide quality care to the animal. The Pet Care Plan will include details specific to that particular pet and will inform staff and parents about the pet, and noting the specifics required to provide quality care to the animal. The Pet Care Plan must include:

- Name of animal
- Description of the animal - example: rat - nocturnal, affectionate and playful pets
- Description of appropriate housing/cage/bedding and recommended cleaning pattern
- Description of food needed to provide a healthy diet including portion size and frequency
- Explanation of exercise needed
- Explanation of proper handling practices
- List of vaccines needed (if any), date when administered and future due dates
- The name and phone number of a veterinarian in case of emergency- Site Supervisors will be contacted for veterinarian visits approval.

A log must be posted for staff to initial and date as animal care and related duties are completed. -The log must include:

- ~~D~~aily feeding (food and water) schedule
- ~~D~~aily exercise
- ~~C~~age cleaning schedule

Accommodations must be made for:

- ~~S~~cheduling weekend, holiday, and vacation care
- ~~M~~aintaining care in the case of an emergency (natural disaster, animal illness, bites, and other similar situations)

Responsibility of the teaching staff:

- ~~T~~o ~~r~~Review each child's Health History to identify children with allergies to specific animals.
- ~~T~~o ~~c~~omplete the Pet Care Plan.
- ~~T~~o ~~m~~aintain the overall care of the animal.
- ~~T~~o ~~i~~initial the log noting responsibilities completed.

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Responsibility of the Site Supervisor:

- Submit a request to the AD for classroom pet approval.
- ~~Of~~ ~~e~~ oversee the health and well-being of children, staff and animals as they interact in the classroom.

Responsibility of Assistant Director:

- Provide pet approval for a classroom on an individual basis.
- Any bites will be immediately reported to the Site Supervisor, the Comprehensive Services Health Manager and the Assistant Director.

R. Safety / Sanitation Procedures:

1. General Safety

- Facilities have available first-aid kit readily accessible/clearly marked for emergency use.
- Facilities are equipped with a fire extinguisher securely mounted and readily accessible.
- Employees are trained in the use and type of fire extinguishers available.
- All fire extinguishers are tagged, noting months/years/dates of inspections/annual maintenance, and identified use (class of fire).
- Facility exits are clearly marked with visible, approved EXIT signs. -Aisles, hallways, and other exits are kept free of obstacles, including furniture and equipment.
- All materials and surfaces accessible to children, including toys, shall be free of toxic substances.
- Air fresheners will not be allowed in any space accessible to children and families.
- Baby walkers shall not be used or kept on the premises.
- Playground equipment shall be securely anchored to the ground unless it is portable by design.
- Equipment and furniture shall be maintained in a safe condition, free of sharp, loose or pointed parts.
- Equipment and furniture shall be age and size appropriate so as to allow children present to fully participate in planned activities.
- All items on shelves above three feet tall (plants, sculptures, books, and other items) shall be secured with museum putty, safety latches, barriers, or other similar items to prevent items from falling onto children.
- Open shelves and cabinets over three feet tall shall be free of heavy objects, ~~and~~
- Tall furniture over four feet tall shall be braced to the wall or floor.
- Cots are maintained in safe condition and bedding shall not be shared by different children without first laundering the bedding.
- Floor mats are constructed of foam at least ¾ inch thick and covered with vinyl, with no exposed foam. Floor side must be marked so that it can be distinguished from the sleeping side.
- Aisles and trafficked areas are kept free of obstacles and obstructions, with empty food containers promptly removed. -Cots shall be arranged so that each child has access to a walkway without having to walk on or over the cots or mats of other children.
- Safe stools/ladders are available and used for reaching shelved items.
- Employees are trained in the proper use of equipment that their duties require them to use. Employees who have not been trained in the proper use of equipment may not operate such equipment.

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- Employees are required to be attentive to their tasks, especially when cooking or operating moving equipment.
- Smoking is prohibited in all areas.
- All employees must consume food only in designated areas.
- All employees are required to adhere to procedures for kitchen sanitation and the cleaning schedule.
- Firearms and other weapons shall not be allowed on or stored on the premises of a child care center.

S. Safety Surveillance

1. Identification and Correction:

The Health and Safety Officer will conduct monthly inspections of the facility for hazards using the Health and Safety Checklist. The Site Supervisor will review the result of the site inspections and will arrange for correction of hazardous conditions identified. Written reports of the inspections and corrections will be kept in a designated binder on-site. Copies of monthly inspections and corrective action plans will be sent to the Health and Safety Officer, Jay Rivera-Joanne Sanchez-Rosa.

2. Escape Hazards

- The Site Supervisor will maintain and review with the staff annually a list of potential high-risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan increased supervision in these high-risk locations and situations. If such a high-risk escape hazard is identified between annual reviews, staff will take action immediately.

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3. Evacuation Hazards

- The Site Supervisor will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before and after evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room.

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4. Injury Prevention

Whenever an injury occurs, a copy of a completed Incident/Accident Report form will be filed in an injury log. The injury log will be reviewed every three months by the Site Supervisor or Assistant Director to identify hazards in need of corrective action.

- Staff and volunteers must be able to demonstrate safety procedures. -Both staff and volunteers will review safety procedures with the Site Supervisor prior to working in the classroom. Emergency procedures, the Health and Safety Checklist, and playground safety shall be reviewed with each staff person and volunteer before any interaction with children may occur.
- Child and parent activities must include safety awareness for the home and in the program. Videos, brochures, newsletter articles, and parent training will be used to foster safety awareness for the home and in the program.

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T. First Aid Kits

All centers should have a first-aid kit and manual that is easily accessible (location should be marked by "First Aid Kit Here" signs) available to staff and out of reach of children. The following items should be in the first-aid kit:

- CPR Mask (inside or outside in conjunction with the first aid kit)
- Disposable, nonporous gloves
- Scissors
- Tweezers
- Thermometer
- ~~Bandage-Adhesive t~~Fape
- Sterile ~~first aid dressings~~gauze pads
- ~~Flexible roller gauze~~
- ~~Triangular Bandages~~ or roller bandages
- ~~Pins for triangular bandage~~
- ~~Eye dressing (small cups)~~
- Pen/pencil and note pad
- Antiseptic solution
- Cold pack
- First aid ~~guide~~manual
- Poison Control number

The Health and Safety Officer, using the Health and Safety Checklist, will inventory the First Aid Kit monthly. Orders for restocking the kits are placed with designated staff. The First Aid Kits are only to be used in an ~~extreme~~ emergency. Everyday health and safety supplies such as Band-Aids, cold packs and gloves are stocked separately ~~and in abundance~~ in designated locations within each center, inaccessible to children.

U. Preparing For Emergencies:

Each classroom has a disaster preparedness plan in case of fire, earthquake, or other emergency. Children and staff must be prepared to execute the plan in the event of such emergency.

1. Operations Procedure

Staff receives training on the disaster preparedness plan during their initial work orientation, and at subsequent staff development training. Such training is filed and documented with training records.

- Fire drills are held at least once per month.
- Earthquake preparedness drills are held at least once per month.
- Shelter-in-Place drills are held once a month on the first Wednesday of each month.
- All CSB centers post evacuation plans, and have documentation of successfully completing monthly fire and earthquake drills.

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- Documentation of earthquake and fire drills should be entered in the “Fire/ Earthquake Drill Report” for and the “Fire and Earthquake Drill Log” (SB116-Disaster Drill Report and CSB117-Disaster Drill Report Log)
- Classroom teachers provide an orientation to children on how to respond to an emergency as part of the ongoing curriculum.
- Fire drill and earthquake preparedness orientations must take place by the second week of program opening for children and monthly thereafter.

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Contra Costa County maintains an Office of Emergency Services (OES) Plan, which is activated during major disasters. The functions performed at the OES include gathering and evaluating damage information, determining emergency response priorities, obtaining necessary resources (materials, supplies, equipment, and personnel) and providing information to the news media. Community Services Bureau staff will provide information to the County OES on the status of the department's staff, buildings and equipment, including vehicles.

A verbal report to Community Care Licensing must be made within 24 hours and a written report must be submitted to the licensing agency within seven days of the occurrence of any of the following events:

- Death of any child from any cause
- Any injury to any child requiring medical attention
- Any unusual incident or child absence which threatens the physical or emotional health or safety of any child
- Any suspected physical or psychological abuse of any child
- Epidemic outbreaks
- Poisonings
- Catastrophes
- Fires or explosions occurring in/on the premises

Reports must be made in writing to the funding sources as soon as possible after any of the above.

2. Emergency Disaster / Earthquake Supplies

All sites have emergency/disaster supply containers that are easily accessible. –The sealed containers hold the following items appropriate to the number of adults, children and infants at the site. –The inventory with the expiration date of the contents is listed on the outside of the container.

First Aid Supplies	Food Bars	Formula	Formula Bottles	Bottle Bags	Bottle Nipples
Pliers	Crow bar	Water	Latex Free Gloves	Hand Sanitizer	Trash bags
Multi-purpose Tool	Shovel	Radio	Safety Goggles	Solar Blankets	Work Gloves
Gas Shut off Tool	Scissors	Dust Masks	Zip Lock bags	Masking Tape	Duct Tape
Fleece Blankets	Batteries	Whistles	Toilet Paper	Rope	Adult Vests

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Germicidal Tablets	Wrench	Buckets	Flashlight	Soap	Cold Packs
Antiseptic Wash	Hammer	Lanterns	Shovel	Eye Wash	Vinyl Tarp
Toilet Bags	Toilet Chemicals	Bucket Toilet Seats	Dust Masks	Hard Hat	

3. Meal Delivery-Emergency

Each center should have the items listed below available when food cannot be transported to the centers due to unforeseen circumstances such as traffic, breakdown of van, or breakdown of equipment in kitchen. All of these food items should be stored and marked "Emergency Food". The requisite amount of milk (~~two half-2 1/4-gallon jugs~~ for preschool and one half-1 1/4-gallon jug for toddlers per classroom, per meal) and soymilk and lactaid (if needed for milk intolerances) are to be on hand at all times.

- Infant food:
 - meats, fruits and vegetables
 - dry cereal
 - formula
- Breakfast food:
 - dry cereal
 - canned fruit
 - milk
- Lunch food:
 - ~~sun~~ butter
 - string cheese
 - ww crackers
 - 1 can of fruit and 1 can of vegetables
 - ~~2 1/4-gallons~~ milk
- Afternoon snack:
 - graham crackers
 - ~~2-gallons~~ milk

V. Classroom Sanitation

1. General Description

Each classroom is responsible for preparing the spray bottle of sanitizing solution on a daily basis.

- The proportions of bleach to water are: three quarters (¾) teaspoon of chlorine bleach to two (2) cups of water or one (1) tablespoon of chlorine bleach to one (1) quart of water.
- Classroom staff is instructed to clean off any visible soil with soap and water prior to spraying each table lightly with the bleach solution, to wipe it with paper towels and air dry. This is to be done before and after each meal service.
- The bleach solution, as well as any other disinfectants, cleaning solutions, poisons and other items that could pose a danger to children, should be placed in a locked cabinet after each use to prevent children from reaching.
- Warning Signs and Mixture instruction posters should be posted on the cabinet door where the solution is stored (See CSB Forms for forms "Warning Sign Poster" and "Warning Mixture Instruction Poster" in English and Spanish).

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- Tabletops and eating surfaces must be cleaned/sanitized before and after each meal, counter tops are cleaned between preparation of different food items, and can openers are cleaned/sanitized after each use.
- Classroom staff is responsible for sanitizing toys weekly, as well as cleaning shelves and all areas of the classroom where toys are stored.
- In classrooms that have kitchen equipment, the teaching staff will ensure that, on a weekly basis and as needed, the pantry is swept, and ovens and refrigerators are cleaned. The building service worker washes trashcans as needed.

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2. Classroom Sanitation in Infant Care Centers:

Particular emphasis on classroom sanitation for infant centers is critically important in ensuring the health of the children and staff and in preventing the spread of communicable disease. Keep the classroom sanitized by adhering to these activities:

- All items used by pets and animals shall be kept out of the reach of infants.
- Before walking on surfaces that infants use specifically for play, adults and children shall remove, replace, or cover with clean foot coverings any shoes/socks they have worn outside of that play area.
- Each caregiver shall wash his/her hands with soap and water before each feeding and after each diaper change.
- Only dispenser soap, such as liquid or powder in an appropriate dispenser shall be used.
- Only disposable paper towels in an appropriate holder or dispenser shall be used for hand drying.
- Washing, cleaning and sanitizing requirements for areas used by staff with infants or for areas that infants have access to, are as follows:
- Floors, except those carpeted, shall be vacuumed or swept and mopped with a disinfecting solution at least daily, or more often if necessary.
- Carpeted floors and large throw rugs that cannot be washed shall be vacuumed at least daily and cleaned ~~at least every six months~~ quarterly, or more often if necessary.
- Small rugs that can be washed shall be shaken or vacuumed at least daily and washed at least weekly, or more often if necessary.
- Walls and portable partitions shall be washed with a disinfecting solution at least weekly, or more often if necessary.
- The diaper-changing area, where residue is splashed from soiled diapers and items and surfaces are touched by staff during the diaper-changing process, shall be washed and disinfected after each diaper change. Such areas, items and surfaces shall include but not be limited to:
 - Walls and floors surrounding the immediate diaper-changing area.
 - Dispensers for lotion, soap and paper towels.
 - Countertops, sinks, drawers and cabinets.
 - Sinks used to wash infants, or to rinse soiled clothing or diapers shall be disinfected after each use.

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Objects used by infants that have been placed in the child's mouth or that are otherwise contaminated by body secretion or excretion are either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried, or (b) washed in a mechanical dishwasher before use by another child. A

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container will be placed in the infant room to collect these objects which shall be washed and disinfected at least daily, or more often if necessary. Such objects shall include, but not be limited to, toys and blankets.

Linens laundered by the center shall be washed and sanitized at least daily, or more often if necessary. Such linens shall include, but not be limited to, bedding, towels and washcloths used on or by infants.

A disinfecting solution, which shall be used after surfaces and objects have been cleaned with a detergent or other cleaner, shall be freshly prepared each day using 1/4 cup of bleach per gallon of water. Commercial disinfecting solutions, including one-step cleaning/disinfecting solutions, may be used in accordance with label directions.

All disinfectants, cleaning solutions and other hazardous materials shall be placed in a locked storage area.

W. Kitchen Sanitation

~~Effective cleaning and storage of equipment and utensils used for food preparation must be enforced.~~

Cleaning/sanitizing may be done by spraying, by immersion in dish washing machine, or by any other type of machine or device (if demonstrated thoroughly to cleanse/sanitize equipment and utensils). The dishwashing machine must reach a temperature of 165 ~~degrees~~-F (74 ~~degrees~~-C) during washing and 180 ~~degrees~~-F during rinsing.

All dishes and utensils used for food preparation, eating and drinking must be cleaned and sanitized after each use. If dishwasher is not used, then the manual 3-compartment sink method must be followed.

~~Pesticides and other similar~~ Toxic materials must not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.

Soaps, detergents, cleaning compounds or similar substances must be stored in areas separate from food supplies.

X. Food Safety and Sanitation

1. Personal Hygiene, Food Service Staff and Classroom Staff

No person is allowed to work in a food service facility or a food serving area if he/she:

- Is infected with a communicable disease that can be transmitted by food.
- Is a carrier of organisms that can cause disease.
- Has a boil, infected wound, or acute respiratory infection.

Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water:

- Before starting work
- Before serving food
- During work
- After diapering
- After smoking

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- After eating
- After drinking
- After using the toilet
- As often as otherwise necessary

Employees must take off their apron when:

- When exiting building
- When going to use the bathroom
- As often as otherwise necessary

Employees must maintain a high degree of personal cleanliness, and conform to good hygienic practices.

Minor cuts or scrapes should be thoroughly cleaned, and covered with a clean bandage. If the affected area is on a hand, food service gloves should be worn until the area has healed.

While engaged in food preparation or service or while in areas used for equipment washing, utensil washing, or food preparation, employees must not use tobacco, in any form, eat food, or chew gum, or nor may they wear earphones while engaged in food preparation or service, nor while in areas used for equipment washing, utensil washing, or food preparation. Employees may use tobacco, only in designated areas. Eat, ing and drinking must be done in designated areas only.

Potentially hazardous food must be kept at an internal temperature below 40 ~~degrees~~ °F or above 140 ~~degrees~~ °F. For hot foods, that fall below 140°F must be reheated to at least 165 degrees °F.

Gloves are to be used when hand comes into contact with food such as when cutting food. Gloves do not need to be used when serving food with a utensil.

Each serving bowl on the table must have a separate spoon or other utensil.

Leftovers may not be sent home with children, staff, or adults - due to the hazards of bacterial growth.

Employees may not have snacks (coffee, soda, chips, candy, or other snack foods) in front of children.

To help maintain kitchen sanitation, all non-kitchen staff shall not enter the kitchen except as required for work duties.

2. Policies for Food Sanitation / Safety

i. Mealtime Sanitation Procedures

Tables ~~should~~ must be cleaned of any visible soil with soap and water and then with the registered disinfectant/cleaner approved for food prep surfaces before and after meal times. Teachers and children must wash hands before setting table or sitting down at table. The assigned staff must take temperatures of foods before serving, and food must be warmed up to 165°F if temperature falls below 140°F. Serving temperature and time temperature was taken must be recorded on transport sheet.

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ii. Food Utensils, Dishes and Food Containers

- Each center must return serving bowls and other tableware items daily to the Child Nutrition Central Kitchen for proper sanitation.
- All dishes, utensils, and food containers are the property of Contra Costa County Community Services Bureau, and should not be taken off the premises.
- ~~All containers are to be returned to the Kitchen daily.~~ All food and utensils are to be kept in their proper storage cabinet.
- Non-perishable food and food-related products are to be stored at least six inches off the ground at all times.

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iii. Refrigerators

~~Each classroom has a refrigerator except in large centers with a separate kitchen. The~~ thermometers inside ~~the~~ freezers and refrigerators must be checked daily. It is the Site Supervisor's responsibility to:

- Order a new thermometer when needed.
- Ensure that perishable food items are cleared from the refrigerator weekly.
- Ensure that the refrigerator is cleaned and sanitized on the last day of the week.
- ~~Make certain that no personal food is stored in refrigerators that hold CACFP food.~~
- Ensure that staff food is stored only in produce drawers labeled "Staff Food" in CACFP refrigerators. No open containers are allowed in the produce drawers.

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iv. Food storage

~~Canned fruit, fresh~~ Leftover fruit (except for bananas) and bread should be stored in the refrigerator for later use. Leftover milk and cold foods are to be rotated so they do not become outdated. Once milk is poured into small containers, it should not be poured back into the milk carton. All foods will be marked with their date of delivery. Opened food that must be stored is to be labeled with name and date of opening. All containers are to be labeled with name of food and date when packed.

v. Disposal of Leftover Food

Dangerous health problems can be caused by leftover foods being held at improper temperature. Teaching staff is required to dispose of all un-served cooked foods. At the end of each meal they are thrown into the garbage can.

- Food may not be kept after it has been put on the table for children.
- Leftover un-served food can never be taken home.
- Leftover fresh fruits, vegetables, cereals, breads and milk should be stored properly and used for snacks or breakfast. ~~Dispose of~~ Unsafe perishables are disposed daily.
- The central kitchen will create a sample lunch plate and hold it for seven days. This food would be used for analysis in case of a food borne illness outbreak.

Y. Procedures for Using Transport Units

Insulated food cambros are insulated to keep hot food hot or cold food cold. Cambros are to be sanitized daily.

- Cambros are not to be stacked more than four high.
- No broken cambros are to be used to transport foods.
- ~~Always open~~ Containers are opened just before serving food.

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- All food containers are to be rinsed before being returned to central kitchen.
- Food may not sit at room temperature in an open insulated food container.
- ~~Each classroom has a food safety corner with a poster showing thermometer guidelines for food safety, a sanitizer formula, recalibration instructions, and glove labels with holders.~~

Z. Food for Infants

1. General Description:

Infants from birth through 11 months participating in the program will be offered an infant meal. Under the infant meal pattern, infant formula is a required component and, as such, must always be offered unless the infant's mother provides breast milk. CSB encourages breast-feeding. Infants and mothers benefit when infants are breastfed. Facilities are available for mothers to comfortably and discreetly breastfeed infants. Alternatively, staff can feed infants expressed breast milk left by their mothers.

The decision regarding which infant formula to feed a baby is one for the baby's doctor and parents to make together. CSB provides one house formula Enfamil ~~Infant with Lipil~~. If a parent declines the formula which the program provides, the parent must document this request using the form "Parent's Form for Declining a Provider's Formula" (See Form CSB428) and a list of iron-fortified formulas that do not require a medical statement in the Child and Adult Care Food Program should also be provided to ~~the~~ parents. Parent will furnish a formula which meets the CACFP requirements for iron fortification and nutritional content, unless the doctor has prescribed a special formula. If the doctor-prescribed formula does not meet the CACFP requirements, parent and MD will need to complete a medical statement in addition to the declination form (~~See Form CSB407~~).

Infants are to be held while being fed, and never laid down to sleep with a bottle.

A baby's developmental readiness determines which foods should be provided, what texture the foods should be, and which feeding styles to use. Please refer to your training manual for complete guidelines.

2. Feeding Infants:

The introduction of solid foods is usually started between four and seven months of age, depending upon each child's nutritional and developmental needs. The decision to introduce solid foods should always be made in consultation with the parents. New foods are introduced one at a time, at least one week apart to make it easier to identify food allergies or intolerances. Children will be offered single-ingredient commercial baby food when appropriate.

As children grow older, they may prefer to hold their own bottles, and may do so while in an adult's arms or lap.

Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles.

Cereal or any other solid food may not be served from a bottle. A spoon is to be used instead. Baby food may not be served from jars. Before feeding, remove the approximate amount of food that infant might consume from the jar and place into small dish. Do not put the baby food in a bottle. Babies fed such food in a bottle can choke and may not learn to eat foods properly.

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If parents have chosen to decline provider's offered food and will furnish one or more food items that meet Child Nutrition Program (CNP) nutritional content requirements, the parent must document this using the Parent's Form for Declining a Provider's Food, (See Form CSB427) unless their doctor has prescribed special food. Any food items provided by the parent must be in compliance with local health codes. If the doctor's prescribed food item(s) does not meet the CNP requirements, the doctor will need to complete the back of the Parent's Form for Declining a Provider's Food, return the original to the Nutrition Office, and retain a copy in the child's file.

3. Food to Avoid with Infants

Babies are at risk of choking on food due to their poor chewing and swallowing abilities. For a complete list of foods to avoid for infants and toddlers, please refer to the training manual, "FEEDING INFANTS: A Guide for Use in Child Nutrition Programs."

AA. Food for Toddlers

Toddlers will be served food from the regular Child Nutrition Toddler menu. Foods should be served family style and prepared so they are easy to eat (small pieces, or thin slices, no bones).

BB. Potlucks

Potlucks have historically been an integral part of CSB. They have provided parents with an opportunity to share part of their family traditions, culture, personal hobbies, and strengths with other parents and staff in an economic and enriching manner. As the program has grown, concerns have been raised in relation to sanitation and safety. There is no regulation from either the state or county barring potlucks.

This is partly due to the common practice in our community of celebrations being built around a shared food experience, often with participants bringing their choice of food (at school, church, temple, family, community organization, etc). The food may be either homemade or purchased.

A potluck can be held during classroom events, as long as it does not interfere with children being served the food provided by Child Nutrition Services. Parents who choose to contribute food should be encouraged to bring foods that are economical, healthy and prepared in sanitary conditions. Cultural foods are encouraged. Parents may prepare a plate of potluck food for their own children only, but the child may not be served the food in lieu of the food provided by the program.

CC. Food for Children, Parent, Staff Meetings and Events

In March 1993, in an effort to reduce chronic disease, the Board of Supervisors adopted the Contra Costa County Food Policy developed by the Contra Costa County Food and Nutrition Policy Consortium, of which CSB is a member. The policy states that food provided at staff meetings, parties and other types of County social events should include choices that meet U.S. Dietary Guidelines. All foods served to people or provided through food assistance programs should reflect current standards of good nutrition.

In 2012, the Board of Supervisors and the Policy Council approved a Healthy Food & Beverage Policy. This policy states that Community Services Bureau recognizes frequent consumption of non-nutritious foods and beverages as a significant risk to the health of the children being served, and is taking a preventive approach. The role of CSB in serving families includes consistently modeling the behavior we

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wish to encourage. Therefore, at all CSB meetings, events, activities, or celebrations which include children:

- Sugar (or corn syrup) sweetened beverages and 100% fruit juice will not be served
- Foods containing large amounts of sugar and/or solid fats (candy, donuts, cakes, cookies, chips, etc.) will not be served

Instead, CSB will provide or require healthy alternatives such as:

- Unsweetened carbonated water (flavored or unflavored)
- Water, perhaps flavored with a slice of lemon or other fresh fruit (and preferably served in non-plastic containers)
- Non-fat or 1% milk (plain)
- Coffee and/or tea (for adults)
- Fresh fruit
- Whole-grain snacks (crackers, etc.)
- Raw vegetables and dipping sauce

At all facilities directly operated by CSB, the CSB Healthy Food and Beverage policy will be implemented for any meal or special event that includes children.

DD. Nutrition Services

The Nutrition Office works with staff, professionals and parents to meet the nutritional needs of children with disabilities, and to help prevent disabilities that have a nutrition-related basis.

The Comprehensive Services Health, Disabilities and Mental Health Managers work with the Nutritionist to ensure that provisions to meet special needs are incorporated into the nutrition program.

Appropriate professionals are consulted on ways to assist Head Start staff and parents with regard to children having severe disabilities and/or problems with eating.

The Nutritionist will plan and implements activities to help children with disabilities participate at mealtime, and to help prevent nutrition-related disabilities.

EE. Food Defense

Security measures in the central kitchen area will be followed by limiting access to the food production area and storage area to authorized personnel only.

When not in use:

- Freezers will be kept locked ~~at all times.~~
- Walk in refrigerators will ~~be kept locked~~ be locked at all times.
- Storage room will be kept locked ~~at all times.~~
- Access to ice machine is controlled.
- Food shipments will be accepted only if products are secured and sealed.
- ~~Access to ice making equipment is controlled.~~
- Incoming food shipments are examined for potential tampering.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 3- FAMILY AND COMMUNITY PARTNERSHIPS

~~2013-2014~~2014-2015

Policy Council Approved: ~~01/15/14~~
Board of Supervisors Approved: ~~01/21/14~~

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I. Family Partnership Building

A. Purpose and Methodology

The family partnership building process begins at the first point of contact that the families have with CSB staff. This may occur through a phone call to the enrollment line, an intake appointment, or a walk-in at one of our centers. Staff members support families as co-partners by identifying the parents' strengths and providing resources to meet the family's individual needs. CSB supports the program parents and acknowledges them as being their child's advocate and primary teacher. CSB provides opportunities for interactions to occur among parents and staff throughout the year to address their child's education and development. Staff meets with families to identify what their strengths and needs are and how our program can best support their families' situation. Through the availability of bilingual staff and Language Line Services for translation support, staff communicates with families in their primary language. They are informed upon enrollment that comprehensive services staff along with their child's teacher are available to provide support that is appropriate for their level of need and interest.

Family partnership building is further developed upon enrollment through the Family Partnership Agreement Process which includes: the Parent Volunteer Survey, Parent Interest Survey, the Family Partnership Agreement Assessments and the Family Goal Setting Process.

B. Family Partnership Agreement

1. Family Assessment

Comprehensive Services staff undertakes collaborative partnerships with individual families to develop a Family Partnership Agreement based on the family's readiness/willingness to participate. The process includes:

- i. Completion of an initial Family Partnership Agreement (FPA) Assessment of the family's strengths and needs identification takes place.

Identification of the family goals and steps to achieve the goal are identified, in order to support and strengthen the ~~Family Assessment~~Family Partnership Agreement.

- ii. If a family has a pre-existing plans/goal with another community agency, our comprehensive services staff or designated staff will work collaboratively with the family to support that pre-existing goal or identify a new one if needed. Our goal is to assist parents in achieving their goals and support them by providing resources that best meet their needs and circumstance.

Depending on the nature of the goal, CSB staff will work in conjunction with the other agency to identify and reduce barriers to achieving the set goal. Regular communication will be established through case management meetings if necessary to monitor progress. Staff will support the family in navigating through systems identified by the other agency to make sure that the family has proper supports in place.

The Family Partnership Agreement ~~Family Assessment~~ has a strength based approach and is completed twice each program year. The first Family Partnership Agreement is completed within 90 days of enrollment (individually per family) and the second one (follow-up) is due by April 30th. Comprehensive

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Services staff and parents will work together and discuss various dimensions of the family's life (Income and Budget, Shelter, and other aspects), identify and respond to any immediate crisis. The key points of this conversation are objectively documented in CLOUDS. Using the Family Partnership [Evaluation](#) Indicators, Comprehensive Services staff will assign one of ~~five~~^{four} ~~our~~^{the} indicators to the dimension (thriving, safe, stable, ~~vulnerable~~, or in-crisis).

2. Goal Setting

Using the information gathered in the Family Partnership [Assessment Agreement](#), Comprehensive Services staff assists parents in identifying and setting a goal in an area in which the [evaluation](#) indicator was less than stable. Using the family's own words in documenting goals and activities the goal is recorded in CLOUDS, Family Partnership [Assessment Agreement](#) Goal section, clearly stating the following:

- Areas of Strength
- Goal Category
- Goal Description
- Action Steps for what is needed to achieve goal(s) (The parent's responsibility for the action(s))
- Support Needed (Staff commitment to the action(s))
- When the goal will be completed (within the program year)
- Plan B (if something unexpected happens)

3. Family Partnership Agreement Process:

i. Within 90 days of Enrollment

Comprehensive Services Clerks are responsible for the following:

- Complete 1st FPA with parents and enter all information accurately on CLOUDS. Staff document key words based on the [evaluation](#) indicators (strengths or concerns) for each area to validate reason for the selected [evaluation](#) indicator.
- Support and encourage parents to develop at least one goal that supports an area in which their indicator resulted below the "stable" rating. (All areas marked "in-crises" are given immediate support and follow-up. Comprehensive Services Manager for Parent, Family and Community Engagement is ~~to be~~ notified [by the CLOUDS inbox \(email notification\)](#). All actions, resources, referrals and results of follow-up are documented in the assessment.)
- Provide resources/referrals ~~immediately within two weeks.~~
- Schedule a follow-up appointment within one month with the parent/s appropriate to the resource given by contacting the family to determine if resources or referrals were appropriate and adequate for the family. (~~e~~Contact can be over the phone or in person)
- Document contact on Family Referrals and Services-Notifications in CLOUDS (enter dates and CS staff initials) indicating if the resource(s) met the family's needs and if the family was satisfied with the referral.
- If a family has no areas that indicate below "stable", assist the family to develop a goal that supports their child's educational goal or development. (Staff can refer families to their parent-teacher conference goals if needed)

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ii. By April 30th

- Comprehensive Services Clerks are responsible for the following:
- Complete the second FPA, follow-up of the initial FPA with parents - Staff communicates with families to discuss and document any changes to the previous family assessment on CLOUDS
- Follow-up on goal progress, Staff document on CLOUDS, the status of goal completion, if the goal changed, or if there were any barriers to completing the goal.
- Provide resources/referrals immediately for emergency, in-crisis, ~~or within two weeks for vulnerable needs.~~
- Schedule one month follow-up contact with families to determine if resources or referrals were appropriate and adequate for the family (contact can be over the phone or in person) and document as discussed above.
- Follow same procedures for Referrals and Services as the First Family Partnership Assessment if an ~~evaluation~~ indicator falls below "stable."

iii. On an Ongoing Basis

Site Supervisors are responsible for the following:

- Review FPA's and ~~Family g~~Goals of parents at the site
- Review CLOUDS custom report for Family Performance and Outcome by Measure by selecting your site.
- Review the family information by clicking on the number above the percentage for a particular ranking such as: "in-crisis", ~~etc.~~ This will populate the family ~~id~~ID, if needed click on the family ID and it brings up the Family data sheet with more information.
- Ensure families entered as "in-crisis" ~~and "vulnerable"~~ have received support. (~~e~~Either by ~~s~~Site Supervisor or Comprehensive Services staff)
- Should the family situation change and site staff are aware, notify comprehensive services staff to update Family Partnership ~~Agreement A~~assessment if needed, and provide support or resources as needed to teaching staff to give to the parent or given to the parent directly.
- Provide Comprehensive Services staff with updates to Referrals and Services as parents inform, so that CLOUDS is maintained accurate and support is provided as needed.

Comprehensive Services Assistant Managers are responsible for the following:

- Use CLOUDS to track Family Referrals.
- Ensure that adequate follow-up and resources were provided in a timely manner ~~by CS Staff.~~
- Provide support and assistance to CS Clerk in obtaining resources if requested.
- Provide support and assistance to family when needed.
- Hold case management meetings for referrals that require multiple steps and planning.
- Hold case management meetings for families with ~~two (2) or more an evaluation indicator marked areas indicated to be below "stable" or any one (1) area indicated to be~~ "in-crisis".
- Work with Comprehensive Services Clerks to ensure FPA tasks are completed within the timelines assigned.
- For Returning Children (unless ~~F~~Family Partnership Agreement assessment updates are made sooner due to reported changes, follow the same steps above)

Comprehensive Services Clerks are responsible for the following:

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- Complete the returning family's Family Partnership Agreement ~~a~~Assessment within 90 days (September 30th) of the second school year.
- Follow the same steps for completing the assessment and protocol for documentation, follow-up by April 30th as you would for newly enrolled families.
- Follow the same steps for completing the returning family's Family Partnership Agreement ~~a~~Assessment and follow-up by May 31st as newly enrolled families.
- Follow the same steps for documenting Family Goal progress. Provide resource/referrals immediately for emergency, in-crisis or within two weeks for vulnerable needs.
- If the family has not completed their goal from the previous year and would like to continue working towards the same goal, staff is to document in the existing CLOUDS goal and change the "by when" date.

4. Desired Outcomes of Family Partnership Process

- Families achieve an enhanced quality of life by engaging in a ~~F~~family ~~p~~Partnership ~~Agreement~~~~assessment~~ ~~process~~. Parents are provided community resources such as adult education classes, financial literacy assistance programs, employment counseling, school lunch programs, health resources, and other community services. Such efforts are coordinated with the Comprehensive Services staff via the Family Partnership Agreement process and through daily interaction with site or comprehensive services staff at the parent's discretion and need. By assisting families to identify their own supports and strengths, development of skills, tools, and resources, families are able to use this process in developing goals for their families after they leave the program.
- Families feel empowered and have gained life skills to be self-~~sufficient~~~~reliant~~ by learning about and accessing community resources to support their family.
- Families' attainment of goals will be identified
- Families attain and accomplish pre-existing goals if identified

The Comprehensive Services staff provides guidance, support, and resources to the family, moving them toward successful completion of their ~~ir~~ family goal(s) and aspirations. Documentation of support can be found in CLOUDS, Family Referrals and Services, and the Family Case History.

When the family does not meet the timeline to accomplish their Family Goal, the Comprehensive Services staff will provide additional support and guidance, by reviewing/discussing all obstacles which prevented the family from meeting the time line. Families have a choice to continue moving toward meeting their goal(s) or establishing a new goal. If a family chooses to set a new goal, Comprehensive Services staff will assist the family in identifying an area to set a goal, and follow the goal setting procedures as listed under Goal Setting. Comprehensive Services staff will provide support and resources for the family to work towards achieving the newly identified goal.

If after several attempts, a family refuses to participate in the assessment or goal development, staff document their attempts at explaining benefits of the process, and note on CLOUDS that parent refused.

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5. Parent Volunteer Survey

During the placement appointment, Comprehensive Services staff asks parents to complete a Volunteer Survey (See Form CSB300). This survey includes ways for parents to be engaged at the site level such as: helping in the classroom, preparing materials, [and](#) sharing talents. It also offers opportunities to volunteer on a larger scale such as: Policy Council, Nutrition Advisory Committee, Health Services Advisory Committee, and Interview Panels.

The following is the protocol for implementation and completion of the Volunteer Surveys:

i. Upon Enrollment

- Comprehensive Services Clerks are responsible for:
- Completing Volunteer Survey with Parent
- Completing Parent Interest Survey with Parent
- Input names of parents indicating interest in an Advisory Committee (Policy Council, Health Services, Interview Panel, Nutrition etc) into the Volunteers for Advisory Committees folder on the Shared drive.

ii. By September 30th

- Site Supervisors are responsible for:
 - ☐ Compiling a list of site volunteers from Volunteer Survey results and
 - ☐ Utilizing the list of volunteers when needed for parent meetings.
- Comprehensive Services Assistant Managers are responsible for:
 - ☐ Working with Comprehensive Services Clerks to ensure Parent Interest Survey distribution and Volunteer Survey tasks are completed within the timeline.

iii. Ongoing

- Should parents indicate interest in volunteering at a later date, they can inform site staff or CS staff for volunteer opportunities. (Volunteer Interest Survey is used upon enrollment as a means to discuss various engagement opportunities; however, families can participate in a volunteer activity at any point of enrollment).

6. Parent Interest Survey

The Parent Interest Survey is completed by Parents upon enrollment. Results of this survey allow staff to identify the collective results the parents' interests for training at the parent committee meetings, or resources provided on a site level interest. The list of the top ten results are kept in the Parent Meeting & Policy Council binder and can also be shared via written materials, newsletter articles, speakers, and other forms of media. The categories for topics include:

- Health / safety
- Nutrition
- Mental health
- Child development
- Parenting
- Literacy / adult education
- Employment / job training
- Community resources

• The following is the protocol for implementation, timeline, distribution, and follow up for the Parent Interest Survey (See Form CSB-300):

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2013-2014 Policies and Procedures Section 3: Family and Community Partnerships

- Upon enrollment
 - Comprehensive Services Clerks are responsible for the following:
 - ☐ Completing the surveys with Parent
 - ☐ Tallying the completed surveys
 - ☐ Providing site with top ten interests on Site Level Parent Training Form (See Form CSB-304).
- By October / November of each year
 - Site Supervisors are responsible for the following:
 - ☐ Present the top ten interest results at next parent meeting as scheduled.
 - ☐ Work with parents to develop calendar/schedule for topic presentations.
 - ☐ Request support from Comprehensive Services as needed in obtaining or identifying speakers.
 - Based on results of the Survey and Performance Standard requirements, parent education workshops are planned by Site Supervisors/Head Teachers, and Comprehensive Services team members throughout the school year.

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C. Accessing Community Services and Resources

CSB collaborates and works in close partnership with several child and family services community agencies in a wide number of service areas such as: mental health, health, nutrition support, education programs, disabilities support services agencies, social services, local Food Banks, financial literacy education, asset development programs, and domestic violence support programs. Connecting families to community agencies, including the Local Education Agencies, helps families to:

- Support and coordinate the successful transitions for enrolled children and families with other agencies.
- Support communication and coordination of services between Head Start/Early Head Start staff, school principals, and staff from other family services agencies involved with the family through transitions, including joint transition meetings.
- Support parent's role as the primary teacher/advocate for their child's education and throughout life.
- Support families' interests and needs to encourage parent, family and community engagement in the in the children's learning.

CSB provides many opportunities for staff interaction with families throughout the year. Encouraging parents to be actively engaged in their child's life is the foundation for parents to continue as advocates for their children beyond Head Start. Please refer to each service area for more on how staff can support parent [engagement](#) opportunities for gaining access to community resources. Comprehensive Services and site staff also generate referrals as a response to a parent's request.

D. Supporting Families in Crisis-(Emergency and Crisis assistance)

When a family experiences a crisis, the stress disrupts the family's usual pattern of functioning and family well-being. Families sometimes find that their usual ways of coping or problem solving do not work; as a result, they feel vulnerable, anxious, and overwhelmed. Sensitivity, [empathy](#) and care is taken to assess the nature and scope of the crisis in order to work with the family to discuss the level of support that is adequate yet comfortable for the family.

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- Comprehensive services and site staff will conduct a comprehensive review of the immediate crisis that the family has.
- Comprehensive Services staff will contact the Mental Health unit for support. Report the situation and advise of potential need for crisis intervention or consultation.
- Consult the Service Area Manager(s) most connected to the crisis as needed for case review assessment and ensure comprehensive services support has been considered, and track crisis until stabilized. The Parent, Family and Community Engagement Manager should also be notified regardless of the crisis area.
- Review the documentation of events in CLOUDS.

The role of Head Start staff is to recognize and assess the crisis situation, listen mindfully, and provide assurance, and help the family use specialized resources in the broader community. Whether staff provide the needed assistance or intervention, or refer families to community resources, they are key sources of support to the family.

All situations defined as a family crisis by staff or parent will be assessed on a case by case basis. The Comprehensive Services Assistant Manager supporting the family's site will monitor the progress of events until the situation is stable. Document specialized services if applicable in CLOUDS.

E. Accessing Mental Health Services: Prevention Identification, Intervention, Program for Families

CSB supports the social-emotional health and well being of both the child and the family. Opportunities for parents are provided to discuss concerns regarding their child or family, and assess support/treatment options with CSB mental health unit clinicians. Goals of the mental health prevention program are to:

- Improve self-concept
- Build positive relationships
- Develop coping skills for problem-solving
- Manage stress effectively

Case management meetings are offered to families as needed to identify and address child or family issues, so that Comprehensive Services staff can provide information or additional resources to the family. Staff can assist families in obtaining appropriate referrals to address individualized family needs or concerns.

Child Abuse Prevention training for parents is scheduled annually at the site level during parent meetings. Additional resources are available to site and parents upon request. Please refer to the Family Handbook for more information.

F. Community-Family Resources

1. Resource Guides

Several community resource guides are used by Comprehensive Services staff, including: "Surviving Parenthood," published by the Child Abuse Prevention Council (925-798-0546) and "Regional Guides" published by Contra Costa Crisis Center (925-939-1916 or 211.org). The "Street Sheet," published by Shelter, Inc. (925-335-0698) is widely used and provides an "at-a-glance" perspective of what resources are available to assist with basic needs. The "Street Sheet" is easy to reproduce, is available in English and Spanish, and is published for East, Central, and West Contra Costa County.

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Other community resources lists that are frequently distributed to CSB staff and parents include: [One Stop Career Center](#) monthly calendars, First 5 Center monthly calendars, Local Library calendars, Latina Center calendars, and Family Law workshops.

2. Internet Database

For individualized resources customized to fit particular needs, Comprehensive Services staff and other staff can access 211 Online Database (formerly known as CORD Contra Costa Online Resource Database) via the Internet at www.crisis-center.org. This up-to-date system allows staff to search for resources by name, need, and geographical area. It has the capability of translating the resource information into 12 different languages and has a map feature allowing the user to create a map to and from the resource location. Parents are encouraged to use this resource from CSB computers, or if available, from their personal computer.

3. Other Methods of Access

Parents are also given access to information about community services by posted information on parent bulletin boards at sites, in the classrooms, from resource booklets, pamphlets, CSB Family newsletters, and flyers distributed to parents at orientation and/or other parent meetings/trainings.

4. Site Based Resource and Referrals

Site Supervisors, site staff, and [eComprehensive Services](#) staff assigned to each [site](#) should always be the first contact if a family has a crisis.

Each Site Supervisor ~~must make available is provided with the~~ [Street Sheets and](#) Resource Guides for the appropriate region of the county to assist families in accessing frequently used or needed resources. Copies of these Resource Guides should be posted on the Site Parent Board and also be distributed to each family so that it is easily accessible should they need it at a later time. Additional copies for photocopying and updated versions can be found at <http://www.shelterincofccc.org/resources.html> and <http://www.crisis-center.org/info/regional.html>. ~~http://ccc.bowmansystems.com/~~. Resource boxes are also available at each site with additional resources and handouts that relate to topics from the Parent Interest Surveys. Each site has a [Wellness Center](#) (self help) that will assist those families that don't ask for resources directly. The [Wellness Centers](#) contain information in the areas of: CSB's health, disabilities, nutrition, mental health, and parent, family and community engagement. The wellness centers are updated by the [Site Supervisor comprehensive services team](#) on a quarterly basis.

G. Services to Pregnant Women Enrolled in the Program

The same methods of access to resources and services as noted above are to be used with pregnant women enrolled in the program. In particular, Family Partnership Agreements will address:

- Early and continuing risk assessments, which include assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health promotion and treatment, including medical and dental exams, on a schedule deemed appropriate by attending health care providers as early in the pregnancy as possible.
- Mental health interventions and follow-up, including substance abuse prevention and treatment services as needed.
- Pre-natal education on fetal development, labor and delivery, and postpartum recovery
- Benefits of breastfeeding and accommodation of breastfeeding in the program.

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- Health staff will visit the newborn within two weeks after birth to ensure the well being of both mother and child.

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II. Parent Engagement

A. General Description

Parents are the first and best educators of their child. Parent Engagement in CSB is integrated in the classroom and in the administration. It is imperative that the parent becomes engaged with his/her child's educational program, and with all aspects of the program. Parents are encouraged to participate in policy-making groups at the center, agency, and grantee levels. Participation of parents is voluntary and is not required as a condition of the child's enrollment. Four ways have been designed to provide the parents and/or families of the program to actively participate in the following:

- Engage in decision-making process
- Engage as paid employees
- Engage as volunteers
- Engage as observers in their child's classroom.

Families can also expect to be offered the opportunity to be engaged in the program as equal partners in their child's education, and learning, and development in these ways and more:

- Attend an orientation to the program and the classroom to learn:
- Attend two Parent/Teacher conferences per year to learn:
- Attend Parent Meetings and parent trainings
- Participate as a volunteer, staff, or observer
- Participate in the Male Involvement Program
- Participate in Policy Council and other advisory bodies
- Participate in the Family Partnership Agreement-Assessments

B. Engagement in the Decision-Making Process

Participation in the process of making decisions about the nature and operation of the programs (as well as decision-making in the Contra Costa County Community Services Bureau Grantee-Operated Program and the Policy Council) occurs on two levels, which are:

1. Site Parent Committee Meetings: (comprised exclusively of the parents of children currently enrolled at each center or within a program option such as the Home-based option): This Committee deals with issues at the classroom, site or socialization level.

The Site Parent Committee carries out at minimum, the following responsibilities:

- Advise staff in developing and implementing local program policies, activities, and services (*including but not limited to classroom curriculum and activities, and center-wide activities)
- Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff (*including but not limited to parent training, special events, and parent/child activities).
- Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.
- Deals with issues at the classroom, site or socialization level.

The following is the staff protocol for implementation of parent meetings as family engagement:

- In September:
- Comprehensive Services Clerks, Comprehensive Services Assistant Managers and CS Managers,

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- Provide support at 1st parent meeting to establish Policy Council representative and Parent Committee officers

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- As needed Comprehensive Services staff a:

- Assist in providing resources for speakers at Parent Meeting upon request by Site Supervisor.

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- Monthly ~~one~~ week before meeting.

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- Site Parent Meeting Chair:

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- Announces upcoming meeting
- Prepares agenda, make copies, prepare minutes
- Copies minutes from prior month
- Posts agenda on Parent Board

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- Secures training/guest speakers (with Site Supervisor assistance).

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- Monthly Site Supervisor (with the support of Comprehensive Services staff as needed):

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- Supports Site Parent Committee Meeting Chair with monthly duties assigned
- Provides support for translation of minutes/agendas if needed.
- Provides staff report for meeting.
- Ensures parent meeting binder is current for school year with training tally, agendas, minutes, sign-in sheets and copies of handouts given to parents.
- Attends Parent Meeting or provide staff support to parent officers.

- Within school year

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- Site Supervisor (with the support of Comprehensive Services staff as needed):

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- Ensures that required trainings such as Pedestrian Safety (By September 30th), Child Abuse Prevention (April) and Kindergarten Transition are provided at the site.

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2. Policy Council

The Policy Council operates in accordance with Internal Operational Procedures of the County Board of Supervisors, the Brown Act, Simplified Roberts Rules of Order, Head Start Revised Performance Standards, and Better Governance Ordinance. The Policy Council By Laws, which are reviewed and approved annually by the PC, contain detailed information including but not limited to the following:

- Purpose of the Policy Council and composition information
- Procedures for handling business
- Duties and Responsibilities of members
- Membership and Meeting information
- Standards of Conduct requirements

- For more information regarding the roles and responsibilities of the Policy Council, refer to the Program Governance section under Administration of the Policies and Procedures.

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The following is the staff protocol for implementation of Policy Council as an opportunity for Parent Engagement:

- i. Site Supervisors with the support of designated Comprehensive Services staff is responsible for the following:

- ~~October~~ September

- Attend 1st Parent Meeting at each site where there is Head Start or Early Head Start enrolled families as assigned.

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- Assist in establishing site officers and Policy Council Rep(s). (Refer to resources and handouts available in Parent Involvement section of CSB forms that outline general duties of policy council representatives.)
- Provide newly elected Policy Council Rep(s) with Policy Council Representative Changes (See Form CSB-327) form to complete.
- Forward to Clerk of the Policy Council.

ii. Site Policy Council Representative with the support of site

—staff:

- Monthly

- Ensures posting of upcoming Policy Council Agenda on Parent Board 96 hours before the Policy Council meeting.
- File Policy Council Agendas in site Parent Meeting Binder.
- Prepare monthly Site Report to present to Policy Council.
- Share and distribute flyers and information received at the Policy Council Meeting to parents at the monthly site committee meeting.
- Attend Policy Council meeting and take back information and resources to next Parent meeting at their site.

iii. Site Supervisor:

- Monthly-week of PC

- Confirm representation for site. If rep(s) cannot attend, secure an alternate.
- West Co. sites only: Confirm if Policy Council rep(s) needs transportation and inform Site Supervisor or designated staff to transportation for the respective month.
- Facilitate election of new Policy Council representative if replacement is needed.

- As needed

- If the elected Policy Council Representative is unable to fulfill his/her duties, he or she submits a letter of resignation to site or comprehensive services staff to be forwarded to the clerk or manager of PC.
- Site conducts election for replacement Policy Council representative at the next Parent Committee meeting.
- Provide new Policy Council representative with Policy Council Representative Changes (See Form CSB-327) form to complete and forward to the clerk of the Policy Council.

iv. Comprehensive Services Manager Assigned to Policy Council

Monthly-after PC:

- Provide Policy Council Summary to site for Policy Council representative to report at next parent meeting.
- Post minutes and agenda on EHSD public website in both English and Spanish.

C. Engagement in the Classroom as Paid Employees, Volunteers, or Observers

1. As Paid Employees

Contra Costa County CSB defines “paid employees” as currently-enrolled parents who have qualified for an employee position.

Preference will be given to parents of children formerly or currently enrolled in CSB’s programs. Parents who become paid employees of Contra Costa County (other than substitutes who work less than 10 hours in a month in the program) may not participate on the Policy Council.

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2. As Volunteers

To be considered for volunteering, a currently enrolled parent must take part in an orientation about the program and the specific aspects of being a volunteer. Parents and family members are encouraged to participate in the classroom as frequently as their schedule permits. Please refer to the Volunteer Policy under Human Resources of the Policies and Procedures for more information on CSB Volunteer Policy.

If parents are unable to volunteer at the center, the following home activities are suggested:

- Helping children extend their experience in the classroom
- Helping children to use materials in different ways, providing children with appropriate work and strategies to help them solve problems
- Encouraging children to communicate with one another so that they can help themselves work out problems and explore alternatives
- Organizing, fixing, making toys or sewing/repair of dramatic play clothes
- Participating in story-telling activities with children
- Making observations of their child
- Making flannel board stories
- Going to the library to check out books for the classroom
- Translating written materials.

3. As Observers

Parents of currently enrolled children may observe in their child's classroom or during the Home-based socialization time at any point during program operations.

Other persons may observe after obtaining permission from the Site Supervisor/Early Childhood Home Educator by indicating the purpose of the visit, and how long they plan to visit.

Parents and other family members have a responsibility to treat staff and other program participants with courtesy. Aggressive or abusive actions towards any staff members, parent, or another child, by the child or the child's parent is unacceptable and may result in a child/family being withdrawn from the program. If this should occur, CSB will work with the parent to provide resources for alternative placement.

4. Male Involvement Program

CSB supports the engagement of both parents in their children's educational experience that will ultimately help the children to reach their full potential. Regardless of living arrangements, it is our goal to include both parents, [\(co-parents\)](#) to the maximum extent possible in the family partnership process and have ongoing communication with the child's teacher as co-partners in their child's education, [learning](#) and development.

CSB makes fathers feel welcome and supported at our sites and offer activities that will be meaningful to both father and mother. The goal of male involvement is to provide fathers and other significant males with opportunities to improve their lives so that they can improve the lives of their children. Activities and support for fathers and engaged men are determined locally through communication with site or comprehensive services staff in a variety of ways such as: ongoing

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communication as a result of a parent-teacher conference, home visit, other means with a teacher or site supervisor, and fatherhood support groups (24/7 Dad).

D. The Role of Staff in Family Engagement

Staff members have a major role in providing opportunities for parents/families to become engaged. Site staff and Comprehensive Services staff (line and management) have the responsibility of ensuring that parents of children currently enrolled and/or family members have the opportunity to be engaged in all aspects of the program. CSB defines opportunity as the staff's willingness to assist families in removing barriers to their involvement.

1. Orientation: CSB staff ensures that parents have the opportunity to be engaged in the program by providing a Parent orientation at time of placement. Once a child is ready to be placed at a site, comprehensive services, or site staff meets with the family to complete the placement process. This includes the Parent Interest Survey and a review of the Family Handbook which provides an overview of our CSB program, family parent engagement opportunities, and its service models & areas. The Family Handbook is updated annually in conjunction with the annual review of CSB Policies and Procedures. Contents of the Handbook are limited to appropriate content regarding program information, school readiness, staff professional development, parent, family, and community engagement, health and safety requirements, nutrition information, social services and more.

Please refer to the current Family Handbook for more details.

Site staff and Early Childhood Home Educators work with parents to plan classroom activities, field trips, socializations and home-based activities. Planning with parents at the site level occurs at parent meetings and individually through parent conferences twice a year. Child care and transportation are planned and provided when needed to allow for maximum family engagement.

2. Family Engagement Task Force: Ensures agency-wide opportunities are communicated to all parents. Membership includes a staff representative from each area of the county, the Parent, Family and Community Engagement Manager, and at least one parent.

All centers are required to have a Parent Information Board, located in plain view of all parents visiting the facility. For centers with several buildings, a Parent Information Board should be included at each building. These boards are used to communicate with families and should contain current events, parent committee meeting agendas and minutes, Policy Council agendas and minutes, job announcements, special events, and parent engagement opportunities such as Male Involvement, Triple P (Positive Parenting Program), and community events. Materials should be posted in English and Spanish whenever possible.

CSB monitors both Delegate Agencies and subcontractors, and the directly operated program to determine the extent of parent engagement, giving technical assistance to programs as needed.

E. Development of Activities for All Parents

Currently enrolled parents at the classroom and site levels will develop activities for families designed to meet the families' needs and interests.

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Parent Interest surveys are distributed to enrolled families at enrollment and are tallied by Comprehensive Services staff by September 30th to determine interests and needs of parents at each site. Information from these surveys will be analyzed by staff, and will form the basis for development of activities and parent trainings that reflect the interests of the site. Parent Engagement requests found consistently across the program will be considered for agency-wide opportunities.

Parents should work in co-partnership with classroom staff, or with their Early Childhood Home Educators to design child development activities and special events. Parents and/or family members are encouraged to be in contact with classroom personnel on a regular basis.

Staff should assist parents define their own feelings about child rearing, as well as building partnerships with parents (to develop confidence and knowledge about their children's education). In turn, parents contribute their experiences and values to the program in a way that is comfortable for each parent. Various opportunities are made available throughout the year, and support is provided by both site and comprehensive services staff to assist each family to participate to the extent of their comfort, ability and availability.

F. Parent Education / Home Activities

Teachers provide parents with individualized home activities to reinforce their child's learning objectives. Home activities focus on the use of household items and emphasize a developmentally appropriate approach to working with preschoolers.

Home activities can be introduced to parents at site parent meetings, home visits/parent conferences, and daily conversations with parents. Home activity ideas offered to parents should be documented on the second Home Visit/Parent Conference form.

Each center has a Parent Lending Library/Wellness Center available to parents on a checkout basis. Books and pamphlets about Parenting, Health, Mental Health, Dental Care, Nutrition, Child Development, and Home Activities are all part of the library. For more information on Home Activities, refer to the Education section of the Policies and Procedures.

G. Parent Notification of Community Services Bureau Changes

Following is the Grantee's procedure for notification of parents of staff changes, new hires, substitutes, staff departures, and other applicable CSB staff movement:

- Classroom Substitute – the Site Supervisor, Teacher or Assistant Director will notify all parents in writing, of a change in or substitution of Site Supervisor or teaching staff at the site (or of any other change affecting their children's learning environment).
- Hiring/Assignment/Departure of Staff – in writing and verbally, the Site Supervisor or Head Teacher notifies parents that a new employee is on-site.

H. Family Literacy

Family Literacy will be promoted on a group and individual family basis through information obtained in the Family Partnership Agreements, Parent Interest Surveys, parent/teacher home visits, parent conferences, center parent meetings, and from other parent contacts. Family Literacy is approached as a collaborative venture, wherein interagency agreements are established to streamline access to the services of a variety of community agencies. Examples of Family Literacy opportunities include:

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- Reading Is Fundamental [\(RIF\)](#), where parents are trained in storytelling and then scheduled for story sessions in their child's classroom. At the end of each session, each child chooses a book to take home and keep as his/her own.
- Raising a Reader book bags
- Reading challenges
- Home activities

Comprehensive Services and site staff work consistently through the year to maintain effective working relationships with community agencies providing literacy support services. These may include, but are not limited to, United Way, Literacy Alliance, Libraries, ROP, RIF, Project Second Chance, CalWORKs, and Diablo Valley Literacy Council, or provide parents with resources for literacy services at their local library and more depending on the need and interest of families.

I. Parent and Family Engagement in Health, Nutrition, and Mental Health Education

The Family Partnership Agreement [Family Partnership Assessment](#) utilizes a Family Development Matrix developed by the California Department of Community Services. This matrix specifically addresses health, nutrition and mental health education. By utilizing this matrix, staff gains the information they need to:

- Assist parents in establishing and utilizing a medical and dental home
- Encourage parents to be active participants in their child's health care
- Provide parents with the opportunity to learn the principles of preventive medical and dental health, health and safety education, and individualized health training specific to the child and/or family needs.

In addition to addressing education via the Family Partnership Agreement, there ~~are two~~ [a joint](#) advisory groups that allow [s](#) appropriate time/opportunity for maximum engagement in Health, and Nutrition:

- ~~Health Services~~ [and Nutrition](#) Advisory Committee: This committee is composed of staff, parents, and experts in the community on the topic of health, nutrition and mental health for pregnant women, children 0-5 years old, and their families. Members inform staff of current issues and practices so that the program can address them. Parents also have an opportunity to express their concerns regarding health-related issues affecting their family or their community by providing input to local community agencies regarding current health-related events, trends, service gaps. [Members of this committee also exchange information regarding the food service program. They may participate in cooking project demonstrations, and discuss and explore nutrition issues such as obesity, anemia, cancer, breastfeeding, and other topics of interest to the parent participants. This group meets twice a year.](#) ~~This group meets twice per year.~~ Parents indicate interest on the Volunteer Survey that is completed at placement (~~See Form CSB-300~~)
- ~~Nutrition Advisory Committee: This committee is composed of staff and parents. Members of this committee exchange information regarding the food service program. They may participate in cooking project demonstrations, and discuss and explore nutrition issues such as obesity, anemia, cancer, breastfeeding, and other topics of interest to the parent participants. This group meets twice a year. Parents indicate interest on the Volunteer Survey. (See Form CSB300)~~

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J. Parent and Family Engagement in Community Advocacy

Through the encouragement of parent and family engagement at all levels, the program provides parents with important information that will empower them and serve as a practical resource to help them in their day-to-day lives.

One of the goals of parent and family engagement is to support and engage parents in their child's education, [learning](#) and development. Information exchanged during the first and second parent-teacher conferences, through case management meetings, sharing of health screening results, and on-going communication with parents, staff are educating parents on the importance of seeking out support for the interest and well being of their child.

Through the Family Partnership Agreement [strength based assessment](#) ~~P~~rocess, staff support and encourage families to develop goals, or support existing goals in order to support the growth and well being of their family.

Through the Policy Council, parents are provided an opportunity to extend their advocacy into the community as they are involved in the decision making process for their Head Start and Early Head Start Programs. They gain experience in a public meeting setting and will have knowledge of public meeting rules should they wish to advocate in their local public meetings. They are exposed to community resources and in turn become vital resources to other parents at their respective centers. The [Policy Council](#) ~~e~~Executive ~~e~~Committee shares information about grass roots advocacy for the Head Start program and encourages parents to write letters to their elected officials supporting their Head Start program. This advocacy extends beyond supporting their own child which is what brought them to Head Start initially. It is vital that parents remain concerned and informed about issues that affect their lives and the lives of their children. Parents are encouraged to form their own opinions regarding issues and are provided with information on advocacy skills so that they can have a voice as well as leadership skills.

K. Parent and Family Engagement in Transition Activities

Helping each parent become an effective advocate is an important transitional strategy. One goal should be to help the parent learn about her/his rights, as stated in:

- Public Law 100476 - Individuals with Disabilities Act (IDEA)
- American With Disabilities Act (ADA)
- Public Law 93– 80 - The Family Educational Rights and Privacy Act (FERPA)
- Public Law 99-372 - Handicapped Children's Protection, Education Handicapped Act (EHA)

Parents should know their rights to ensure that they and their child(ren) are treated fairly. CSB staff may need to help parents develop some assertiveness skills. Parents need to know how to approach their child's teacher, and tactfully request that an arrangement is made to communicate regularly with the teacher. Modeling and role-playing are effective ways to help parents learn/practice discussions with teachers and administrators. This could be done individually or in small groups with other parents (some of whom may have had experience in working with teachers from other agencies). The focus should be positive assertion of the parent's rights. Staff should concentrate on the benefits that might result for the child if the parent continues an active role in the education of the child.

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Parents are involved in transitions throughout the program to include: home to school, infant to toddler; toddler to preschool, preschool to kindergarten; routine transitions during class time; and transitions from the parking lot to the center. For more information on transitions, refer to the Education and Disabilities sections of the Policies and Procedures and the CSB Family Handbook.

L. Parent and Family Engagement in Home Visits

Head Start enrolled parents are encouraged to participate in two home visits during the program year. The first visit may occur at the time of placement and is intended to be an opportunity for the teacher to meet the child and family, and ensure that the child's entry into the program is successful. Comprehensive Services staff may accompany the teacher if necessary. This provides an opportunity for parents to share information about their child to the teacher.

Individual needs are also addressed at this time as well as completion of some required program documentation. The second visit occurs near the end of the program year and is intended to exchange information regarding progress the child has made, and to address any areas of concern before the child leaves the program or begins another year with the program.

Parents may decline the opportunity for a home visit at any time. While home visits are not required as a condition of the child's enrollment or participation in these program options, every effort must be made by program staff to explain the advantages of home visits. Home visits are, however, required for the Home-based option and in the Early Head Start program where staff must visit the newborn within two weeks of birth. For more information regarding these programs, refer to the Education section of the Policies and Procedures.

M. Parent Engagement in Recruiting and Interviewing Head Start and Early Head Start Employees

All parents are invited to participate in the recruiting and interviewing of EHS and HS employees. Parents are included as part of the interview panel for consideration of employment. Parents can be engaged by showing interest as a Policy Council member or by way of the Volunteer Survey that is done upon enrollment. A list of parents who are interested in being on interview panels is created at the beginning of each year. Training and orientation of the interview process is provided for all parents who wish to participate. For more information on staffing procedures, refer to the Human Resources section of the Policies and Procedures.

N. Parent's Appeal Rights

Parents have the right to receive a Notice of Action that informs them of their acceptance or denial of CSB services.

Parents have the right to appeal adverse actions.

The appeal process provides a written fourteen (14) day minimum notice before the action becomes effective. Information regarding the appeal process is located on the back page of a Notice of Action.

During the appeals process, CSB must not change the services to the family except for health or safety reasons. For more information, please refer to the Enrollment and Re-Enrollment section of the Policies and Procedures.

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III. Community Partnerships

A. Description

CSB takes an active role in community partnership building and advocacy to enhance the delivery of services to children and families. Based on a variety of information sources, such as the Community Assessment, Family Partnership Agreements, regulatory requirements and current legislation, program staff actively seeks out and enters into partnerships with various community entities and individuals to coordinate the access to resources and services to children, families, and staff. These partnerships, and the manner in which they are conducted, are documented by virtue of interagency agreements and memoranda of understanding, which clearly delineate the responsibilities of both parties, are updated regularly, and are responsive to the needs of children and families.

B. Child Care Partnerships

CSB engages several Community-Based Organizations on a contractual basis to provide child-care and development services to eligible families. Comprehensive Services ~~Managers~~ [staff and a CSB Senior Manager](#) are assigned to these programs operated by our child care partners to provide support and technical assistance and to ensure compliance with federal and state regulations. Collaborative partnerships with child care agencies enhance the educational, health care, and social services to children and families throughout the county.

Providers of child care services include: First Baptist Church, ~~West Contra Costa State Preschool Program~~, We Care Services for Children, Antioch Partnership, YMCA of the East Bay, Martinez Early Childhood Center, ~~Concord Childcare~~, Richmond College Prep, Crossroads High School, ~~Cambridge Community Center~~, Brighter Beginnings, [Aspiranet](#) and Cameron School.

C. Partnerships with Agencies, Entities, and Individuals

CSB partners with over a hundred community-based organizations including but not limited to:

- Health Services: Family, Maternal, Child Health Program (FMCH), Child Health and Disability Prevention Program (CHDP), Gurnick Academy for Medical Arts, Elks Vision, CAIR, Integrated Pest Management- Bed Bug Task Force, John Muir Child Safety Coalition, Give Kids a Smile Day, Children's Oral Health Program, Lead Prevention program, Communicable Disease program, Community Wellness & Prevention program.
- Child Welfare: County Child & Family Services (CCC EHSD-CFS)
- Mental Health: County Mental Health Program / MediCal Reimbursement, C.O.P.E. Family Services program (Triple-P program).
- Nutrition: Women, Infants and Children Nutrition Program (WIC), CCFP Roundtable, Solano & Contra Costa Food Bank, Healthy Families, Cooking Matters, CalFresh, BANPAC, UC Cooperative Extension (EFNEP), [Healthy and Active Before 5](#).
- Disabilities: Regional Center, California Children's Services, and SELPA, [Parent Care Network](#), Child Health and Disability Prevention.
- Family Support: Department of Child Support Services (DCCS), SparkPoint Center, County Probation.
- Child Abuse Prevention: Family Stress Center's Child Assault Prevention Program [and](#), Families Thrive.
- Professional Associations: California Child Development Administrator's Association (CCDAA), National Association for the Education of Young Children (NAEYC), California AEYC, Contra Costa

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AEYC, Local Planning Council (LPC), National Head Start Association (NHSA), California Head Start Association (CHSA), and Region IX Head Start Association (RHSA).

- Educational Institutions: Contra Costa College District, UC Davis, UC Berkeley, and Cal State University East Bay.
- Other Supportive Services: Reading Is Fundamental, Supporting Father Involvement, Zero Tolerance for Domestic Violence, Raising A Reader and First 5 Commission.

In addition to partnering with agencies and entities to provide services to our children, families, and staff, CSB also conducts outreach to organizations for the purpose of securing volunteers to participate in program activities. Examples of this type of outreach include our work with the Volunteer Center, CalWORKs (work experience clients), Teens Link with the Community (teens fulfilling community services requirements in High School), and the Telephone Pioneers (retired Pacific Bell employees). Visiting experts are also recruited from the community to enhance training for children, staff, and families.

Groups of parents and professionals, recruited to participate on Advisory Committees (Health Services Advisory, Community Colleges, Budget, Bylaws, Education and Family Services, Nutrition, and Personnel Committees) ensure quality planning for needs/interests of children and families. These committees contribute parent and professional input to the planning and program implementation process and are recognized for the important role they play in community partnership building.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 4-PROGRAM DESIGN

~~2013-2014~~2014-2015

Policy Council Approved: ~~01/15/14~~
Board of Supervisors Approved: ~~01/21/14~~

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I. Eligibility, Recruitment, Selection, and Attendance-ERSEA

A. State Child Development Program

The California Department of Education Child Development Division funds the state-funded portion of our program. The matrix, below, provides an overview of this program.

PY = Program Year

	CSPP		CCTR
Program type & hours of care	Part-day 3—3:59 hrs <u>Part-time less than 130 Hours</u>	Full-day Full-Time More than 4 hrs Includes ¾ time and Full-time <u>130 Hours or More</u>	Full-day Full-Time Program Includes ½, ¾ Time and full-time <u>130 Hour or More</u>
Age of Child	3 or 4 by October <u>September</u> 1 of PY *Continued summer enrollment allowable for K-eligible children until K start if requested and available		Zero – three (until eligible for CSPP)
% Preschoolers age 4 by October <u>September</u> 1 of PY	50% of CSPP children at each site		N/A
Eligibility Requirement	2008 Eligibility regulations apply		
Maintaining Ongoing Eligibility	N/A Once initially Certified, child is “in” for the Remainder of the PY	All families must report changes to income & family size within 5 days for recertification of eligibility. Failure to meet ongoing eligibility results in termination of full-day services.	
		Family may choose to receive part-day <u>Part-Time or Full Time</u> services based on their initial eligibility or pay full fee for services.	N/A
Need Requirement	N/A	2008 Need regulations apply	
		Preschool children who attend only part of the week (e.g. M-W-F) or part of the day (11—5) can attend their class M-F during the “part-day preschool portion of the day” 8:30-12:00.	

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		All hours outside of this time must be supported by need.		
Maintaining Ongoing Need	N/A	All families must report changes to need within 5 day for recertification of need. Failure to meet ongoing need results in termination of full-day services.		
		Family may choose to receive part-day services or pay full fee for services.	N/A	
Family Fees Assessed	Yes	Program	Hours of Certified Care	Type of Fee Assessed
		CCTR part-day Part Time	3:59 hours a day or less Less than 130 Hours per Month	Part-Time
		CCTR ¾ day	4 to 6:29 hours a day	Part-Time
		CCTR Full-Day Full Time	6:30 to 10:29 hours a day 130 Hours or more per month	Full-Time
		CCTR Full-Day Plus	10:30 or more hours a day	Full-Time
		CSPP Part-Day CSPP Part-time	3:59 hours a day or less Less than 130 hours	Part-Time
		CSPP ¾ Day	4 to 6:29 hours a day	Part-Time
		CSPP Full-Day CSPP Full-time	6:30 to 10:29 hours a day 130 Hours or More	Full-Time
		CSPP Full-	10:30 or	Full-Time

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		Day Plus	more hours a day	
		If family of a 3-5 yr old child has need for less than 4 hrs a day, try to place them in a part-day slot (family fees apply).	If family of 0-3 Yr old child has need for less than 4 hrs a day, the part-time fee applies.	
Adjustment Factors	N/A	Time and special criteria adjustment factors apply. Time criteria are based on total number of hours in care (not just hours of need). CCTR toddler special criterion applies only until child is 36 months old regardless of type of class child is in. ¾ time – 4 to 6:29 hrs Full-time – 6:30 to 9:59 hrs Full-time Plus – 10 hrs or more		
Enrollment Priorities	Transfers (i.e. families of children already certified for care including toddlers leaving CCTR) CPS - CSB622 At-Risk Referral Homeless returning 4 yr olds regardless of income eligible 4 yr olds* eligible 3 yr olds* over income 4 yr olds (part-day only) over income 3 yr olds (part-day only) *Refer to 2009 Enrollment Priorities for State Preschool		Transfers CPS or “at risk” Homeless Eligible children Per income ranking	
Over income waivers	15% of part-day slots allowed to be 10% over State income ceiling.	Not Allowed		
Recertification for next PY	N/A Must do 2 nd “initial” application prior to next PY.	At least every 12 months When changes in income, family size or need. At the discretion of the site supervisor anytime during the program year.		
Reporting	Revised 8501			9500

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B. Definitions

As used in the Program Requirements:

- Adjusted monthly income-The total countable income as defined below, minus verified child support payments paid by the parent whose child is receiving child development services, excluding the non-countable income listed below:
 - Earnings of a child under age 18 years;
 - Loans;
 - Grants or scholarships to students for educational purposes other than any balance available for living costs;
 - Food stamps or other food assistance;
 - Earned Income Tax Credit or tax refund;
 - GI Bill entitlements, hardship duty pay, hazardous duty pay, hostile fire pay, or imminent danger pay;
 - Adoption assistance payments;
 - Non-cash assistance or gifts;
 - All income of any individual counted in the family size that is collecting federal Supplemental Security Income (SSI) or State Supplemental Program (SSP) benefits;
 - Insurance or court settlements including pain and suffering and excluding lost wages and punitive damages;
 - Reimbursements for work-required expenses such as uniforms, mileage, or per diem expenses for food and lodging;
 - Business expenses for self-employed family members;
 - When there is no cash value to the employee, the portion of medical and/or dental insurance documented as paid by the employer and included in gross pay; and
 - Disaster relief grants or payments, except any portion for rental assistance or unemployment.
- Certify eligibility-The formal process the staff goes through to collect information and documentation to determine that the family and/or child meets the criteria for receipt of subsidized child development services. The signature of the Site Supervisor on an application for services attests that the criteria have been met.
- Authorized representative-The person designated by the agency to certify eligibility for subsidized services. For CSB's program, this means the Site Supervisor (SS) for center-based programs or Assistant Director (Assistant Director) or designee for centers not having a Site Supervisor.
- Child Protective Services-Children receiving protective services through the local county welfare department as well as children identified by a legal, medical, social service agency or emergency shelter such as abused, neglected or exploited or at risk of abuse, neglect or exploitation.
Children with disabilities-Children who have been determined to be eligible for special education or early intervention services in accordance with Part B or C of the Individuals with Disabilities Education Act (IDEA). These children have a current Individualized Education Plan or Individualized Family Service Plan. These children may be developmentally disabled, hearing impaired, deaf, speech impaired, visually impaired, seriously emotionally disturbed, physically impaired, have other health impairments such as: deaf-blind, multi-handicapped or specific learning disabilities, requiring the special attention of adults in a child development setting. Children, birth to three years, may be "at-risk" or with disabilities as defined by IDEA.

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- Declaration-A written statement signed by a parent under penalty of perjury attesting that the contents of the statement are true and correct to the best of his or her knowledge.
- Displace families-To de-enroll families in order to reduce service levels due to insufficient funding or inability of CSB to operate one or more sites because of reasons beyond control of the department, such as floods or fire.
- Family-The parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings.
- Fee schedule-The Family Fee Schedule, issued by the department pursuant to Education Code section 8447(e). The fee schedule is used by child development staff to assess fees for families utilizing State child care and development services.
- Homeless-A person or family that lacks a fixed, regular, and adequate night-time residence and has a primary night time residence that is:
 - A supervised publicly or privately operated shelter, transitional housing, or homeless support program designed to provide temporary living accommodations or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Income eligible-For the purpose of child care and development services that a family's adjusted monthly income is at or below 75 percent of the state median income, adjusted for family size.
- Income fluctuation-Income that varies due to:
 - Migrant, agricultural, or seasonal work;
 - Intermittent earnings or income, bonuses, commissions, lottery winnings, inheritance, back child support payment, or net proceeds from the sale of real property or stock;
 - Unpredictable days and hours of employment, overtime, or self-employment.
- Legally qualified professional-A person licensed under applicable laws and regulations of the State of California to perform legal, medical, health or social services for the general public.
- Parent-A biological parent, adoptive parent, stepparent, foster parent, caretaker relative, legal guardian, domestic partner of the parent, or any other adult living with a child who has responsibility for the care and welfare of the child.
- Parental Incapacity-The temporary or permanent inability of the child's parent(s) to provide care and supervision of the child(ren) for part of the day due to a physical or mental health condition.
- Recipients of Service-Families and/or children enrolled in a child care and development program subsidized by the California Department of Education.
- Self-Certification of Income-A declaration signed by the parent under penalty of perjury identifying:
 - To the extent known, the employer and date of hire and stating the rate and frequency of pay, total amount of income received for the preceding month(s), the type of work performed, and the hours and days worked, when an employer refuses or fails to provide requested employment information or when a request for documentation would adversely affect the parent's employment; or the amount and frequency of sources of income for which no documentation is possible.
- State median income-The most recent median income for California families as determined by the State Department of Finance.

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- Total countable income-All income of the individuals counted in the family size that includes, but is not limited to, the following:
 - Gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings;
 - Wages for migrant, agricultural, or seasonal work;
 - Public cash assistance;
 - Gross income from self-employment less business expenses with the exception of wage draws;
 - Disability or unemployment compensation;
 - Workers compensation;
 - Spousal support, child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support;
 - Survivor and retirement benefits;
 - Dividends, interest on bonds, income from estates or trusts, net rental income or royalties;
 - Rent for room within the family's residence;
 - Foster care grants, payments or clothing allowance for children placed through child welfare services;
 - Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent;
 - Veterans' pensions;
 - Pensions or annuities;
 - Inheritance;
 - Allowances for housing or automobiles provided as part of compensation;
 - Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies;
 - Insurance or court settlements for lost wages or punitive damages;
 - Net proceeds from the sale of real property, stocks, or inherited property; or
 - Other enterprise for gain.
- Update the application-The process of revising the application for services between recertification. The application shall be revised by completing a 9600S form with the latest family information that documents the continued need and eligibility for child care and development services.

C. Child Age and Family Income Eligibility

The Community Services Bureau's program enrolls children according to Federal and State eligibility criteria. For the Head Start program, children are selected for service based primarily on the family income adjusted for family size, with lowest income families selected first. Children at risk of abuse or neglect are considered high priority. Within age groups, priority in the pre-school program is given to four-year-old children from the neediest families. Please refer to CSB's Selection Criteria found in the ERSEA folder on the Shared Drive for more information.

The Community Assessment is used to determine location of centers and program options to accommodate the areas of greatest need in the county.

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Every year, parents/staff review and update placement of centers and program options, restructuring enrollment to best meet community needs as county demographics change.

D. Recruitment

1. Strategies

CSB employs a variety of recruitment strategies to ensure that the neediest children from low-income families have access to services. Each year, a recruitment plan responsive to changes in communities served by CSB is developed and implemented. Various recruitment materials are developed and disseminated throughout the community. There are a variety of ways to access the program by referral or personal contact. Walk-ins are always welcome. Word of mouth, via CSB parents is the best method of recruitment. Staff from all content areas of the program conducts presentations to community-based entities wherein detailed information is provided to expedite access to our program by their clients. Articles and ads are published in local publications such as agency newsletters, websites, and social networking sites. For detailed strategies, see the Recruitment Plan in the ERSEA folder on the Shared Drive.

2. Recruitment Policy

All staff, parents, Policy Council members and partners are responsible for giving out information in accordance with the annual Recruitment Plan.

All CSB Staff are responsible for:

- Phone calls: Hotlines are answered at regularly schedule intervals throughout the day by designated staff that log the entries and follow up on the Shared Drive. Staff that answers pre-registration hotlines is responsible for taking basic pre-registration information over the phone and entering it into CLOUDS.
- Walk-ins: All staff assist client in filling out CSB690-Waiting List Pre-Registration Form (See CSB Forms)
 - If client has brought in any documentation, such as pay stubs and/or birth certificate make copies and staple to the waitlist form.
 - Fill in all sections of the form.
 - Put documents in a sealed envelope, with name and location of Comprehensive Services Clerk who supports the PRIMARY desired location of child care, as requested by the client. Mark CONFIDENTIAL on envelope.
 - Place in Comprehensive Services box at site.
- Mail Received:
 - Route to appropriate person if mail came in self-addressed envelope.
 - If not, send to Comprehensive Services Clerk who supports that center or program.
- Faxes: All referral forms are sent to the ERSEA analyst, logged, and then forwarded to the appropriate office for follow up.

E. Selection Process

Children are selected from waiting lists that are maintained in CLOUDS for each Head Start classroom and Home-based program. After the agency receives the application material, children are ranked based on CSB's admission priorities. Ten percent of our placement slots are designated for children with disabilities and every effort is made to accommodate children with disabilities.

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1. Selection Criteria

To ensure that the neediest children from low-income families are selected for CSB's services, CSB implements its Selection Criteria/Admissions Priorities to prioritize neediest families, which is aligned with the state's priorities by a strong community need for child care for working families.

At least 10% of the total number of enrollment opportunities at CSB is designated for children with certified disabilities. Families of children with disabilities are asked to provide documentation from the doctor or a copy of the child's IFSP or IEP.

The Site Supervisor and other department managers insure that the selection criteria meet the state and federal regulations regarding selection of families and children to the program. The Selection Criteria/Admissions Priorities is updated and approved by the Director, Policy Council, and Board of Supervisors annually.

F. CLOUDS Waitlist

1. Procedures for maintaining Eligible / Accepted Families on Waitlist

In Maintaining Eligible / Accepted Families, Comprehensive Service Clerks are responsible for:

- Taking basic pre-registration information over the phone or in person and enter into CLOUDS
- Conducting interviews
- Determining income eligibility based on family size
- Making copies of client documents e.g., pay stubs, birth certificate, immunization papers for the temporary file
- Creating, signing and dating income calculation sheet
- Establishing a temporary file for the child (CSB Eligibility/Enrollment checklist)
- Noting on child data sheet in CLOUDS as to the location of the temporary file

Temporary file should remain with the Comprehensive Services Clerk, who supports the PRIMARY desired location requested by the family, until file is ready to be reviewed by the Comprehensive Services Assistant Managers.

Note: Eligible/Accepted temporary files are retained by the Comprehensive Services Assistant Manager. Keep the files in a locked drawer or cabinet.

Collect the following information in the temporary file:

- Copy of the child's birth certificate or other age verification: for state funding programs collect birth certificates for all children in the family size; for Head Start/Early Head Start collect only the birth certificate(s) of the child(ren) to be enrolled.
- Documentation of Family Size (unborn can only be counted in family size for Early Head Start)
- Parents' income verification (e.g., pay stubs) or self-certification form, if applicable (signed & dated).
- Income calculation worksheet (signed & dated).
- Copies of the child's immunization records (not necessary to determine eligibility).
- Health history from CLOUDS (signed and dated).
- Child Care Data Collection Privacy Notice and Consent Form.
- Documentation of Disabilities, if applicable.
- Documentation of Homelessness, if applicable

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Once file has been determined eligible by Comprehensive Services Assistant Manager:

- Review and update information on file. Review and update Child and Family Data sheets.
- Review Health History.
- Update Emergency Information (See Form CSB214)
- Flag file in the top right front corner of the file using the following sticker dot system:
- Blue Dot: Child with Disabilities
- Red Dot: Child with Health/Nutrition/Mental Health Concerns
- Yellow Dot: Child that transitioned from I/T to Preschool
- White Dot: Used to cover up any colored dot that is no longer applicable to the child.

Comprehensive Services Assistant Manager is Responsible for:

- Review temp file from Comprehensive Services Clerk.
- Verify family eligibility.
- Move child from Eligibility Waiting List to Eligible/Accepted Wait List in COPA once eligibility has been established.
- Retain possession of temporary file until requested by a Site Supervisor or other Comprehensive Services team member.
- Update Child Data sheet in CLOUDS to reflect location of temporary file.
- Assign task of transferring documents from temporary file to permanent child's file when Site Supervisor requests the file for potential enrollment/placement. Check files for flags and ensure proper dots are applied to file.
- Ensure flagged items are properly noted in CLOUDS.
- Keep file in a locked drawer or cabinet.
- Eligible/Accepted list in CLOUDS.
- Purge Eligible/Accepted list on CLOUDS record of over-age children
- Send purged list into CLOUDS archive as per the purge protocol.

2. Procedures for Purging Waitlist

The Comprehensive Services Clerks assigned to each site will maintain a current waiting list for those sites by following these steps:

- Document all contacts with families on the Family Data Sheet in CLOUDS.
- Make extra special effort via multiple methods to contact Head Start eligible families as some these families require extra outreach efforts. Document all steps taken.
- Send out no contact letters (See Form CSB613) to non-responsive families on or before the 15th of each month; send only one letter to each family; give the family ten working days to respond from date letter is sent.
- Document response/lack of response to the CSB613 on the Family Data Sheet.
- Prepare the "Waitlist Purge Request Form" (See Form CSB603) by the 5th of each month for the previous month's activities (ex. requests from May will be due on June 5); include all families on purge form that have not responded to letters sent out as described in #2 of this protocol.
- Submit the "Waitlist Purge Request Form" (CSB603) to the Comprehensive Services Assistant Manager assigned to them.

The Comprehensive Services Assistant Manager will conduct the purge by following these steps:

- Review the "Waitlist Purge Request Form" (CSB603) prepared by the clerk.

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- Review the Family Data Sheet for each child listed on the “Waitlist Purge Request Form” (CSB603).
- Purge the records that are appropriate by the 10th of each month.
- Shred any temporary files created for purged record.
- Communicate with the clerk regarding any purge that is not appropriate.
- Check to see if Family Services have been started and, if so, discontinuing services for those families scheduled to be purged.

G. Enrollment and Re-Enrollment

1. General Enrollment Policy

Families find themselves in many situations and at times terminate their children’s enrollment, but then, later on, want to re-enroll their child. CSB encourage families to return to the program should their situation allow. When families wish to re-enroll they are placed back on the waiting list and ranked accordingly.

When children are enrolled in the Federal Head Start program, they remain eligible for services for the year they are enrolled and the following year regardless of changes in income. If children are enrolled for a third year in Head Start, the family income must be re-determined. When children are enrolled in the State Child Development program, they are recertified in accordance with the regulations to insure they remain eligible.

When children are enrolled in the Early Head Start program, they remain eligible for services until they are three years old regardless of income.

However, when EHS children reach their third birthday, they must re-apply to determine eligibility for Head Start preschool services.

When children are enrolled in part-day State Preschool, they remain eligible for continued services until the beginning of the next fiscal year regardless of income changes.

Part-day State Preschool children seeking a second year of services must demonstrate income and age eligibility for continued services but have priority in placement without regard to income ranking in accordance with the 2009 Enrollment Priorities guidance.

Once an infant or toddler is enrolled in a General Child Care program they remain income eligible for subsidized services only as long as the family income remains at or below 75% of the California median income.

When family income rises above 50% of the California median income, the General Child Care and State Preschool enrollees are assessed a Family Fee based on the California Family Fee Schedule.

2. Enrollment Placement

In placing a child at a center, Site Supervisors are responsible for the following:

- Review Eligible/Accepted List in /CLOUDS.
- Select the child with the highest priority ensuring that all Head Start eligible children have been placed as vacancies occur, before enrolling any child above the federal poverty guidelines.

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- Secure file from the Comprehensive Services Assistant Manager via e-mail or phone call request using child's CLOUDS ID#.
- Review all sections of child's file for special needs or concerns and proper placement of dots and accuracy.
- Check for any flagged items that may need follow up or a parent signature.
- Coordinate/schedule Case Management Meeting with parent, Comprehensive Services Assistant Manager, and other staff as needed.
- Contact parent for enrollment (placement) appointment.
- Advise family to bring any documents that are needed to update file.
- When meeting with family:
 - Complete, date and sign new income information as needed and enter updated information on CLOUDS.
 - Print the 9600 form from CLOUDS to be signed and dated by Site Supervisor and parent.
 - Issue Notice of Action..
 - Update Emergency Information (See CSB Forms > 0600-Enrollment > Licensing Emergency ID/Information form). .
 - Complete Admission Agreement and hours of service contract..Complete Parent Handbook with parent.
 - Verify that the child's immunizations are up-to-date (Do not admit until record is up to date)..
 - Review health history and ensure appropriate referrals have been made..
 - Move child from Eligible/Accepted List and place into appropriate classroom and Program Model..
 - Double check CLOUDS record to ensure match between paper file and CLOUDS file..
 - Conduct final review of file for accuracy.

H. Eligibility and Need Criteria and Documentation

1. Residency Requirements

To be eligible for child care and development services, the child must live in the State of California while services are being received.

Any evidence of a street address or post office address in California will be sufficient to establish residency. A person identified as homeless is exempted from this requirement and shall submit a declaration of intent to reside in California.

The determination of eligibility for child care and development services shall be without regard to the immigration status of the child or the child's parent(s), unless the child or the child's parent(s) are under a final order of deportation from the United States Department of Justice.

For the Head Start and Early Head Start, children/pregnant women must be residents of Contra Costa County, and reside in the CSB service area. CSB does not serve a portion of Concord that is commonly referred to as the Monument Corridor. The area falls within the 94520 zip code in Concord and is bounded by Clayton Road to the North, Galindo Street to the Northeast, South along Monument Boulevard to Cleopatra Drive, southeast to Interstate 680 and west to State Route 242. This area is operated by the Unity Council of Alameda County. All other portions of the county are served by CSB. If a family resides outside of Contra Costa County or in the Unity Council's service area, an authorized "Out

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of Service Area Enrollment Notification Form (CSB608) must be on file at CSB, with the agency with whom the family would ordinarily be served, and with the regional office.

2. Documentation of Need Based on Employment, Seeking Employment, Training Toward a Vocational Goal, Seeking Housing, and Incapacity

Families who are eligible for subsidized child care and development services based on income, public assistance, or homelessness must document that each parent in the family meets a need criterion. The need criteria are: vocational training leading directly to a recognized trade, para profession, or profession; employment or seeking employment; seeking permanent housing for family stability; and incapacitation.

Subsidized child care and development services shall only be available to the extent to which:

- The parent meets a need criterion that precludes the provision of care and supervision of the family's child for some of the day;
- There is no parent in the family capable of providing care for the family's child during the time care is requested; and Supervision of the family's child is not otherwise being provided by school or another person or entity.

3. Documentation of Employment

If the basis of need as stated on the application for services is employment of the parent, the documentation of the parent's employment shall include the days and hours of employment.

If the parent has an employer, the documentation of need based on employment shall consist of one of the following:

- The pay stubs provided to determine income eligibility that indicates the days and hours of employment;
- When the provided pay stubs do not indicate the days and hours of employment, staff shall verify the days and hours of employment by doing one of the following:
- Secure an independent written statement from the employer;
- Telephone the employer and maintain a record;
- If the provided pay stubs indicate the total hours of employment per pay period and if staff is satisfied that the pay stubs have been issued by the employer, specify on the application for services the days and hours of employment to correlate with the total hours of employment and the parent's need;
- If the variability of the parent's employment is unpredictable and precludes staff from verifying specific days and hours of employment or work week cycles, specify on the application for services that the parent is authorized for a variable schedule for the actual hours worked, identifying the maximum number of hours of need based on the week with the greatest number of hours within the preceding four weeks and the verification as noted above. Until such time as the employment pattern becomes predictable, need for services shall be updated at least every four months;
- If the employer refuses or is non-responsive in providing the requested information, record attempts to contact the employer, and specify and attest on the application for services to the reasonableness of the days and hours of employment based on the description of the employment and community practice; or

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- If the parent asserts in a declaration signed under penalty of perjury that a request for employer documentation would adversely affect the parent's employment, on the application for services:
 - Attest to the reasonableness of the parent's assertion; and
 - Specify and attest to the reasonableness of the days and hours of employment based on the description of the employment and community practice.

When the employed parent does not have pay stubs or other record of wages from the employer and has provided a self-certification of income, staff shall assess the reasonableness of the days and hours of employment, based on the description of the employment and the documentation provided, and authorizes only the time determined to be reasonable.

If the parent is self-employed, the documentation of need based on employment shall consist of the following:

Parent provided information that includes:

- A declaration of need under penalty of perjury that includes a description of the employment and an estimate of the days and hours worked per week;
- To demonstrate the days and hours worked, a copy of one or more of the following: appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, or similar records; and
- As applicable, a copy of a business license, a workspace lease, or a workspace rental agreement.
- A statement by staff assessing the reasonableness of the total number of days and hours requested per week based on the description of the employment and the documentation provided. If the parent has unpredictable hours of employment, staff shall authorize the parent for a variable schedule not to exceed the number of hours determined to be needed per week. Need for services for unpredictable hours shall be updated at least every four months. If staff has been unable to verify need based on the documentation provided, staff shall take additional action to verify self-employment that includes any one or more of the following:
 - If the self-employment occurs in a rented space, contacting the parent's lessor or other person holding the right of possession to verify the parent's renting of the space;
 - If the self-employment occurs in variable locations, independently verifying this information by contacting one or more clients whose names and contact information have been voluntarily provided by the parent; or
 - Making other reasonable contacts or requests to determine the amount of time for self-employment.
 - If staff is unable to make a reasonable assessment of the hours needed for self-employment after attempting to verify such hours and documenting the attempts, staff may divide the parent's self-employment income by the applicable minimum wage. The resulting quotient shall be the maximum hours needed for employment per month.

The parent shall provide a release to enable the staff to obtain the information it deems necessary to support the parent's asserted days and hours worked per week.

If additional services are requested for travel time or sleep time to support employment, staff shall determine, as applicable, the time authorized for:

- Travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day; or

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- Sleep, if the parent is employed anytime between 10:00 p.m. and 6:00 a.m., not to exceed the number of hours authorized for employment and travel between those hours.

4. Documentation of Employment in the Home or a Licensed Family Day Care Home

If the parent's employment is in the family's home or on property that includes the family's home, the parent must provide justification for requesting subsidized child care and development services based on the type of work being done and its requirements, the age of the family's child for whom services are sought, and, if the child is more than five years old, the specific child care needs. Staff shall determine and document whether the parent's employment and the identified child care needs preclude the supervision of the family's child.

If the parent is a licensed family day care home provider or an individual license-exempt, the parent is not eligible for subsidized services during the parent's business hours because the parent's employment does not preclude the supervision of the family's child.

If the parent is employed as an assistant in a licensed large family day care home, and is requesting services for the family's child in the same family day care home, the parent shall provide documentation that substantiates all of the following:

- A copy of the family day care home license indicating it is licensed as a large family day care home;
- A signed statement from the licensee stating that the parent is the assistant, pursuant to the staffing ratio requirement of California Code of Regulations, title 22, section 102416.5(c);
- Proof that the parent's fingerprints are associated with that licensed family day care home as its assistant, which staff may verify with the local community care licensing office; and
- Payroll deductions withheld for the assistant by the licensee, which may be a pay stub.

5. Documentation of Seeking Employment

If the basis of need as stated on the application for services is seeking employment, the parent's period of eligibility for child care and development services is limited to 60 working days during the contract period. Services shall occur on no more than five days per week and for less than 30 hours per week. The period of eligibility shall start on the day authorized by staff and extend for consecutive working days.

Documentation of seeking employment shall include a written parental declaration signed under penalty of perjury stating that the parent is seeking employment. The declaration shall include the parent's plan to secure, change, or increase employment and shall identify a general description of when services will be necessary.

Staff shall determine the number of working days available for seeking employment and the child care schedule, which may be a variable schedule, based on the documentation. During the period of authorization and if necessary to verify need, staff may request that the parent provide, no more than once a week, a description of the activities he or she has undertaken during the previous week to seek employment and, as appropriate, may require additional documentation.

If the Governor declares a state of emergency and if the factual basis for the Governor's declaration indicate that opportunities for employment have temporarily diminished to such a degree that parents

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cannot be reasonably expected to find employment within 60 working days of diligent searching, the State Superintendent of Public Instruction (SSPI) may investigate to determine whether the 60-working-days limitation should be suspended. If the SSPI determines that it is in the public interest to do so, he or she may, by order, suspend the 60-working-days limitation on eligibility during the period of the emergency or for a lesser time. The scope of the suspension, including the geographic areas and the persons affected, and its duration, shall be no more than necessary to respond to the emergency as determined in the SSPI's investigation, and shall be specifically described in the SSPI's order. If a parent's services for seeking employment were exhausted after an emergency was declared and before the SSPI suspends the eligibility limitation, staff may re-authorize services for seeking employment in accordance with the conditions specified in the SSPI's order.

If the parent has concurrently received services based on employment or vocational training for at least 20 working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional 20 working days. For such a parent, services for this purpose shall not exceed 80 working days during the contract period.

If services for this purpose are discontinued, the number of working days remaining in the period of eligibility shall be available for a subsequent period of eligibility during the contract period.

The working days used to determine the period of eligibility shall include the consecutive Mondays through Fridays, excluding any federal holidays.

6. Documentation of Training toward Vocation Goals

i. General Procedures

If the basis of need as stated on the application for services is vocational training leading directly to a recognized trade, para-profession, or profession, child care and development services shall be limited to whichever expires first:

- Six years from the initiation of services; or
- Twenty four semester units, or its equivalent, after the attainment of a Bachelor's Degree.

The parent shall provide documentation of the days and hours of vocational training to include:

- A statement of the parent's vocational goal;
- The name of the training institution that is providing the vocational training;
- The dates that current quarter, semester, or training period, as applicable, will begin and end;
- A current class schedule that is either an electronic print-out from the training institution of the parent's current class schedule or, if unavailable, a document that includes all of the following:
 - The classes in which the parent is currently enrolled;
 - The days of the week and times of day of the classes; and
 - The signature or stamp of the training institution's registrar.
- The anticipated completion date of all required training activities to meet the vocational goal; and
- Upon completion of a quarter, semester, or training period, as applicable, a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that the parent is making progress toward the attainment of the vocational goal.

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A parent shall report any change in his or her class schedule related to the days and times of any class, including a withdrawal from a class, within five calendar days of requesting the change from the institution.

Services may be provided for classes related to the General Education Development (GED) test or English language acquisition if such courses support the attainment of the parent's vocational goal.

On-line or televised instructional classes that are unit bearing classes from an accredited training institution shall be counted as class time at one hour a week for each unit. The parent shall provide a copy of the syllabus or other class documentation and, as applicable, the Web address of the on-line program. The accrediting body of the training institution shall be among those recognized by the United States Department of Education.

Continuation of services based on training is contingent upon making adequate progress. To make progress each quarter, semester, or training period, as applicable, the parent shall, in the college classes, technical school, or apprenticeship for which subsidized care is provided:

- In a graded program, earn a 2.0 grade point average; or
- In a non-graded program, pass the program's requirements in at least 50 percent of the classes or meet the training institution's standard for making adequate progress.

The first time the parent does not meet the condition of making adequate progress, the parent may continue to receive services for one additional quarter, semester, or training period, as applicable, to improve the parent's progress. At the conclusion of that session, the parent shall, in the classes for which subsidized care was provided, have made adequate progress. If the parent has not made adequate progress, services for this purpose shall be:

- Terminated; and
- Available to the parent, to the extent provided by subdivision (a), after six months from the date of termination.

No later than ten calendar days after the training institution's release of progress reports for the quarter, semester, or vocational training period, as applicable, the parent shall provide staff with a copy of the parent's official progress report. As deemed appropriate, staff may require the parent to:

- Have an official copy of a progress report sent directly from the training institution to staff; or
- Provide a release, as may be required by the training institution, to enable staff to verify the parent's progress with the institution.

A parent may change his or her vocational goal, but services shall be limited to the time or units remaining from the initiation of the provision of services for vocational training.

Staff shall determine the days and hours needed per week, and whether the parent is making progress, based on the documentation. Staff may request that the parent provide a publication from the training institution describing the classes required to complete the parent's vocational goal.

If additional services are requested for study time or travel time to support the vocational training, staff shall determine, as appropriate, the amount of services needed for:

- Travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day; or
- Study time, including study time for on-line and televised instructional classes, according to the following:

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- Two hours per week per academic unit in which the parent is enrolled;
- On a case-by-case basis and as may be confirmed with the class instructor, additional time not to exceed one hour per week per academic unit in which the parent is enrolled; and
- On a case-by-case basis, no more than the number of class hours per week for non-academic or non-unit bearing training.

The service limitations specified above shall not apply to a parent who demonstrates he or she is:

- As of June 27, 2008, receiving services for vocational training and has attained a Bachelor's Degree;
- Receiving services from a program operating pursuant to Education Code section 66060;
- Attending vocational training when the parent has been deemed eligible for rehabilitation services by the California Department of Rehabilitation; or
- Attending retraining services available through the Employment Development Department of the State or its staffs due to a business closure or mass layoff.

ii. School Breaks for Parents Training Toward a Vocational Goal

Caregivers whose certified need is Training Toward a Vocational Goal, do not have a certified need for full-day State Child Development Services during their school/training breaks (winter, spring, summer or fall.) and days school is not in session (teacher in-service and other holidays). These days are non-contract days and the child is not allowed to attend full-day State Child Development Services or use Best Interest Days on these days. To promote continuity of care, the caregiver and site supervisor may determine that the child should remain in services during these days if possible and would therefore either assess a full fee or select program model for which the child is eligible. CCTR only toddlers cannot take advantage of this second option and may not attend during these days as they are not age eligible for any other program model. For all other children the following protocols should be followed:

- FP/HS and FPL/HS preschool children may attend full-day under PP/HS or PPL/HS with approval of Request for Change from FP to PP/TB form (See Forms CSB607).
- FP and FPL preschool children may attend ½ day during the preschool portion of the day under PP or PPL only with approval of Request for Change from FP to PP/TB form (See Form CSB607).

If any of the above actions are taken, the program model in CLOUDS must be changed by wait listing the child and re-enrolling under the new program model for the duration of the school/training break days. Sign-in sheets, monthly 9400s, and other required documents described in the Request to Change from FP to PP Protocol must also reflect this program model change. If/when the child is moved back to their original funding model; these same changes must be made and reflected on the appropriate documentation.

7. Documentation of Parental Incapacity

If the basis of need as stated on the application for services is parental incapacity, child care and development services shall not exceed 50 hours per week.

Documentation shall include a release signed by the incapacitated parent authorizing a legally qualified health professional to disclose information necessary to establish that the parent meets the definition of incapacity, and needs services.

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The documentation of incapacitation provided by the legally qualified health professional shall include:

- A statement that the parent is incapacitated, that the parent is incapable of providing care and supervision for the child for part of the day, and, if the parent is physically incapacitated, that identifies the extent to which the parent is incapable of providing care and supervision;
- The days and hours per week that services are recommended to accommodate the incapacitation, taking into account the age of the child and the care needs. This may include time for the parent's regularly scheduled medical or mental health appointments;
- The probable duration of the incapacitation; and
- The name, business address, telephone number, professional license number, and signature of the legally qualified health professional who is rendering the opinion of incapacitation and, if applicable, the name of the health organization with which the professional is associated.

Staff may contact the legally qualified health professional for verification, clarification, or completion of the provided statement.

Staff shall determine the days and hours of service based on the recommendation of the health professional and consistent with the provisions of this article.

8. Documentation of Seeking Permanent Housing

If the basis of need as stated on the application for services is seeking permanent housing for family stability, the parent's period of eligibility for child care and development services is limited to 60-working-days during the contract period. Services shall occur on no more than five days per week and for less than 30 hours per week. The period of eligibility shall start on the day authorized by staff and extend for consecutive working days.

Documentation of seeking permanent housing shall include a written parental declaration signed under penalty of perjury that the family is seeking permanent housing. The declaration shall include the parent's search plan to secure a fixed, regular, and adequate residence and shall identify a general description of when services will be necessary. If the family is residing in a shelter, services may also be provided while the parent attends appointments or activities necessary to comply with the shelter participation requirements.

Staff shall determine the number of weeks available for seeking permanent housing and the child care schedule, which may be a variable schedule, based on the documentation. During the period of authorization and if necessary to verify need, staff may request that the parent provide, no more than once a week, either a declaration signed under penalty of perjury describing the activities the parent has undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program regarding the parent's search progress to date.

If the parent does not expect to secure housing prior to the end of the eligibility period:

- The parent may request an extension in a declaration of need signed under penalty of perjury that includes an update of the parent's search plan and either a description of the activities undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program indicating the parent's continued need for services; and

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- The staff may authorize an extension of search eligibility for up to 20 additional working days.

If services for this purpose are discontinued, the number of working days remaining in the period of eligibility shall be available for a subsequent period of eligibility during the contract period.

The working days used to determine the period of eligibility shall include the consecutive Mondays through Fridays, excluding any federal holidays.

9. Documentation of Child Protective Services

i. General Procedures

CSB Head Start is committed to providing child development services for all eligible and pregnant women who are currently involved in the child welfare system and Children and Family Services (CFS) for the purpose of improving young children's access to and continuity of comprehensive, high quality early care and education services. The partnership between CSB and CFS ensures that staff understands the complex (social, emotional, developmental and physical) needs of this vulnerable population. This partnership is in compliance with the administration for children and families' information memorandum acyf-cb-im-11-01 issued January 31, 2011.

If eligibility and need is based on a child/family's involvement in the child welfare system/child protective services (CPS/CFS), the basic data file must contain a written referral-Form CSB622, dated within the six (6) months immediately preceding the date of application for services, from a legal, medical, social service agency or emergency shelter. The written referral must include either:

- A statement from the local county welfare department, child protective services (CPS/CFS) unit certifying that the child is receiving child protective services and that the child care and development services are a necessary component of the child protective services plan, or
- A statement by a legally qualified professional that the child is at risk of abuse or neglect and the child care and development services are needed to reduce or eliminate risk, and
- The probable duration of the child protective service plan or the at-risk situation, and
- The name, address, telephone number and signature of the legally qualified professional who is making the referral.

ii. Children and Family Service Referrals

Families may be referred to CSB for enrollment from Children and Family Services (CFS), if child care is deemed a necessary piece of the service plan. CSB will review the referral to determine a family's eligibility for Head Start, Early Head Start, Center Based, Stage II and CAPP programs. Based on eligibility and need requirements the referral will be forwarded to the appropriate program, taking into consideration parental choice. Once the referral is received by the appropriate unit, the family will be contacted to determine eligibility. If the family is eligible and meets all necessary requirements, they may be enrolled in the program provided there is space. If there is no space or funding available in any of CSB's programs, the ERSEA Manager will forward the referral to an outside agency for potential enrollment. At this time staff will notify the referring individual whether or not the family was enrolled or referred to an outside agency.

I. Certification of Eligibility

The Site Supervisor or the Assistant Director is authorized to certify eligibility prior to initial enrollment and at the time of re-certification. The authorized representatives must certify each family's/child's

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eligibility for childcare and development services after reviewing the completed application and documentation contained in a basic data file that is established and maintained at the site.

All data is uploaded to a central computerized database by Site Supervisors or Comprehensive Services team members.

Prior to enrollment, Site Supervisor/Assistant Director certifies eligibility by completion of the following forms:

- Application for Childcare and Development Services
Prior to enrollment, parents may contact Site Supervisors, Assistant Directors, Comprehensive Services team members, and teachers at any sites in Contra Costa County to obtain an application for services. Or they may call one of the enrollment hotline numbers to place themselves on a waiting list.
- Notice of Action, Application for Services
At the time the Site Supervisor certifies or recertifies eligibility of a family/child for child care and development services, he/she shall inform the family of the family's responsibility to notify the staff within five calendar days of any changes in family income, family size, or the need for services.

This information is noted on the application of service and Site Supervisor/Comprehensive Services Manager must review the contents and, if needed, provide an explanation of what the "Declaration" means.

When a child's residence alternates between the homes of separated or divorced parents, eligibility, need and fees should be determined separately for each household in which the child is residing during the time child development services are needed (i.e., separate certifications and service agreements). For example, a child may be subsidized during part of the week and full cost the rest of the week.

J. Re-certification for General Child Care Services and Full Day State preschool

After initial certification and enrollment, the Site Supervisor must verify need and eligibility and re-certify each family/child as follows:

- Families receiving services because the child is at risk of abuse, neglect or exploitation must be re-certified at least once every three (3) months.
- Families receiving services because of actual abuse, neglect or exploitation must be re-certified at least every twelve (12) months.
 - The time of re-certification, the Site Supervisor must document that the family is participating in a protective services plan in accordance with the requirements of their local county welfare department, child protective services unit to alleviate the circumstances causing the abuse, neglect or exploitation.

All other families must be re-certified at least once each contract period and at intervals not to exceed twelve (12) months.

K. Re-Certification for Part-Day State Preschool Children

Part-day State Preschool families must be certified at the beginning of service using the most recent income documentation and may be certified up to 120 days old before the services' start date.

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After a first year of service, a family must reapply to determine income and age eligibility before a child can be considered for enrollment for a second year. These returning children have placement priority without regard to income ranking as described in the 2009 Enrollment Priorities guidance.

L. Re-Certification for Head Start and Early Head Start Children

CSB certifies Head Start children into the program based on family income eligibility at the time of enrollment using the federal income guidelines.

Once a child is enrolled, that child does not need to be re-certified even if the family income rises above the federal poverty level for the first year of enrollment and the following year. Re-certification is only required for a child entering a third year of Head Start.

Early Head Start children must be re-certified for eligibility when they transition to a Head Start program for preschool age children.

M. General Recertification / Re-Enrollment Procedures

1. Recertification Procedures

During the recertification process, Site Supervisors are responsible for the following:

- Track families needing to be recertified using Recertification Tracking Calendar.
- Notify families 30 days prior to enrollment expiration to bring updated eligibility documentation.
- Collect recertification or re-enrollment documentation.
- Complete new 9600 on CLOUDS at face-to-face interview with parent.
- Complete new income calculation sheet (signed and dated).
- Update reason for needing child care and application type on the child data sheet (See “eligibility information” on the child data sheet).
- Proceed with certification procedures as listed above if family is still income eligible.
- Issue Notice of Action, certifying continuation, changes or termination of services. (Note: adverse action requires a 14-day written notification, 19-days if mailed).
- Drop file on CLOUDS on the last day of service and prepare paper file for storage. The Children’s file folders are to be re-used.
- Update CLOUDS record as needed.
- Maintain files of terminated children in locked location at site for one year until after program audit in October or November.
- Send dropped and files of terminated clients to central location after completion of program audit.

2. Re-Enrollment Process

During the re-enrollment process, Site Supervisors in collaboration with Comprehensive Services are responsible for the following:

- In June, identify children for roll-over.
- In July, place roll-over children into appropriate classrooms and Program Model, from Eligible/Accepted list in CLOUDS.
- For previously enrolled Part-day State Preschool child requesting re-enrollment, follow guidelines for completely new 9600 application with all new documentation:

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- If a child's CLOUDS record was archived within the program year, request Comprehensive Services Manager to reactivate child's CLOUDS record and place child back on to Eligibility Wait List.
- Follow approved guidelines for selecting children.

N. Updating the Application

The Site Supervisor must update the family's application for General Child Care and Full-day State Preschool to document continued need and eligibility and determine any change to fee assessment, if applicable, within thirty (30) days whenever there is a change in family size, income, public assistance status or need.

Form 9600S will be used for application updates between re-certifications.

O. Contents of Basic Data File

Site Supervisors / Comprehensive Services staff must establish and maintain a basic data file for each family receiving childcare and development services. The basic data file must contain a signed application for services with:

- The parent's(s) full name(s), address(es) and telephone number(s).
- The names, gender and birth dates of all children under the age of eighteen (18) counted in the family size whether or not they are served by the program.
- The number of hours of service each day for each child.
- The names of other family members in the household related by blood, marriage or adoption.
- The reason for needing childcare and development services, if applicable.
- Employment or training information for parent(s) including name and address of employer(s) or training institution(s) and days and hours of employment or training, if applicable..
- Eligibility status.
- Family size income, if applicable.
- The parent's signature and date.
- The signature of the Site Supervisor/Assistant Director certifying the eligibility and date of signature.
- A notation on when the first services begin.
- A notation of the last day services were received.

The data file must also contain, as applicable:

- Documentation of income eligibility, including an income calculation worksheet.
- Documentation of employment.
- Documentation of seeking employment.
- Documentation of training.
- Documentation of parental incapacity.
- Documentation of child's disabilities.
- Documentation of homelessness.
- Documentation of seeking permanent housing for family stability.
- Written referral from a legally qualified professional from a legal, medical, or social services agency, or emergency shelter for children at risk of abuse, neglect, or exploitation..

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- Written referral from a county welfare department, child welfare services worker, certifying that the child is receiving protective services and the family requires child care and development services as part of the case plan..
- If the parent of the child was on cash assistance, the date the parental cash aid was terminated.
- A signed Child Care Data Collection Privacy Notice and Consent Form CD 9600A shall be included.
- Notice of Action (as stated above in detail) and/or Recipient of Services.
- All child health and current emergency information required by California Code of Regulations, title 22, Social Security, Division 12, Community Care Facilities Licensing Regulations.

1. Documentation and Determination of Family Size

A parent shall provide the names of the parents and the names, gender and birthdates of the children identified in the family. This information shall be documented on a confidential application for child care and development services and used to determine family size. The parent shall provide supporting documentation regarding the number of children and parents in the family.

The number of children shall be documented by providing at least one of the following documents, as applicable for the state funded program*:

- Birth certificates.
- Court orders regarding child custody.
- Adoption documents.
- Records of Foster Care placements.
- School or medical records.
- County welfare department records; or
- Other reliable documentation indicating the relationship of the child to the parent.

*Federally funded programs require documentation for the child to be enrolled, only. In state funded programs, when only one parent has signed the application and the information provided pursuant to subdivision (a)(1) indicates the child(ren) in the family has another parent whose name does not appear on the application, then the presence or absence of that parent shall be documented by providing any one of the following documents, as applicable:

- Records of marriage, divorce, domestic partnership or legal separation.
- Court-ordered child custody arrangements.
- Evidence that the parent signing the application is receiving child support payments from that person, has filed for child support with the appropriate local agency, or has executed documents with that agency declining to file for child support.
- Rental receipts or agreements, contracts, utility bills or other documents for the residence of the absent parent: or
- Any other documentation, excluding a self-declaration, to confirm the presence or absence of a parent of a child in the family.

If, due to the recent departure of a parent from the family, the remaining applicant parent cannot provide any documentation, the applicant parent may submit a self-declaration signed under penalty of perjury explaining the absence of that parent from the family.

Within six months of applying or reporting this change in family size, the parent must provide documentation as noted above.

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If the information provided by the parent is insufficient, staff shall request any additional documentation necessary to verify the family composition and family size.

For income eligibility and family fee purposes, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, only the child and related siblings shall be counted to determine family size. In these cases, the adult(s) must meet a need criterion.

2. Documentation of Income Eligibility

The parent is responsible for providing documentation of the family's total countable income and the staff is required to verify the information, as described below

The parent(s) shall document total countable income for all the individuals counted in the family size as follows:

i. If the parent is employed, provide:

- A release authorizing the staff to contact the employer(s), to the extent known, that includes the employer's name, address, telephone number, and usual business hours, and
- All payroll check stubs, a letter from the employer delivered to CSB independent of the employee, or other record of wages issued by the employer for the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.

When the employer refuses or fails to provide requested documentation or when a request for documentation would adversely affect the parent's employment, provide other means of verification that may include a list of clients and amounts paid, the most recently signed and completed tax returns, quarterly estimated tax statements, or other records of income to support the reported income, along with a self-certification of income.

ii. If the parent is self-employed, provide a combination of documentation necessary to establish current income eligibility for at least the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services. Documentation shall consist of as many of the following types of documentation as necessary to determine income:

- A letter from the source of the income,
- A copy of the most recently signed and completed tax return with a statement of current estimated income for tax purposes, or
- Other business records, such as ledgers, receipts, or business logs.

Parents shall provide copies of the documentation of all non-wage income, self-certification of any income for which no documentation is possible, and any verified child support payments.

Staff:

Staff shall retain copies of the documentation of total countable income and adjusted monthly income in the family data file.

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When the parent is employed, staff shall, as applicable, verify the parent's salary/wage; rate(s) of pay; potential for overtime, tips or additional compensation; hours and days of work; variability of hours and days of work; pay periods and frequency of pay, start date for the employee. If the employer refuses or is non-responsive in providing requested information or a request for employer documentation would adversely affect the parent's employment, and if the information provided by a self-employed parent is inconsistent with the staff's knowledge or community practice, shall request clarification in the self-certification of income, additional income information or a reasonable basis for concluding that the employer exists.

When the parent is self-employed, staff shall obtain and make a record of independent verification regarding the cost for services provided by the parent that may be obtained by contacting clients, reviewing bank statements, or confirming the information in the parent's advertisements or website.

If the income cannot be independently verified, the staff shall assess whether the reported income is reasonable or consistent with the community practice for this employment.

Staff may request additional documentation to verify total countable income to the extent that the information provided by the parent or the employer is insufficient to make a reasonable assessment of income eligibility.

To establish eligibility, staff shall, by signing the application for services, certify to the staff's reasonable belief that the income documentation obtained and, if applicable, the self-certification, support the reported income, are reliable and are consistent with all other family information and the staff's knowledge, if applicable, of this type of employment or employer.

If the family is receiving child care and development services because the child(ren) is/are at risk of abuse, neglect, or exploitation or receiving child protective services and the written referral specifies that it is necessary to exempt the family from paying a fee, then the parent will not be required to provide documentation of total countable income.

If the basis of eligibility is a current aid recipient, the staff shall obtain verification from CalWIN.

3. Calculation of Income

i. General Procedures for calculating income

Staff calculates total countable income based on income information reflecting the family's current and on-going income using an income calculation worksheet that specifies the frequency and amount of the payroll check stubs provided by the parent and all other sources of countable income.

When income fluctuates because of:

- Agricultural work, by averaging income from the 12 months preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.
- Intermittent income, by averaging the intermittent income from the preceding 12 months by dividing by 12 and add this amount to the other countable income.

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- Unpredictable income, by averaging the income from at least three consecutive months and no more than 12 months preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.

ii. Over-Income Families-General Description

Both the State and Federal program allow over-income families meeting strict criteria. NO CHILD SHALL BE CONSIDERED FOR ENROLLMENT WITH AN INCOME ABOVE THE FEDERAL POVERTY GUIDELINE UNTIL ALL FAMILIES AT OR BELOW THE FEDERAL POVERTY GUIDELINES HAVE BEEN ENROLLED. To this end, it is critical that the recruitment plan be fully implemented and that extra efforts are made to assist income eligible families in completing the application to establish eligibility and be placed in the program expeditiously. After these efforts have been conducted, documented and certified, a request to waive the income guidelines may be made. The waiver form (See Forms > CSB606) includes a certification statement on the back of the form where the outreach efforts are documented. A simple statement that “the waitlist has been exhausted” is never acceptable.

iii. Over-Income Protocols

When enrolling over-income families, the Site Supervisor or Manager is responsible for:

- Completing the over income waiver (CSB606).
- Submitting completed waiver to Assistant Director/Partner Analyst for approval.
- Placing original Assistant Director approved waiver in child’s file

The Assistant Director/Partner Analyst is responsible for:

- Receiving form and ensuring that all possible outreach has been conducted to ensure that there are no income eligible children to enroll.
- Reviewing the aggregate waiver list on Shared Drive to ensure that their cluster has not exceeded the 10% unlimited over income designated primarily for children with an IEP or IFSP but for other cases as determined appropriate by the AS or 35% limited over income enrollment for the Head Start and Early Head Start program, or the 15% limited over income for the part day preschool (PP) or the part day family literacy program (PPL).
- Signing form
- Forwarding the original to Site Supervisor/Mgr. for placement in file.
- Forwarding a copy of approved waiver to Division Manager (ERSEA).

The Division Manager (ERSEA) is responsible for:

- Receiving copies of approved over income waivers from Assistant Directors/Partner Analyst.
- Logging each waiver on database on shared drive.
- Providing alerts to each Assistant Director/Partner Analyst that are nearing their over income allowance.
- Analyzing placement of over income slots to inform recruitment and slot planning processes.
- Periodically purging the list as children transition out of the program.

4. Documentation of the Child’s Exceptional Needs (known as Children with Disabilities at CSB).

The family data file shall contain documentation of the child’s exceptional needs if the staff is claiming adjustment factors. The documentation of exceptional needs shall include:

- A copy of the portion of the active individual family service plan (IFSP) or the individualized education program (IEP) that includes the information as specified in Education Code section 56026 and California Code of Regulations, title 5, sections 3030 and 3031; and

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- A statement signed by a legally qualified professional that:
 - The child requires the special attention of adults in a child care setting; and
 - Includes the name, address, license number, and telephone number of the legally qualified professional who is rendering the opinion.

P. Admission Policies and Procedures

Children are admitted into the program based on need and family income adjusted for family size.

Highest priority goes to children with need for protective services and/or having lowest income.

When a parent seeks services, the Site Supervisor/Assistant Director or Comprehensive Services Team member collects family information from the Waiting List Pre-Registration form (CSB690). The child is placed on CLOUDS upon applying for child care services.

As openings become available, names are drawn by rank from the CLOUDS waitlist for the various program options in accordance with the approved selection criteria/admission priorities.

If multiple families have the same rank, the family waiting the longest period of time is selected first. CSB makes available 10% of its federally funded spaces for children with disabilities and gives priority for its unlimited over income allotment to these children (also 10% of its funded slots).

Children will not be denied when a family needs less than full-time services.

Families who have been recruited for admissions to the program will be required to complete an application and provide supporting documentation. These documents must be of the current year, verification of income, shots, and birth certification of the child applying for enrollment.

Letters informing the family of acceptance or denial for services must be sent once certification is complete. The family has the right to dispute the denial of services by providing additional information to prove eligibility to receive services. Re-Certification may happen anytime the family's situation changes and requests that new documentation be reviewed. Any changes must be reported by the family within 5 days.

Q. General Admission Procedure

When an opening occurs in the center, the Site Supervisor will call the parent with the highest rank on the CLOUDS eligible list for an appointment for processing eligibility documents, noting any change of income and need for service. At this time, the parent receives an official Notice of Action (NOA) approving or disapproving state funded services. The NOA provides information outlining the parent's due process rights in a statement on the back of the NOA. Parents wishing to appeal an agency decision must follow the procedure carefully or void the right to appeal. Following the timelines is essential. Parents applying for a Head Start only slot sign the Admissions Agreement and Application but do not receive an NOA.

R. Children's Enrollment File

The Federal Regulations and the State of California require children's centers to maintain a file on each enrolled child including the following information:

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- Birth Certificate to verify birth, age of child, gender and parents names. Information on date of admission, termination and re-enrollment.
- Names, addresses and phone numbers of parents and other relatives and/or friend that may be contacted in case of emergency.
- A Health History is completed by the parent to collect information on child's general health.

This and much more information is collected during one-on-one parent meetings, while assisting the parent to complete the enrollment packet and assisting the parent with health needs of the child or issues of the parent and household. Information must be updated and data entered into CLOUDS as it is received.

S. Due Process Requirements

1. Notice of Action, Application for Services

The Site Supervisor's decision to approve or deny services shall be communicated to the applicant through a written statement referred to as a Notice of Action, Application for Services. The Site Supervisor shall maintain copies of the Notice of Action, Application for Services in the basic data file. The Notice of Action, Application for Services shall include: (1) the applicant's name and address; (2) the Site Supervisor's name and address or the name and telephone number of the CSB authorized representative who made the decision; (3) the date of the notice; (4) the method of distribution of the notice.

If services are approved, the notice shall also contain: (1) basis of eligibility; (2) daily fee, if applicable; (3) duration of the eligibility; (4) names of children approved to receive services; and (5) the hours of service approved for each day.

If the services are denied, the notice shall contain: (1) the basis of denial and (2) instructions for the parent(s) on how to request a hearing if they do not agree with the Site Supervisor's decision in accordance with procedures specified below.

2. Notice of Action, Recipient of Services

If, upon re-certification or update of the application, CSB determines that the need or eligibility requirements are no longer being met, or the fee amount of service needs to be modified, the Site Supervisor will notify the family through a written Notice of Action, Recipient of Services. The Site Supervisor will maintain copies of all Notice of Action, Recipient of Services in the family's basic file. The Notice of Action, Recipient of Services will include: (1) the type of action being taken; (2) The effective date of action; (3) the name and address of recipient; (4) the name and address of CSB; (5) the name and telephone number of the CSB authorized representative who is taking the action; (6) the date of notice is mailed or given to the recipient; (7) the method of distribution to the recipient; (8) a description of the action; (9) a statement of the reason(s) for the changes; (10) a statement of the reason(s) for termination, if applicable; and (11) instructions for the parent(s) on how to request a hearing if they do not agree with the Site Supervisor decisions.

3. Approval or Denial of Child Care and Development Services

The Site Supervisor will mail or deliver a completed Notice of Action, Application for Services to the parents within thirty (30) calendar days from the date the application is signed by the parent(s).

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4. Changes Affecting Service

The Site Supervisor will complete a Notice of Action, Recipient of Services when changes are made to the service agreement. Such changes may include, but are not limited to, an increase in parent fees, an increase or decrease in the amount of services, or termination of service.

The Site Supervisor will mail or deliver the Notice of Action to the parents at least fourteen (14) calendar days before the effective date of the intended action.

To promote the continuity of child care and development services, a family that no longer meets a particular program's income, eligibility or need criteria may have their services continued if the Site Supervisor is able to transfer that family's enrollment to another program for which the family continues to be eligible prior to the date of termination of services. The transfer of enrollment may be to another program within the same administrative agency or to another agency that administers state or federally funded childcare and development programs within that county.

T. Alternative Placement for Children

When terminating children from the state funded portion of the program, Site Supervisors are responsible for the following:

- Issue Notice of Action 14 days prior to termination date.
- Explain to parents their appeal rights.
- If parent does not appeal termination:
- Enter information regarding reason for ending services in CLOUDS Child Data Sheet. Date and initial comments.
- Change enrollment status in CLOUDS.
- Discontinue services on Family Data Sheet.
- Determine if child may return within the program year. If so, place child back on Eligible/Accepted List. If not, archive the CLOUDS record.
- Assist the family in finding an alternate placement for the child.
- If parent appeals termination, send appeal notice to Assistant Director and continue to serve child until informed to move forward with termination.

Head Start children that are deemed inappropriate for their current setting are always afforded an opportunity in another program option as space is available. If the parent is ineligible for Head Start or our state funded programs, they are to be referred to a partner site and/or to the county's resource and referral agency, Contra Costa Child Care Council (925-676-KIDS).

U. Client's Request for a Hearing and Procedures

If a parent in the state funded program disagrees with an action, the parent(s) may file a written request for a hearing with the Site Supervisor within fourteen (14) calendar days of the date the Notice of Action was received.

Upon the filing of a request for hearing, the intended action shall be suspended until the review process has been completed. The review process is complete when the appeal process has been exhausted or when the parent(s) abandons the appeal process.

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Within ten (10) calendar days following the receipt of the request for a hearing, the Site Supervisor will notify the parent(s) of the time and place of the hearing. The time and place of the hearing will, to the extent possible, be convenient for the parent(s).

An Assistant Director, who will be referred to as “the hearing officer” will conduct the hearing. The hearing officer will be at a staff level higher in authority than the staff person who made the contested decision.

The parent(s) or parent’s authorized representative is required to attend the hearing. If the parent or the parent’s authorized representative fails to appear at the hearing, the parent will be deemed to have abandoned his or her appeal. Only persons directly affected by the hearing will be allowed to attend the hearing.

The Assistant Director will arrange for the presence of an interpreter at the hearing, if one is requested by the parent(s).

The Assistant Director will explain to the parent(s) the legal, regulatory, or policy basis for the intended action.

During the hearing, the parent(s) will have an opportunity to explain the reason(s) they believe the Site Supervisor’s decision was incorrect. The Site Supervisor will present any material facts omitted by the parent(s).

The Assistant Director will mail or deliver to the parent(s) a written decision within ten (10) days after the hearing.

V. Appeal Procedure for CDD Review

If the parent disagrees with the written decision from the Site Supervisor, the parent has fourteen (14) calendar days in which to appeal to the CDD. If the parent(s) do(es) not submit an appeal request to the CDD within fourteen (14) calendar days, the parents’ appeal process will be deemed abandoned and the Site Supervisor may implement the intended action.

The parent(s) will specify in the appeal request the reason(s) why he/she believes the Site Supervisor’s decision was incorrect.

The parents must submit a copy of CSB’s Notice of Action with the appeal request.

Upon receipt of the appeal request, the CDD may request copies of the basic data file and other relevant materials from CSB. The CDD may also conduct any investigations, interviews or mediation necessary to resolve the appeal.

The decision of the CDD will be mailed or delivered to the parent(s) and the Site Supervisor within thirty (30) calendar days after receipt of the appeal request.

W. CSB Compliance with CDD Decision

CSB will comply with the decision of the CDD immediately upon receipt thereof.

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CSB will be reimbursed for childcare and development services delivered to the family during the appeal process.

If the Site Supervisor's determination that a family is ineligible is upheld by the State, services to the family will cease upon receipt by the Site Supervisor of the State's decision.

X. Retention of Enrollment Records

Delegate Agencies, the Grantee-Operated Program, and sub-contractor retain copies of official enrollment application forms, which contain certification data for each child enrolled during the program year for 5 years.

Copies of enrollment records serve as a primary source document for audit purposes.

Cooperation with local Contra Costa County welfare offices is encouraged for recruiting eligible children into the program.

Y. Enrolled But Waiting For Transfer Protocol

When staff has a child/family that wants to transfer sites:

- Comprehensive Services staff and site staff who learn about a family wanting to transfer communicate via email to all applicable SSs, CSAMs & Partners (as known or Partner CSAM) the need for a transfer. Make additional calls as necessary.
- Clearly and fully document the transfer in the case file on CLOUDS.
- Clearly and fully explain to the family about any changes they may experience as a result of a possible program model change at time of transfer to other center (ex: part-day to full-day - family must now show need)

When staff are searching to fill an open slot:

- Notify CSAM immediately upon determination that a slot will become available.
- CSAM check notes for any children that are enrolled but waiting for a slot.
- CSAM of current center reviews files for pending issues prior to transfer and communicates any issues to receiving CSAM. Transfer file to new center's Site Supervisor or designee.
- Site Supervisor completes 9600S and NOA. Also, collect any additional documentation required for program model change (see Eligibility and Need Criteria Documentation Checklists)
- Site Supervisor enrolls the child from CLOUDS.

Z. Transfer of Child with Disabilities or of Child Receiving Mental Health Services

When a child with disabilities or receiving mental health services transfers to another CSB site, communication is vital. The Comprehensive Services team member is responsible for notifying the Site Supervisor/Head Teacher and CS/Disabilities/Mental Health Manager in writing. Notification is to be sent before the child begins at another site so that necessary arrangements or accommodations can be made.

The Site Supervisor/Head Teacher will inform the appropriate teacher of the transfer. The Comprehensive Services team member and the CS/Mental Health Manager will complete this process within two weeks of notification of an opening.

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AA. CSPP Full-day to Part-Day or Tuition Based Approval Process

1. General Description

In the event that a family loses eligibility or need for services during the program year, CSB has the discretion to offer families the option to receive services part-day (less than 4 hours per day) or pay a fee for full-day services (Tuition Based) rather than terminate services. Part-day services could be offered in the child's same class or in another class during the "pre-school portion of the day" (8:30 – 12:00) as available. Whenever possible, the child will be allowed to stay in their current classroom.

CSB fiscal unit tracks CDE earnings monthly, and notifies program staff if the risk of under earning develops. If under earning is a risk, ADs cease to approve all moves to part-day until risk subsides according to reports from fiscal unit.

2. Action Guidance for Staff

i. Full-day or ¾ time to Part-day

- Site Supervisor determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or ¾ time) services effective 14 or 19 days as appropriate.
- The below process must be complete no later than the effective date of action noted on the NOA.
- Site Supervisor ensures that each class is fully enrolled morning and afternoon through enrollment and certified hours of care.
- Site Supervisor determines if part-day services are available during the preschool portion of the day (8:30 – 12:00).
- If available, the Site Supervisor and family determine if part-day services are desirable and appropriate.
- If desired by the family and appropriate, Site Supervisor completes approval form CSB607 (See CSB Forms).
- If part-day services are unavailable, not desired by the family or inappropriate, Site Supervisor terminates the child and closes the file.
- AD approves or denies CSB607 request, maintains original for her records and returns a copy to the site.
- If approved, Site Supervisor files copy in student file, updates CLOUDS (waitlist & re-enroll with new program model), and updates student file including the following and moves the child to part-day services on date on or after AD approval date and no later than effective date of NOA terminating full-day (or ¾ time) services.
 - Completed 9600S – update program model at least and hours of care, and other information as applicable
 - Income and family size remain as they were at original enrollment unless documentation of current income or family size benefits the family.
 - NOA stating change to part-day services - effective date is same as effective date for termination of full-day services (or before if desired by the parent).
 - Update CLOUDS hours of care.
 - Update CLOUDS program model (while retaining previous enrollment history), reason for needing care (if applicable), program option (if applicable) to "part-day center-based", and any other appropriate updates.

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- Site Supervisor ensures child is reflected on appropriate 9400s for appropriate number of days during the month of the move.

ii. Full-day or ¾ time to Tuition Based (TB)

- Site Supervisor determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or ¾ time) services effective 14 or 19 days as appropriate.
- Site Supervisor ensures that each class is fully enrolled morning and afternoon through enrollment and hours of care.
- Site Supervisor determines if TB services are available.
- If available, Site Supervisor and family determine if TB services are desirable and appropriate.
- If desired by the family and appropriate, Site Supervisor completes approval form CSB607 (See CSB Forms).
- AD approves or denies request, maintains original for her records and returns a copy to the site.
- If approved, Site Supervisor closes file and CLOUDS, completes all applicable paperwork and required forms, including an NOA stating termination of services and moves the child to TB services on first day after the end of the 14 to 19 day NOA waiting period.
- Site Supervisor ensures child is reflected on 9400 for only the appropriate number of days during the month until the date the move to TB services was effective.
- See section at end of this manual for Tuition Based services policies and procedures.

BB. Withdrawal of Child from the Program

When the teaching staff learns that a child has terminated services, they should note the “last day attended” on the child’s application (9600) and the sign in/out sheet. They must also notify the CSAM immediately upon knowledge of a pending vacancy. Whenever possible, the reason for the withdrawal should be ascertained and recorded. The child’s termination date in CLOUDS is the first date the child does not attend so that attendance data can be captured for the last day of attendance.

Parents who wish to reinstate must meet Title V Regulations. If the parents are successful in meeting the Title V Regulations, the parent must complete all required paperwork and provide income documentation.

The following are some reasons that a child might be placed back on the waiting list (please see Parent Handbook for a complete listing):

- A pattern of unexcused absences - Poor attendance / sporadic attendance is defined as three or more unexcused absences. When this occurs, the teacher calls the Site Supervisor, who makes personal contact with the parent as soon as they realized a child has not attended and the parent has not called. If multiple service needs are disclosed by a parent, he/she should be offered Case Management services in order to create a plan to correct the absenteeism. Every effort is made to assist parents in removing barriers to attendance.
- Parent’s failure to comply with rules/regulations, resulting in danger to the health / safety of children / staff – (Must be approved by the Assistant Director)
- Parent’s failure to comply with health requirements as mandated by Community Care Licensing.

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- Extreme behavior problems in a child that may be harmful to the child or others (This must be based on a joint assessment by the CS / Disabilities / Mental Health Manager, and the Site Supervisor.)
- For General Childcare, a change in income or need eligibility status such that the family is no longer eligible for care.

When a child has been terminated from the program, the Site Supervisor will then call the Assistant Director, CSAM and teacher, notifying them of a new child replacing the terminated child. The Site Supervisor will call the parent of the terminated child, informing him/her that the child has been put back on the waiting list. If a terminated child is brought to school, the parent should be told to speak to the Site Supervisor.

CC. Attendance Expectations

1. General Description

CSB children are expected to attend classes daily. Regular attendance is strictly enforced, and each center maintains documentation of all attendance/absenteeism activities. Upon registration, parents are oriented about enrollment/attendance policies.

Each parent receives a copy of the attendance policies, and the importance of regular attendance is stressed to them. Re-orientation of the enrollment/attendance policies occurs at the beginning of classes, and ongoing reminders are communicated as needed.

2. Unexcused Absences

After a child has been absent for two consecutive days, the center staff must contact the child's parents to determine the cause of the absence and to clarify the attendance policy.

After two days of unexcused absences from the center, the parent is contacted inquiring about the absences and clarifying the attendance policy.

After four consecutive unexcused absences, a conference with parents is called. Parents are informed that failure to attend the conference may result in their child being terminated from the program and placed onto the waiting list.

After ten consecutive or intermittent days of unexcused absences, the child is dropped from the active program and is put back onto the waiting list. (Children absent due to illness are counted in the Average Daily Attendance criteria.)

Site supervisor will check attendance sheets daily or at least three times a week to ensure attendance policies are implemented.

DD. Attendance Accounting

1. General Description

Accounting for attendance is completed daily by the classroom teacher. Attendance is entered into CLOUDS weekly, and reports are utilized to ensure that each center maintains 85% monthly attendance for all federally funded slots. If the monthly attendance rate falls below 85%, the Site Supervisor will be

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notified by the ERSEA analyst and will utilize the CLOUDS absence reports to analyze the reasons and develop a corrective action plan that they submit to the Assistant Director and the ERSEA Analyst.

2. Procedure

Centers maintain attendance binders for each class as the primary source document for billing the funding source, for licensing and for audit purposes. This will be phased out when CLOUDS has approval by the California Department of Education.

Parents or their designee must sign children in and out of the centers daily and note the time of drop off and pick up.

A code is used consistently throughout the entire program to mark Present, Excused Absence, and Unexcused Absence. Absences are marked with an "A" and given the excuse provided by the parent in the comment section of the sign-in sheet. The teacher determines if the absence is excused in accordance with the excused and unexcused absence policies included herein. When absences are excused, the "A" is enclosed in a circle.

At the end of the month, the teacher reviews each attendance record and totals the days of attendance, excused and unexcused absences, and signs and dates the sheet before sending it to the Site Supervisor.

Parents are required to give the reason for a child's absence when the child returns to school and to sign the comment to authenticate it. On occasions where the child has not returned to school, the Site Supervisor fills in and signs the reason for absence after contacting the parent.

Attendance records are reviewed by the Site Supervisor and coded by program type and special need of the child where applicable.

Attendance sheets are alphabetized and collated according to special categories.

The Site Supervisor in programs funded by the State produces computerized reports for the various programs at the center. The report is entitled the CD 9400.

- The Site Supervisor completes and signs each page of the CD 9400s signifying that the entries match the children's attendance sheets.
- The Site Supervisor forwards the signed CD 9400s and attendance sheets to the Assistant Director for review.
- The Assistant Director reviews and signs off on the CD 9400s then submits the CD 9400s with attached attendance sheets to the Enrollment/Attendance Cluster Clerk by the 4th work day of each month for the preceding month.
- The Enrollment/Attendance Cluster Clerk reviews and signs off on the CD 9400s then submits the finalized CD 9400s to the Administration Office (Business Systems Clerk) by the 6th work day of each month.
- The Business Systems Clerk collects all the CD 9400s then reviews, signs and submits the CDFS 9500s and the CDFS8501 to the Fiscal Department by the 10th working day of each month.
- The Business Systems Assistant Manager prepares the CD 801A report and submits it electronically to the State CDMIS website by the 20th of every month for the preceding month.

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- The Fiscal Department reviews the submitted CDFS 9500s and the CDFS 8501 then submits finalized report to the California Department of Education by the 20th of the month for each quarter.

3. Excused Absences

- **Illness:** Absences may be excused for illness of the child, parent, or any sibling. Illness absences lasting 3 or more consecutive days may require appropriate medical professional documentation.
- **Family Emergency:** Absences due to family emergencies may be considered excused absences. The reason for the family emergency must be specified in the sign in and out sheets. Any of the following reasons can be considered family emergencies:
 - Death of a family member.
 - Immediate need for medical health treatment of anyone in the family unit.
 - Any incident caused by a situation which results in the family having their normal schedule disrupted to the extent that the parent cannot safely accompany their child to the site (i.e., theft, fire, flood, arrest and/or incarceration of a parent, or any other similar situations)
 - If regular means of transportation to school is disrupted, and no alternative, i.e. public transportation is available.
 - Any other situation at the discretion of the site supervisor.
- **Best Interest Days (BID):** Absences may be excused for the “best interest of the child” which would include time for a child to be with a parent or relative (i.e. vacation or visitation with non-custodial parent, a court-mandated visit, or participating in cultural or religious holidays). Other requests for BID are at the discretion of the Site Supervisor. BID absences are limited to ten (10) days per program year per child, with the exception of children who are recipients of protective services or are at risk of abuse or neglect. Proof of such services must be documented in the child’s data file. The reason for the “Best Interest Day” must be specified in the sign in and out sheets.
- **Exclusion due to unmet health requirements:** Children must be excused for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed one extension beyond the 30 day requirement with proof of an appointment on file. Children are permitted up to three days of excused absences. After that, a Notice of Action (as applicable) will be issued for termination from the program.

EE. Title XXII Requirements for All Children

Record of “up to date” immunizations must be on file before children can attend. A complete physical examination by the child’s physician is required within 30 days of admission. A form is provided at the intake interview for use by the family physician. An immunization record authorized by a Medical Doctor or a Registered Nurse must be shown. The Site Supervisor or Comprehensive Services staff will review and file a copy at the time of enrollment. Immunizations must be kept current while the child is attending the centers. The Site Supervisor or Comprehensive Services staff member notifies parents when immunizations are due. Children whose immunizations are not kept up to date will be excluded from the center until they are brought up-to-date, unless there is a medical waiver on file.

Although TB clearance must be obtained within thirty days of admission, the physical must also have indicated the result of the TB screening on the child’s record.

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Children may be eligible for a free physical through the Child Health Disability Prevention Program. Parents should be encouraged to discuss this option with the Site Supervisor or Comprehensive Services staff member.

Enrollment information is kept confidential from all but: (1) authorized program staff, (2) California Department of Education program evaluators (3) authorized public officials. Information will not be released without parental permission, except as mentioned above.

Children with disabilities are accepted by the centers when CSB is able to obtain appropriate documentation to determine the child's needs. CSB will work with the family to make all reasonable accommodations for the child. CSB complies with ADA and IDEA.

FF. Fees for Non-Head Start and Early Head Start Funded Programs

1. Purpose

The purpose of these procedures is to document the process of billing, collecting, and depositing of childcare fees in accordance with County policies and the State's Funding Terms and Conditions related to child development programs.

2. County Administrative Bulletins

Community Services Bureau shall comply with the requirements set forth in Administrative Bulletin Number 205 regarding cash collections procedures.

3. Fee Assessment

CSB shall use the current fee schedule prepared and issued by California Department of Education for child care programs funded by the State.

- i. The family fee will be assessed either a flat monthly full-time or part-time fee based on certified hours of care for the month, income, and family size.
- ii. If family's certified need is 130 hours or more, the family will be assessed full-time fee.
- iii. If the family's certified need is less than 130 hours, the family will be assessed part-time fee.
- iv. Upon initial enrollment or final enrollment month, Aa family may be charged cost of care fee (SRR of \$36.10 multiplied by days of enrolment) if this is less than part-time fee.
- v. The family fee will be assessed:
 - a) **At initial enrolment.** If the enrolment day is the first of the month, the family fee will be assessed a full-time or a part-time fee based on their certified hours of care. If the enrolment day is not the first day of the month, fee will be based on the certified hours for the partial month and another fee for each subsequent months based on their certified hours.
 - b) **At recertification/updating family file.** The assessed fee will be effective on the first of the subsequent month after the new fee is assessed (Issue date of NOA) if there are 14 or 19 calendar days remaining in that month. If there are less than 14 or 19 days remaining in the month following the issue date of NOA, the assessed fee will become effective on the first of the month a month after the subsequent month.
- vi. If more than one child in a family is participating in the state funded program the family's fee shall be assessed and collected based on the child who is enrolled for the longest period in a day.

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- vii. If the children are located at different child care centers, the fee shall be collected by the center in which the child who is enrolled the longest period in the day is enrolled.
- viii. If a child drops at one center and enrolls in another before the NOA period, both centers must communicate throughout the transition to determine impact on related fees. the center providing services gets the fee. (We must communicate)

For Fee for Service Program (Tuition Based), CSB shall use the monthly rate approved by the County Board of Supervisors.

ii. Exclusions from Fee Assessment

- The exclusions shall apply only to State-funded child care programs.
- No fees shall be collected from CCTR, FP, and FPL families with an income level that, in relation to family size, is less than the first entry in the fee schedule.
- There is no family fee for PP and PPL programs
- Families receiving services because the child is at risk of abuse, neglect, or exploitation, may be exempt from paying fees for up to three months if the referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- Families receiving services because the child is receiving protective services may be exempt from paying fees for up to 12 months if the referral prepared by the county welfare department, child welfare services worker specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- In accordance with the State's Management Bulletin 09-18, all families that currently receive a CalWORKS grant on behalf of the children will not be assessed a fee. Former CalWORKS grant recipients are not included in this exemption.

iii. Credit for Fees Paid to Other Service Providers

This section shall apply only to State-funded child care programs.

- When CSB cannot meet all of the family's needs for child care for which eligibility and need have been established, CSB shall grant a fee credit equal to the amount paid to the other provider(s) of these childcare and development services. CSB shall apply the fee credit to the family's subsequent fee billing period. The family shall not be allowed to carry over the fee credit beyond the family's subsequent fee billing period.
- CSB shall obtain copies of receipts or cancelled checks for the other child care and development services from the parent. The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form shall be maintained in the parent's fee assessment records.
- The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form are due by the first day of the month. Fees due shall be considered delinquent if this documentation and any remaining fees owed are not collected within seven (7) calendar days.
- Copies of the receipt or cancelled check shall include the following: name of the other service provider, amount of payment, date of receipt or payment, the period of child care services covered by the payment, name of the parent, and name of the child who received childcare from the other service provider.

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GG. Billing Procedures

Child care fees are paid in advance. One week before the end of each month, each Center shall submit to the Fiscal Unit a Billing Worksheet that contains following information:

- Name of the parent or guardian
- Name of the child enrolled
- Funding category of the program where the child is enrolled in.
- Total number of school days in the billing month
- Daily rate determined by the Site Supervisor based on State's fee schedule (for child development contracts) or county approved rate (for fee for service program)
- Total amount assessed
- Collections made in prior month
- Comment section for effective date of the daily rate, last date the child will attend the day care, and other pertinent information that affects the calculation of monthly billing.

No adjustments shall be made for excused or unexcused absences. The parent or guardian shall pay the total amount billed if the child is absent regardless of the reason during the billing month.

Periodic review of billing information – Assistant Directors shall reconcile or perform independent review from the participant's files to the billing report to ensure all parent fees are billed correctly.

Fiscal staff shall input the information from the Billing Worksheet to QuickBooks in order to generate the Monthly Invoice and Statement for the following month. The Invoice and Account Statement shall be sent to the Site Supervisor for distribution to fee paying parents by the first of the following month.

Child care fees are due by the first of the month. They shall be considered delinquent if not paid within seven (7) calendar days.

If account is delinquent at the close of business on the seventh calendar day, a Notice of Action shall be issued to inform the family of the following:

- The total amount of unpaid fees
 - The fee rate
 - The period of delinquency
- That services shall be terminated fourteen (14) to nineteen (19) calendar days (depending on method of issuance) from the date of the Notice of Action unless all delinquent fees are paid and/or documentation of credit for fees paid to other service providers is collected before the end of the 14-19 day waiting period. The 14 day period pertains to NOAs that are hand delivered to the parent; the 19 day period pertains to NOAs that are delivered to the parent via the US Postal Service.

If the family is unable to pay their fee the program shall accept a reasonable plan from the parents for payment of delinquent fees. The plan must be developed before the end of the 14-19 day waiting period and shall not exceed 4 months to repay the full amount of delinquent fees. The center shall continue to provide services to the child provided the parents make a minimum "good faith" payment of at least 10% of the total delinquent fees at the time the plan is developed, pay

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their full assessed monthly fees when due and comply with the provisions of the repayment plan.

The Delinquent Child Care Fee Repayment Plan Form can be printed from MyCSD under 0600

Enrollment of Electronic Forms.

- Agency staff shall submit the repayment plan to their Assistant Director or Partner Agency Director for approval before finalizing the plan. Once approved, the originals of the termination NOA and repayment plan shall be filed in the family file and copies shall immediately be provided to CSB Fiscal and the center's Assistant Director or Partner Agency Director.
- Upon termination of services from non-payment of delinquent fees, staff shall make this indication in CLOUDS, and the family shall be ineligible for childcare services until all delinquent fees are paid.

Center staff shall make reasonable attempts to collect unpaid fees from terminated families through letters and phone calls.

- Attempts shall be documented and copies of letters shall be maintained in the family's file
- If unpaid fees are collected, staff shall send the collected fees, the pre-numbered receipt and a copy of the termination NOA to CSB Fiscal.
- If unpaid fees have not successfully been collected after making several attempts to do so staff shall send to CSB Fiscal copies of the termination NOA and letters and case notes regarding attempts to collect.
- All attempts to collect unpaid fees must be made within 45 days of termination.
- Documentation of attempts and the termination NOA are due to CSB Fiscal not more than 45 days after termination.

HH. Fee Collection Procedures

- Each center shall collect checks, money order or cashier check from the parents. Cash is not acceptable mode of payment. A designated center staff shall issue signed receipt to the parent for the amount collected. At CSB centers this person must be a county employee, and may not be temporary staff. The designated staff shall be accountable for the money received and such money shall be stored in a locked cash box placed in a secured area of the center.
- Center staff shall process all collected fees immediately. At least once weekly, or if fee collections exceed \$50, the designated staff must endorse the back of each check properly and deposit the money to the County Wells Fargo Bank account. Immediately following the deposit designated staff shall submit a copy of the receipt(s) issued to the parent(s), a copy of the Deposit Slip and Original Bank Receipt to the Fiscal Unit.
- Fiscal staff shall check copies of Receipts to make sure that total amount agrees to Deposit Slip and Bank Receipt amounts.
- Fiscal staff shall enter the payment information to QuickBooks in order to update parent accounts. Receipts shall be stamped "Posted" and filed in numeric order by Center.
- Fiscal staff shall code the collected family fees accordingly and input the data in the county's Electronic Deposit Permit system.
- Fiscal staff shall file the Deposit Slip, Bank Receipt and print out of Validated Deposit Permit in the Deposit binder.

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II. Receipts/Banking Procedures

The S-Receipts issued to parents shall be in quadruplicate (4 copies).

- Take the hard cardboard piece from inside the back cover of the book to use between the series of S-receipts.
- Give the original S-receipt ~~(yellow-copy)~~ to the parent and send the duplicate ~~(white)~~-copy of the S-receipt to the Fiscal Unit with the duplicate ~~(pink)~~-deposit slip and original ~~(white)~~-bank receipt (the transaction record).
- The ~~golden-triplicate~~ copy of the S-receipt shall be put in the ~~parent's-child's~~ file at the site.
- The ~~pink-quadruplicate~~ copy of the S-receipt shall stay in the S-receipt book and the entire book shall be sent to the Fiscal Unit when a new S-receipt booklet is needed.
- The original ~~(yellow)~~, ~~white-duplicate~~ and ~~golden-triplicate~~ copies shall be sent to the Fiscal Unit even if an error is made that resulted in the voiding of the S-receipt. Write "VOID" across it. The voided S-receipt must be signed and dated by the Site Supervisor. The reason for the void must also be written on the S-receipt.
- For credit for fees paid to other service providers, the center staff shall send to CSB Fiscal a copy of the receipt or cancelled check paid by the parent to the other child care service provider. The Site Supervisor shall attach these receipts or cancelled checks to the signed Fees Rendered Form and submit to CSB Fiscal Unit. The Fees Rendered Form can be printed from MyCSD under 0600 Enrollment of Electronic Forms. The form should be properly filled out and the credit amount should be equal to and no more than the amount paid to the other provider and shall not exceed the parent fees billed during the month.

JJ. Confidentiality of Records

The use or disclosure of all information pertaining to the child and his/her family will be restricted to purposes directly connected with the administration of the program. The Site Supervisor will permit the review of the basic data file by the child's parent(s) or parent's authorized representative, upon request and at a reasonable times and places.

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II. Staffing Requirements

A. Program Director

Community Services Bureau operates at two (2) or more sites; therefore CSB will employ Program Directors that have administrative and programmatic responsibility for the program. The Program Directors will meet the California Department of Education requirements.

The California Child Development Division (CDD) may waive the qualifications for program Director upon a finding of one of the following:

- The applicant is making satisfactory progress toward securing a permit issued by the Commission on Teacher Credentialing authorizing supervision of a childcare and development program operating in two (2) or more sites or fulfilling the qualifications for program Directors in severely handicapped programs.
- The place of employment is so remote from institutions offering the necessary course work as to make continuing education impracticable, and the contracting agency Director has made a diligent search but has been unable to hire a more qualified applicant.
- Any other reason established by the rules of the Superintendent of Public Instruction.

B. Site Supervisor

At each site, there will be a person designated as the Site Supervisor who has operational program responsibility for the program. A Site Supervisor will meet the requirements established by the California Title V Regulations and the California Commission on Teacher Credentialing.

The CDD will grant a waiver of this requirement upon the program's demonstration of the existence of compelling need. Factors the CDD will consider in determining compelling need are as follows: (1) evidence that the program's recruitment efforts have been successful in obtaining qualified applicants; (2) evidence of the program's inability to offer competitive salaries; and/or (3) evidence of potential or current staff's lack of reasonable access to training resources which offer required course work.

C. Teacher

Master Teachers, Teachers and Associate Teachers will meet California Title V Regulations as listed on the California Teacher Credentialing Permit Matrix and the Early Head Start and Head Start degree requirements as specified by the Head Start Act of 2007.

D. Applicability of Staffing Requirements

CSB is not subject to regulations under CCR, Title V, and the laws upon which those regulations are enforced if subsidized children comprise less than a majority of the enrollment at a given center. If there are no facilities in the area to meet the special needs of particular children, then the CDD may, upon request, waive its regulations in the area for staffing and ratios for programs in which subsidized children comprise a majority of the enrollment.

E. Staffing Ratios for Site Supervisors or Teachers

CSB Site Supervisors shall maintain at least the following minimum ratios in all centers:

- Infants (birth to 18 months old) – 1:3 Adult to Children; 1:18 Teacher to Children (with no more than eight infants in a group)
- Toddlers (18 months to 36 months old) – 1:4 Adults to Children; 1:16 Teachers to Children (with no more than eight toddlers in a group)

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- Preschool (36 months to kindergarten enrollment) – 1:8 Adults to Children; 1:24 Teacher to Children

Compliance with these ratios shall be determined based on actual attendance.

Whenever groups of children of two age categories are co-mingled and the younger age group exceeds 50% of the number of children present, the ratios for the entire group must meet the ratios required for the younger age group. If the younger age group does not exceed 50% of the total number of the children present, the teacher-child and adult-child ratios shall be computed separately from each group. Except as otherwise provided in Title 22 California Code of Regulations, Community Care Licensing Standards, the program may exceed teacher-child and adult-child ratios by 15% for a period of time not to exceed 120 minutes in any one day.

F. Comprehensive Services

The program is supported at all times by the following personnel:

- A health services content area expert who is trained and experienced in public health, nursing, health education, maternal and child health, or health administration. Additionally, when a health procedure must only be by a licensed / certified health professional, the agency will ensure that this requirement is met.
- A nutrition services content area expert who is a registered dietician or nutritionist.
- A mental health services content area expert who is a licensed or certified mental health professional with experience and expertise in serving young children and their families.
- A parent, family and community engagement content expert who is trained and experienced in field(s) related to social, human, or family services and who is skilled in assisting parents of young children in advocating and decision making for their families.
- A disabilities services content area expert who is trained and experienced in securing and individualizing needed services for children with disabilities.

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III. Business Systems

A. Overview

The Business Systems Unit supports the operation of CSB programs by ensuring that CSB has:

- Safe, secure facilities.
- Technology and related services to effectively manage work.
- Safe transportation for travel as necessary and available.
- Grant writing leadership and support.
- Ongoing monitoring, planning, and communication systems.
- Equipment and supplies necessary to operate a quality program; and
- Forums for sharing ideas and implementing continuous improvement.

B. Facilities

1. Physical Environment and Facilities

Both the CSB and their designated contractors shall endeavor to operate offices and childcare centers that are free of exposure from toxins such as cigarette smoke, pesticides, herbicides, lead, and other air pollutants as well as contaminants from the soil and the water.

Smoking is not permitted under any circumstances on the premises of the centers and is posted as such.

Anyone found bringing in a ~~lighted~~ cigarette, electronic cigarette –or cigar shall be directed to immediately leave the office/center until the item has been safely extinguished outside of the building.

No center or office shall be sprayed with herbicides or pesticides when children or staff is present.

Each center has a thermostat that must maintain a minimum of 68 degrees F. and a maximum of 85 degrees F.

All plumbing fixtures must be sanitary, safe and in working condition at all times, including hot and cold water availability (a minimum of 105 degrees F. and not to exceed 120 degrees F) and may not serve more than 15 children.

i. Children's Centers-Outdoor Environment

The outdoor space must be safe and free from hazards at all times. Each morning, before the children go outside, the Site Supervisor or designee must assess the entire outside area including the sandbox, climbing area, playground surfacing, fences and any other area in use by the children to ensure compliance with state and federal health and safety requirements. This is done by using the "Outdoor Health and Safety Checklist".

If there are hazards on the playground, the Site Supervisor must:

- Assess what needs to be done immediately to fix the hazard. If he/she is unable to fix the situation immediately, he/she must make alternate space for the children until the situation is fixed.
- Report the hazard to his/her immediate supervisor.
- Complete a Facility Work Request after receiving approval from the Site Supervisor.
- In centers with infants, toddlers and preschoolers, the age groups must be kept separated at all times.

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ii. Children's Centers-Indoor Environment

The indoor space must meet applicable state and federal regulations at all times. Each morning, the opening staff member(s) must conduct an indoor health and safety check to ensure the facility is ready for children.

iii. Infants Environment

The indoor and outdoor spaces for infants must be separate from areas for children of differing ages. Inside it can be a separate room or separated by moveable walls or partitions that have correct square footage in each area. The moveable walls or partitions must be at least four feet high, made of sound absorbing material and designed to minimize injury to infants.

The calculation of the indoor space does not include the space used by cribs. The sleeping area must be physically separate from the activity area. This can be accomplished by having a separate room or with the partitions described above.

2. Building Security/Alarms and Maintenance

i. Building Closure

Procedures are established at each site based on whether they have an Electronic Access System and/or Building Security Alarm. Each site is responsible for developing and enforcing a building opening and closing procedure. The Site Supervisor or senior staff member is responsible to see that all appropriate staff are informed and trained on the procedure to lock the building and arm the alarm (if applicable). Information on how to contact the alarm company and who to contact for after hour emergencies is posted at the alarm panel.

ii. Building Security Alarms

Building security alarms are turned on by assigned staff when leaving the site at the end of the day and turned off at the beginning of the day. If there are problems with arming or disarming the system, staff call the alarm monitoring company at the phone number shown at the arming station. If assistance cannot be provided over the phone, an alarm technician will be sent to the site. If error codes are present but the system is functioning, staff submits an electronic work order to Facilities stating the error code.

The Security system performs a self test and displays a trouble code for any required maintenance on a daily basis. An emergency contact list is provided to the alarm monitoring company of staff to contact in case of an alarm being triggered after hours.

iii. Fire and carbon monoxide monitoring systems

Fire and carbon monoxide monitoring systems are tested annually by the local fire authority and inspection reports are kept on site. Any identified deficiencies must be repaired and pass re-inspection. Repair work orders are submitted electronically to Facilities by the Site Supervisor along with a copy of the Fire Inspection Report on the day of the inspection.

Trouble codes are sent from the alarm system to the monitoring company which alerts the fire department. When an alarm sounds staff evacuates the building to the designated evacuation area and wait for emergency personnel.

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iv. Exterior door alarms

Exterior door alarms are located at the top of the door and are to remain active in the “On” position at all times. Alarms can be over-ridden by use of a key to turn the alarm to the “Off” position to open the door for transition to and from a classroom.

The Site Supervisor will submit a work order to Facilities the same day as problems occur, for example the alarm not sounding when the door is opened without turning the key to the “Off” position. The exterior doors alarms are battery operated and beep when a battery becomes weak. Facilities Building Services Workers will replace batteries within 24-hours of receiving a work order request notifying them of a low battery alert.

The Safety Officer performs a test of exterior door alarms as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request.

v. Alarmed Push Bars on Half-doors

Alarmed push bars on half-doors are located in building entrances and must be armed at all times. The Safety Officer tests all half-doors in the facility as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request. The Site Supervisor will submit a work order the same day as problems occur, for example by the alarm not sounding when a door is opened when pressing on the bar, or if the alarm does not reset after the door is closed. A half door that is armed will show a red light on the alarm panel. No light or a green light indicates the alarm is not set. To activate the alarm: the key is turned to the off/green light position, staff waits 30 seconds, and then turns to the on/red light position. Keys to the doors are to be kept out of the reach of children at all times and in a discrete location from visitors. Staff is to demonstrate proficiency in arming the system. Facilities staff will review and provide training on arming the doors upon request.

Centers with alarmed push bars on playground gates are to include the testing of the gates in the monthly Health and Safety checklist. Playground gates do not have alarm panels with lights and are armed at all times.

vi. Electronic Access Card Systems

Electronic access card systems on exterior entry doors maintain the security of the facilities by limiting access. Staff is issued electronic access cards to sites that work like electronic keys. Exterior doors remain locked from the outside while allowing staff access with their electronic card. The cards are also printed with staff names and photos to be used as identification cards. If an electronic access card is lost or stolen it will be promptly deactivated to maintain the security of the facility. Repairs to access card systems are rarely needed and are made when issues are reported by the Site Supervisor to the Facilities unit through an electronic work order request.

vii. Keys

Keys for entry to Community Services Bureau buildings will be furnished by Business Systems per request of Site Supervisor or employee’s supervisor.

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At time of issuance of keys, the employee will be requested to sign in copy of the Portable Media/Access Policy and key sign out sheet.

Upon receiving access to any of the site keys, the staff member is responsible for safe keeping the key and its use as well as to ensure that all building doors are secured prior to leaving the building. Keys are not to be loaned or made available to others and any lost or stolen keys should be reported to Business Systems immediately.

For more information, refer to Portable Media/Access Device Policy.

viii. iPhone (Video/intercom) Systems

iPhone systems are used at some sites to allow staff to easily allow access to families while keeping the facility secure. Visitors to a center press the buzzer outside the entrance and are greeted over the intercom. When they are visually identified the door is unlocked.

ix. Video Surveillance Systems

Video surveillance systems operate 24 hours a day 7 days a week. The Site Supervisor monitors the surveillance cameras daily and confirms cameras are directed to show a clear unobstructed view of the classrooms, entrances, and playgrounds. Any obstructions to the view or misdirected cameras are reported to Facilities through an electronic work order request by the site supervisor the same day as they occur. The Facilities staff will check the video feed from their location and report the problem immediately to General Services. The facilities unit will work with General Services to make any necessary repairs within 24 hours of the reported problem.

Requests for video footage are made to Facilities by the Site Supervisor or senior management staff through an electronic work order request. Requests must be made as soon as possible as the system retains footage for only a few days to a week.

3. Acquiring Space

The Policy Council must be consulted on the location of space acquired for the program's use. Space acquired must meet all applicable local ordinances for both classroom and office use. Additionally, all space acquired for classroom use must meet all state and federal regulations. Negotiation of leases is delegated to Contra Costa County Lease Management, and lease costs must be within budgeted amounts designated for such expenditures. Lease Management prepares/finalizes all leases for the Assistant Director's signature. Also, the Business Systems Manager or Division Manager must approve/sign all leases negotiated for CSB.

4. Use of County Facilities

The use of county facilities is covered by the following regulations:

- Use of County building space by private organizations is regulated by inter-agency agreement.
- Departmental officials may make arrangements for posting official announcements on County bulletin boards through the General Services Department. Use of County bulletin boards by private organizations for advertising, except as provided by ordinance for employee organizations, is prohibited.
- CSB program managers are responsible for County facilities and property used by employees under their jurisdiction. While controlling and administering use of space/facilities, managers

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must see that employees do not introduce material which others would find objectionable / offensive for reasons such as different social, political, religious, or moral beliefs.

- Solicitation of contributions and sale of merchandise within County buildings except for purposes authorized by the Board of Supervisors is prohibited.
- Restrooms and lounge facilities are provided for employee use.
- CSB classrooms and offices are not to be used as lunch or coffee rooms.
- All facilities serving children must meet applicable state and federal regulations pertaining to health, safety, and developmentally appropriate practice.

5. Document Posting

Before classes begin each program year, the Site Supervisor obtains and assures the proper posting or filing of the following documents at each facility and/or classroom:

- Evacuation Plan
- Fire / Earthquake Drill Schedule
- Emergency Guidelines for Illness and Accident First Aid Manual
- Emergency phone numbers for fire, police, paramedics, nearest emergency hospital, poison control center, physician, and administrative office
- Parents' Rights Form
- Children's Rights Form
- No Smoking signs
- Employee Safety Policy Statement
- Current license
- Any other document mandated by the state or federal government.
- Note: Children's contact numbers are never to be posted.

6. Safety Officer

For each building which houses CSB personnel, a safety officer has been designated. General responsibilities of safety officers are to:

- Complete monthly health and safety checklist.
- Instruct co-workers in emergency procedures.
- Assume control during an emergency.
- Keep track of persons assigned to each building.
- Know the conditions under which a building should be evacuated.
- Know what procedures/equipment is available for the evacuation of handicapped persons.
- Know the location of all primary and alternate building exits and know direct routes to each exit.
- After evacuating a building, search to make certain all individuals have left.
- When emergency responders arrive, report to them any injured person requiring special attention.
- Call roll at the evacuation assembly area and report missing persons to emergency responders.
- Know the location of all fire alarms and fire extinguishers.
- Know how to operate fire extinguishers.
- Know the location of all first aid and emergency kits.
- Know first aid and CPR.

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C. Use of Technology

CSB utilizes a variety of technology throughout the bureau and is supported by the Contra Costa County Department of Information Technology.

~~1. Business Systems Re-engineering Committee (BARC)~~

~~BARC is comprised of a cross-section of staff with the following charter: to create business systems that maximize automation and efficiency by using streamlined processes that eliminate duplication, maximize output, and lend themselves to order resulting in easily and readily accessible information that drives quality programming.~~

~~21.~~ Child Location Observation Utilization Data System (CLOUDS)

CSB uses CLOUDS as its management information system. Staff are required to keep the system up-to-date in accordance with their respective roles in the organization. These roles are detailed in these policies and procedures in each service area. In addition, teachers are responsible for ensuring that parents sign their child in and out electronically. Manual systems are in place for back-up purposes.

i. User Support

CLOUDS user manuals are posed on the CSB intranet and in the Shared Drive (~~Sx:~~CLOUDS) that detail how to use the system. In addition, training is provided in an ongoing fashion via user groups. New staff are assigned a mentor user to orient them to the system.

ii. Ongoing System Enhancements

All system enhancements must be requested via the content area expert for the respective portion of the system. Content area experts formally request the enhancement to be placed in the project queue via ~~the CSB Help-Desk System(Track-It)~~ ~~the CSB Resource Center on the CSB intranet.~~ Enhancement requests must include attachments with screen shots and indicate the level of priority with a justification for the priority level. The Business Systems Manager will evaluate all requests and notify requestor of final decision regarding placement in the project queue. As enhancements are developed, content area experts are required to test them and then to inform staff regarding proper usage of enhancement. User manuals will be updated with finalized enhancements by the vendor.

D. Equipment and Supplies

1. Procedures for Ordering Materials - Employees and Supervisors

i. General Description

An employee or supervisor has alternatives for obtaining non-emergency material or services. These are:

- Office Supplies - Approved ordering staff at each location prepare an on-line order form. CSB has an approved shopping list of discounted items that should be utilized whenever possible. Items can be added from the general catalog if they are not on the approved list. The completed order is sent electronically to the Assistant Director/[Program Manager](#) for approval and submission to the office supply company. Ordering staff can track their order progress on-line.
- Classroom Supplies – Requests for classroom supplies are sent from the Site Supervisor to their Assistant Director for approval. The designated Assistant Director orders classroom supplies for all sites.

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- Health / Janitorial Supplies – All health and janitorial supplies may be ordered on an on-line Supply Order Form. Supply orders should be completed on a monthly basis by the Site Supervisor and are approved by the Assistant Director. The order is then sent electronically to the Purchasing Unit for processing.
- Open Purchase Order - The County has established a number of Open Purchase Orders (POs) with vendors in the area authorizing certain persons to pick up material and charge it to the CSB account.

If you wish to order materials from these vendors, submit a purchase requisition to your supervisor for approval of the Assistant Director. If approved, it will be forwarded to a person authorized to purchase material under the Open PO by credit card or other arrangement. If an order is over \$5,000 it must be signed by the Division Manager.

After the purchase is made, the requisition and the vendor's receipt will be forwarded to the CSB Accounts Payable Unit. When the bill is received, the Accounts Payable Clerk will match it to the approved requisition and receipt prior to payment. CSB has established Open Purchase Orders with many vendors. A current list can be obtained from Fiscal. If you are making a large number of purchases from a vendor that does not have an Open PO you may request that one be established by contacting the purchasing clerk.

CSB Requisition - If there is no Open PO available for the material required, you must submit an approved CSB purchase requisition to your division's purchasing clerk. After a purchase is made, the requisition and packing receipt must be forwarded as soon as possible to CSB Accounts Payable Unit. When the bill is received the Accounts Payable Clerk will match it to the approved requisition and receipt for payment.

ii. Purchasing Procedures - Purchasing Clerks

Purchasing clerks are located in the CSB Administrative Office and are responsible for processing all department requisitions. Once the purchasing clerk receives a CSB requisition he/she has several options of procurement methods depending on the situation. Below is a description of the methods available to the purchasing clerk.

- Warrant Request - CSB can normally use a Warrant Request to purchase items with a total cost under \$500. This form needs to be signed by the requester and an authorized manager. This procedure is faster than a purchase order as it does not need to be processed by County Purchasing.
- CSB cannot use a Warrant Request to purchase any item that can be purchased using an open purchase agreement. In addition, the following items cannot be purchased using a warrant request:
 - Furniture
 - Printing Services
 - Appliances
 - Professional Services
 - Cellular Telephones
 - Building Related Charges
- County Requisition (Form REQ) - For vendors not having an Open PO, or not qualifying for a Warrant Request, items are purchased using an approved Purchase Order. The purchasing clerk

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completes a County Requisition form based on the submitted requisition form and forwards it to the General Services Purchasing Division for preparation of a Purchase Order.

There is no dollar limit for a Purchase Order however it can be an extensive process as it may have to go through the County's procurement process and involve soliciting competitive bids and awarding of the contract to the lowest qualified bidder depending on the dollar amount of the proposed contract.

It should be noted that, when time is critical, CSB might ask the Purchasing Division for a PO number. If they agree, CSB is allowed to make the purchase without the normal process.

- Equipment Definition / purchase of equipment must adhere to both Grantee policies and guidelines outline in the Contra Costa County Head Start Administrative Manual. (For local purposes, "equipment" is defined as any purchase costing \$5,000 or more.) Any equipment/equipment purchase not identified in the annual grant (or subsequent applications) must receive Policy Council, Regional, and Executive Director's approval. Such requests must be made prior to the end of the Head Start fiscal year (by December 31st of each year). Equipment funded in part or wholly through CA Department of Education must have prior approval on any single item of \$5,000.
- Supplies
Supplies purchased for CSB programs must be deemed necessary and appropriate by the Bureau Director. (The process for expenditures of funds for supplies is outlined in the procurement procedure on file in the fiscal office. It must be followed.) All expenditures of funds must be approved by the Program Director.

2. CSB Equipment, Toys, Materials, and Furniture

i. General Description

CSB sites must provide clean sheets and blankets for children's use at naptime to be washed each week or as needed. If there are not sufficient sheets and blankets, the Site Supervisor must notify the Assistant Director immediately.

All play structures and equipment used by the children must meet the following requirements:

- Age and developmentally appropriate.
- Maintained in good condition.
- In sufficient quantity to allow full participation.
- Free of health and safety hazards.
- Free of toxic substances.
- If any material in the environment does not meet the above standards, it must be removed immediately or deemed off limits to the children until it can be safely removed.

ii. Infant Furniture

The infant equipment and furniture, inside and outside, must be developmentally appropriate and include cribs, cots or mats, changing tables and other necessary equipment. The type, height, and size of all furniture and equipment must be age appropriate. There must be a variety of age appropriate washable toys and equipment.

CSB does not use swings, playpens, walkers or high chairs. Walkers may not be kept on the premises. Equipment that is assembled when purchased must not be modified, and if assembly is needed, it must be assembled according to the manufacturer's instructions.

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Supplies containing toxic materials or substances shall not be purchased and used on the centers. All equipment and furniture must be maintained in good repair and safe condition and disinfected after each use. Equipment must be safe and must not have sharp points or edges or splinters, or be made of small parts that can be swallowed.

Toilets and hand washing sinks must be in close proximity to the activity areas.

Infant changing tables must:

- Have a padded surface no less than one-inch thick and be covered with washable vinyl or plastic
- Have raised sides at least three inches high
- Be maintained in good repair and safe condition
- While in use, be placed within arm's reach of a sink
- Not be located in the kitchen/food-preparation area

Toy storage containers must meet the following requirements:

- Lids and the hardware used to hinge lids on boxes or chests must be removed
- All edges and corners must be rounded and padded
- The container must be well ventilated
- The container must be lockable
- The container must be maintained in good repair and safe condition
- Metal and wood boxes must not have sharp or splintery surfaces

Pacifiers must have a shield or guard large enough that the child cannot choke. Rattles must be large enough that they cannot become lodged in the infant's throat and constructed so that they will not separate into small pieces.

It is recommended that all infant sites comply with the US Consumer Product Safety Commission advice for the selection and safe use of children's toys. Avoid toys with small parts. Look for the age recommendation on labels. Toys should be suited to the skills, abilities and interests of children.

iii. Infant Napping Equipment

Each crib, mat or cot must be occupied by no more than one infant at a time.

For each infant who is unable to climb out of a crib, a standard size crib meeting the following requirements is provided:

- Slats must be no more than 2 and 3/8 inches apart.
- Tiered cribs are not allowed.
- Cribs must not limit the ability of the staff to see the infant.
- Cribs must not limit the infant's ability to stand upright.
- The mattress must be at its lowest position .
- Cribs will have stationary sides.

Crib mattresses must be:

- Covered with vinyl or similar moisture resistant material.
- Wiped with disinfectant daily when soiled or wet.
- Maintained in a safe condition with no exposed foam, batting or coils.

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- Bumper pads must not be used at CSB facilities.

Each infant must have his/her own bedding used solely for him/her. It must be replaced when wet or soiled or when it is to be occupied by another infant.

Bedding must be changed daily or more often if required, and placed in a container that is inaccessible to children.

Floor mats or cots must be provided for all infants who have the ability to climb out of a crib.

Cribs, mats or cots must be arranged so that the staff can reach each infant without having to step over or reach over any other infant. Placement must not hinder going in and out of the nap area.

3. Use of County Communication Services

i. General Description

Communication services are provided for the use of County employees for work-related communications. For example:

- The telephone system is provided for the use of Contra Costa County employees in the conduct of their assigned duties. (See [EHSD & CSB Internet/Email/IT Standard Usage Policies](#))
- Contra Costa County provides a message service (to forward written material and small packages among various County facilities on a regular route and time schedule). Each work site served posts the time of pickup and delivery; this service is to be used where available. (Supervisors have further information regarding this program.)
- The Contra Costa County General Services Department provides a centralized United States Postal Service operation. All mail must be processed through this Center- except for emergency situations. Materials to be mailed may be submitted through Messenger Service.
- The department pays for all postage charges, but receives reduced costs for bulk and ZIP code mailings. Contra Costa County's Postal Service is provided for office use of County staff. It is not to be used for personal benefit of employees or the public. (Supervisors may be contacted for rules and Regulations regarding United States Postal Services.)
- Fax machines are available for Contra Costa County use. Telephone numbers for fax machines are listed in the Inter-Office Telephone Directory. CSB implemented the use of E-fax, faxes received and sent by email, and paperless faxing through copiers to switch to paperless faxing.

ii. Portable Communication Devices

Smart phones, tablets, laptops and wireless modems (collectively referred to as portable communication devices) are utilized by CSB to allow management personnel to stay in communication when away from their primary office, when traveling on business, and in emergency situations. Portable communication devices are county property and are covered under the same requirements as other county property. This includes:

- Employees are responsible for the security of communication devices and are to report lost, damaged or malfunctioning devices to their supervisor as soon as possible after discovery.
- Employees are responsible to ensure the confidentiality and security of information contained on or obtained through communication devices.
- All communication on the device is considered county business and as such is not considered personal or private.

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- Voice messages, text messages, e-mails, photos and other methods of communication or storage of information can be reviewed at any time by appropriate county personnel. This includes call, data and text logs.
- Communication devices are to be used for county business only. Inappropriate use of county property, including the personal use of communication devices that cause excess use charges to be incurred whether reimbursed or not, can result in loss of privileges to use county property.
- Communication devices are to be used only by the county employee they are assigned to. If devices are to be used by more than one authorized employee they will be assigned to specified employees for a defined time period before reassignment to other employees. (Sites make assignments on the Equipment Check-out Log).
- Use of a device for texting while driving, whether in a county vehicle or personal vehicle on county business, is prohibited by state law. Phone calls made or received while driving are strongly discouraged, but are allowed only if possible with the safe use of hands-free devices.
- CSB is required to submit reports on the use of the devices to DoIT and the CAO. The reports will contain information specific to each device, including any use of a device that caused additional charges to be incurred, and confirmation of reimbursement of those charges.
- As with all county property, each communication device (including accessories) is to be returned upon change of position or separation of employment.

E. Vehicle Usage Policy

1. General Procedures

CSB maintains vehicles for use by authorized personnel in order to conduct official County business. Policies on the use and operation of vehicles on County business also apply to driving personal vehicles while on County business. Vehicles are reserved through designated clerical staff or vehicle reservation calendars. In an effort to ensure that CSB vehicles are kept in top condition, the following procedures must be followed.

- County vehicles can only be used by authorized employees.
- Authorized drivers must have a valid California Drivers license.
- Authorized drivers are to immediately notify their supervisor of any change in the status of their California Drivers license.
- County vehicles are to be used only for authorized county business.
- Drivers are responsible for safe driving, including parking in a well-lit area, and locking the vehicle at all times.
- Drivers are to be courteous and practice defensive driving and fuel conserving practices.
- Authorized drivers are to observe all traffic rules and regulations.
- Car pooling in county vehicles is strongly encouraged when multiple employees are attending the same business function.
- Employees are prohibited from carrying unauthorized riders while on county business.
- Moving, parking and toll violations are the personal responsibility of the driver.
- No smoking is allowed in county vehicles.
- While the vehicle is in operation no eating or drinking is allowed.
- Cell phones and other hand held devices are not to be used while operating a vehicle.
- All persons driving or riding in a vehicle are to be properly secured with the use of seat belts or other approved restraint systems.
- Vehicles are to be returned free of trash or other debris.

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- Car seats and other cargo should be secured in the cargo area of the vehicle so that they will not become projectiles in case of a sudden stop or accident.
- Drivers are to wear appropriate footwear, no backless or loose sandals.
- Vehicles are to be returned with a minimum of a half tank of fuel.
- County vehicles are to be fueled regularly at the County Fleet station or other approved facilities.
- The County credit card is to be used exclusively for purchasing gasoline at authorized fueling centers. (See list of centers and addresses in the vehicle binder fuel tab.)
- If the credit card is lost it must be reported immediately to avoid fraudulent use.
- County vehicles will be serviced at the Waterbird Fleet station except in after-hour emergencies.
- CSB does not use Fleet loaner vehicles. Contact the Facilities clerk for possible temporary use of another CSB vehicle if necessary.
- County vehicles are not to be taken to a personal residence without Sr. Management approval.
- Vehicle binders and keys are to be returned punctually after vehicle use.

It is CSB policy to use a county vehicle when one is available in lieu of using a personal vehicle. If a county vehicle is available it must be utilized unless a supervisor determines that the use of a personal vehicle is justified. Justification for the use of a personal vehicle is documented by the supervisor's signature on the request for reimbursement of travel expenses.

2. Accident and Maintenance/Repair Reporting

Drivers are to report any accident or service need the same day as occurred. All accidents MUST be reported and the proper paperwork completed and submitted to Risk Management within 24 hours of the accident. Any unusual sound, odor, low fuel, maintenance light or other indication that the vehicle is malfunctioning or may need service is to be reported to the clerk when returning the vehicle binder.

3. Child Passenger Safety Procedures

A child will be transported in county vehicles only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags.

Age and size appropriate vehicle child restraint systems shall be used for children 8 years, 80 pounds. Vehicle restraint systems should be secured in the back seats only. Infants shall ride facing the back of the car until they have reached one year of age or weigh over 20 pounds. A booster child safety seat shall be used when the child has outgrown the convertible child safety seat. A vehicle seat belt can only be used when the child is over 8 years, 80 pounds. The seat belt only fits properly when the lap belt lies low and tight across the child's hips (not the abdomen) and the shoulder belt lies flat across the shoulder, away from the neck and face. Never tuck the shoulder belt under the child's arm or behind the child's back. The child's knees should bend easily over the edge of the vehicle seat.

Staff transporting children must be aware of the following:

- The rear of vehicle is the only place for a child to ride.
- Staff should use the diagram of seating plan when placing children in vehicle.
- Lap-belt only positions can only use the 5-point harness car seats.

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- Shoulder and lap belt position close to sliding door should be last position to seat child.
- The car seat and seat belts should be checked before each use to make sure they are in correctly and that the belt straps are not twisted.
- Empty car or booster seats should be strapped in with the seat belt system or stowed in the cargo area away from passengers.
- No loose items should be on floor.

The following are child passenger safety basics for each type of car seat:

- Rear-Facing
 - Must ride rear facing until at-least 1 year AND at-least 20 pounds
 - Do not bundle or swaddle; no heavy clothing
 - Harnesses at or BELOW shoulder level
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Must ride at 45° angle of recline
 - Seat secured tightly to vehicle with less than 1 inch of movement side-to-side and forward
- Forward-Facing
 - Toddlers over 1 year and 20 pounds but generally weighing less than 40 pounds ride either in convertible or forward facing seat in the forward facing position
 - No heavy clothing
 - Harnesses ABOVE shoulder level AND in reinforced slots
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Generally ride fully upright
 - Seat secured tightly to vehicle with less than 1" of movement side-to-side and forward
 - Top tether in use when available and appropriate
- Belt Positioning Boosters
 - For children who have outgrown the car seat but do not yet fit the adult lap/shoulder belt
 - Lap belt crosses pelvis or top of thighs
 - Shoulder belt crosses chest
 - Middle of child's head is below the top of the vehicle seat or booster

F. Transportation

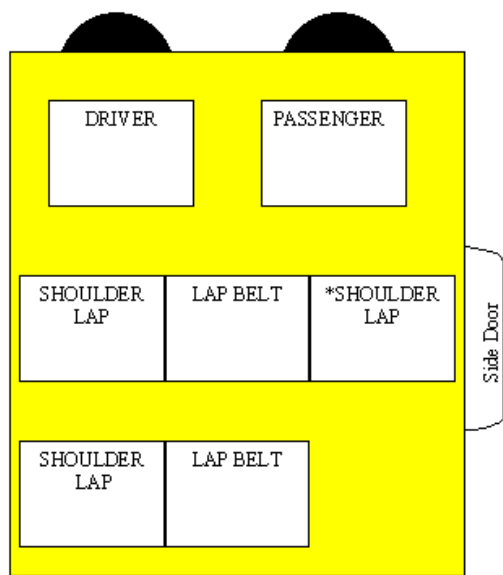
While CSB does not provide direct transportation services to and from the centers each day, the Site Supervisor or Comprehensive Services team member must assess the needs of each family upon enrollment and attempt to make reasonable effort to assist if the family is in need of transportation services to the center.

Transportation services are offered for the following:

- To / from socialization activities
- To / from Policy Council Meetings

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- To / from field trip locations



- Lap Belts – use only 5-point Harness Seats. No Boosters
- Shoulder Lap with Star (*) is the last Shoulder Harness to fill
- No loose items in the vehicle
- Unused car or booster seats are strapped in or removed from the passenger area of the vehicle.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 5-ALTERNATIVE PAYMENT PROGRAM

| ~~2013-2014~~2014-2015

| Policy Council Approved: ~~01/15/14~~
Board of Supervisors Approved: ~~01/21/14~~

[20132014-2014-2015](#)

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I. Program Overview

The purpose of this program is to provide subsidized child care for eligible children and families living in Contra Costa County and to provide a wide range of child care choices for parents. The CalWORKS Stage II Child Care program is limited to those parents who are in receipt of or have received CalWORKS cash assistance within the last twenty four (24) months. Our California Alternative Payment Program (CAPP) assists families referred by Children and Family Services and-or for low-income families. Both of these programs support families in their child care decisions and make timely payments to their chosen child care providers.

Children can be served from birth up to age 13, or up to age 21 if special needs are proven with appropriate documentation.

The CSB Stage II/CAPP program administers subsidized child care through a vendor approach, providing full or partial payments for child care of eligible families. These programs are designed to maximize parental choice in selecting child care. Parents may select child care services from licensed centers and preschools, licensed family child care homes, licensed-exempt out of home providers, or licensed-exempt in-home providers. Subsidized child care does NOT pay for private schooling.

CSB operates in accordance with all applicable state and federal laws governing human service agencies. These policies may change periodically as directed by the California Department of Education (CDE). Addendums will be issued to parents and providers as regulations change.

A. How to Qualify for Services

1. General Description

There are various ways that families can qualify for our programs. The two distinctly funded programs administered are Stage II and CAPP.

- Stage II – Parents in receipt of CalWORKS assistance payments and former CalWORKS parents (those having received CalWORKS within twenty four (24) months from the date of application for child care supportive services) may be eligible for subsidized child care services. There are various stages of funding in this program and each has its own priorities and limitations. It will be the responsibility of the Child Care Assistant Manager to work with the parent to determine the appropriate stage for child care services.
- CAPP (California Alternative Payment Program) – Families may be eligible for CAPP funding based on need and eligibility criteria (such as low income working families), with 1st priority for those children currently receiving child protective services, or those children who are considered at risk of abuse, neglect or exploitation by a legally qualified professional.

2. Application

Applications for the Stage II/CAPP Child Care Unit require the completed application forms found in the Child Care Application packet. Parents must provide all requested information and documentation to determine initial eligibility.

3. Eligibility and Need

i. Eligibility is determined at the time of enrollment, or within six (6) months of the date of transfer from CalWORKS Stage I to Stage II. Families are required to provide their Child Care Assistant Manager the appropriate documentation to prove their eligibility for child care for at least one of the following criteria:

- Gross wages/salaries from employment
- Tips
- Overtime pay
- Cash assistance (TANF/Cash Aid)
- Student loans
- Disability compensation
- Unemployment compensation
- Spousal and/or child support received
- Foster/Guardianship assistance

Parents will be required to provide supporting documentation for all total countable income. For example:

- Payroll check stubs
- Letter from employer
- Most recent tax returns
- Bank statements
- Cash aid documents

ii. The family is homeless and provides a written referral from a local shelter, or legally qualified professional from a medical or social service agency, or submits a written parental declaration that the family is homeless and a statement describing the family's current living situation.

iii. Child is referred by Children and Family Services (CFS) with a written referral by the county welfare department indicating the child is currently receiving CPS services and child care is a necessary part of the service plan. The referral must include the probable duration of the CPS service plan along with the name, business address, telephone number and signature of the child welfare services worker who is making the referral. These referrals must be dated within six (6) months immediately preceding the date of application for services.
~~Child is referred by Child Protective Services (CPS) with a written referral by the county welfare department indicating the child is currently receiving CPS services and child care is a necessary piece of the service plan. The referral must include the contact information for the social worker and the duration of the CPS service plan. These referrals must be dated within 6 months of receiving the child care application.~~

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iv. Child is deemed At-Risk of abuse/neglect and provides a written statement by a legally qualified professional from a legal, medical, or social service agency indicating child care is needed to reduce the risk. The referral must include the probable duration of the need for child care services and the name, business address, telephone number and signature of the legally qualified professional from the legal, medical, or social service agency, or emergency shelter who is making the referral. The referral must be dated within (6) months immediately preceding the date of application for services.

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~~Child is deemed At Risk of abuse/neglect and provides a written statement by a legally qualified professional indicating child care is needed to reduce the risk. The statement must include the professionals contact information and probable duration of the situation.~~

v. Family is transferred from Stage I to Stage II by the county welfare department. Initial documentation will be required at the time of transfer to certify immediate eligibility from the parent. Parent will be asked to provide documents for complete recertification within six (6) months of the effective transfer date.
~~Parent will be asked to provide documents for recertification within 6 months of the transfer effective date.~~

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4. Family Size - Upon completion of the family's initial application, recertification or within six (6) months of the date of transfer from CalWORKs Stage 1 to Stage 2 child care for services, you will need to provide supporting documentation for all children and adults listed in the family. The family members may be documented by the following:

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- Birth certificates
- Court ordered child custody agreements
- Adoption records
- Foster care placement records
- School or medical records
- County welfare department records
- Any other reliable document indicating the relationship of the child to the parent

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When only one (1) parent has signed the child care application and the documentation provided for family size determination indicates the child(ren) in the family has another parent whose name does not appear on the application, then the presence or absence of that parent shall be documented by providing any one of the following documents:

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- Records of marriage, divorce, or legal separation
- Court ordered child custody documents
- Evidence of child support
- Rental receipts or agreements, contracts, utility bills or other documents for the residence of the family indicating that the parent is the responsible party
- Any other documentation to verify the presence or absence of a parent of a child listed in the family.

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If due to a recent departure of a parent from the family, the remaining applicant may submit a self-declaration under penalty of perjury explaining the absence of that parent from the family. Within six (6) months of applying, or reporting the change in family size, the remaining applicant must provide one of the previously listed documents to support the absence of the parent from the family.

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The Child Care Assistant Manager may require further documentation at any time to prove the absence of a parent from family and/or verify the family composition and family size.

Upon completion of your initial application for services, you will need to provide supporting documentation for all children and adults listed in the family. The family members may be documented by the following:

Birth certificates

Court ordered child custody agreements

Adoption records

Foster care placement records

School or medical records

County welfare department records

Any other document proving relationship between the parent and the child

In the absence of a second parent, documentation must be provided to support the absence. This documentation may be any one of the following:

Records of marriage, divorce, separation

Court ordered child custody documents

Evidence of child support

Rental agreements

Any other documentation to verify the presence or absence of the 2nd parent

The Child Care Assistant Manager may require further documentation at any time to prove the absence of the 2nd parent.

Only in the instance when the absence of a parent is a recent departure from the family, may the remaining applicant submit a self-declaration under penalty of perjury explaining the absence. The remaining applicant has from six (6) months of applying, or reporting the change in family size, to provide one of the previously listed documents to support the absence of the 2nd parent.

5. Service Need - Families who are income eligible to receive subsidized child care must also have, at minimum, one of the following services needs to become enrolled or continue with current service. All parents/guardians listed in the family size must have a service need. (Hours of care provided to the family will be determined by the family's need for services.)

i. Child Protective Services (CPS) – If the need for child care is based on CPS, a written referral by the county welfare department indicating the child is currently receiving CPS services and child care is a necessary part of the service plan. The referral must include the probable duration of the CPS service plan along with the name, business address, telephone number and signature of the child welfare services worker who is making the referral. These referrals must be dated within six (6) months immediately preceding the date of application for services.

Families may be eligible for child care services if the child is referred by CPS and parent provides a written referral by the county welfare department indicating the child is currently receiving CPS services and child care is a necessary piece of the service plan. The referral must include the contact information for the social worker and the duration of the CPS service plan. These referrals must be dated within 6 months of receiving the child care application.

ii. At-Risk – If the need for child care is based on the child(ren) being at risk of abuse, neglect, or exploitation a written statement by a legally qualified professional from a legal, medical, or social service agency indicating child care is needed to reduce the risk. The referral must include the probable

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duration of the need for child care services and the name, business address, telephone number and signature of the legally qualified professional from the legal, medical, or social service agency, or emergency shelter who is making the referral. The referral must be dated within (6) months immediately preceding the date of application for services. The family must be recertified within three (3 months) under a different need. Families may be eligible for child care services if the child is deemed at risk of abuse/neglect and parent provides a written statement by a legally qualified professional indicating child care is needed to reduce the risk. The statement must include the professionals contact information and probable duration of the situation.

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iii. Parental Incapacity – If the basis of need for child care is parental incapacity (temporary or permanent), documentation shall include a release signed by the incapacitated parent authorizing a legally qualified health professional to disclose information necessary indicating why the parent is incapable of providing care and supervision for the child(ren), the days and hours per week that services are recommended, the probable duration of the incapacitation and the name, business address, telephone number, professional license number and signature of the legally qualified health professional. Child care services cannot exceed 50 hours per week.
Families may be eligible for child care services if the parent(s) are physically or mentally unable to provide care for their children. To qualify for child care services under this need, the parent would have to submit documentation from legally qualified health professional releasing information to verify the parent meets the definition of incapacity, as defined in the California Title 5 Regulations. The documentation must include the extent of which the parent is unable to provide care, the days and hours care is recommended and the health professionals contact information.

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iv. Employment – Families may receive child care services during the time they are working and traveling to and from work. To qualify for child care services under this need parents would need to submit the following documentation:

- An employment verification form – signed by the parents employer stating the days and hours worked by the parent
- One month's worth of current and consecutive pay stubs
- If parent is paid in cash by their employer, parent will provide a letter from the employer verifying the following:
 - Employers contact information, including the employer tax identification number
 - Date of hire
 - Days and hours of employment
 - Pay rate or gross monthly income
 - Other potential income (i.e. tips, overtime)
 - Statement declaring employee is paid in cash only
- If the parent is self-employed, the parent will provide the following:
 - A declaration under penalty of perjury that includes a description of the nature of their employment and an estimated number of days and hours worked per week

- Copies of appointment logs, client receipts and/or mileage logs
- Copy of their business license if available, or workspace rental agreement
- List of clients with contact information

Please ******-Note: Parents employed by child care centers, or assisting family care home providers may receive services, but those parents who are licensed providers registered with Community Care licensing are not eligible to receive child care services for their child(ren).

v. Training Towards Vocational Goal – Families may be eligible for child care services if the parent(s) are enrolled in a program that will directly lead to a recognized trade or profession. There is a six (6) year limitation for services under this need and the parent must continually make adequate progress towards their goal. Regardless of the length of time a parent needs to complete their training, child care services must not exceed the six (6) year time limit. To qualify for child care under this need, parents must submit the following documentation:

- Training Verification Form to be signed by registrar (or designee of program). This form includes such information as name and location of school/training institute, days and hours of class/training schedule, vocational goal of parent, etc.
- A copy of the current class schedule if available in electronic print, if not this information may be indicated on the verification form listed above.
- The anticipated completion date of all required courses/trainings to meet the vocational goal of the parent.

vi. Actively seeking employment – Each parent in the home may qualify for child care services during the time they are actively seeking employment. Services must not exceed sixty (60) consecutive working days within a fiscal year (July 1st through June 30th) and are limited to less than thirty (30) hours of child care per week. Parents seeking employment will be required to submit a self declaration under penalty of perjury that they are looking for employment. This declaration will include their plan to secure/change employment and a general description of the child care hours necessary during this time. The Child Care Assistant Manager may request verification of the job search and/or interviews at any time.

vii. Seeking permanent housing – Families receiving services through the CAPP program may be eligible for child care if they are trying to secure permanent housing to stabilize the family. Services must not exceed sixty (60) consecutive working days within a fiscal year (July 1st through June 30th) and are limited to less than thirty (30) hours of child care per week. The parents will be required to submit a self declaration under penalty of perjury that describes their plan to secure adequate housing for the family and a general description of the child care hours necessary during this time.

******-Child Care Assistant Managers may require further documentation to prove a families need for services at any time.

B. Share of Costs

1. Family fees -

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Some families may be required to pay a portion of their child care costs, this is called the “family fee”. These fees are paid by the parent directly to their child care provider. Family fees are determined using the “Family Fee Schedule” provided by the California Department of Education (CDE). The following determines a parent’s family fee:

- ✓ Family’s gross monthly income
- ✓ Family Size
- ✓ The child who uses the most hours of care
- ✓ Whether certified hours of child care services are part-time (under 130 hours per month) or full-time (130 hours or more per month)

Based on the above criteria, families will be assessed either a flat monthly full-time fee or a flat monthly part-time fee. Monthly fees cannot under any circumstances, be recalculated based on a child’s actual attendance. The Child Care Assistant Manager will issue a Notice of Action anytime there is a decrease, an increase or a new family fee with the effective date of change along with the updated Child Care Agreement. An informational copy will be sent to the provider.

The parent and provider work out a payment schedule and provider will declare on the monthly attendance sheet that the fees have been paid for the month of services rendered. The provider shall issue a receipt of family fees paid to the parent.

Some families may be required to pay a portion of their child care costs, this is called the “family fee”. These fees are paid by the parent directly to their child care provider. Family fees are determined using the “Family Fee Schedule” provided by the California Department of Education (CDE). The following determines a parent’s family fee:

- Family’s gross monthly income
- Family size
- The child who uses the most hours of care
- Whether child care services are part time (less than 6 hours a day) or full time (greater than 6 hours per day)

Based on the above criteria the Child Care Assistant Manager will issue a notice of action to the parent informing them of the changes to their Child Care Agreement. An informational copy will be sent to the provider.

The parent and provider work out a payment schedule and declare on the monthly attendance sheet that the fees have been paid for the month of services rendered. The provider shall issue a receipt of family fees paid to the parent.

2. Co-Payments

If the parent chooses a provider who charges more than the maximum amount CSB can reimburse, the parent will be responsible to pay the difference directly to the provider. This difference is referred to as a “co-payment”. The maximum amount CSB can reimburse is determined by the California Department of Education (CDE) income-reimbursement ceiling guidelines and it will be the provider’s responsibility to collect payment from the parent if desired. If applicable, the provider will declare on the monthly attendance sheet that co-payments have been paid for the month of services rendered.

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C. Selection Process

There are various ways that families may be selected to participate in one of our programs. Families are enrolled based on the following (all enrollments are subject to availability of funding):

1. Children and Family Service Referrals

Families may be referred to CSB for enrollment from Children and Family Services (CFS), if child care is deemed a necessary piece of the service plan. CSB will review the referral to determine a family's eligibility for Head Start, Early Head Start, Center Based, Stage II and CAPP programs. Based on eligibility and need requirements the referral will be forwarded to the appropriate program, taking into consideration parental choice. Once the referral is received by the Stage II/CAPP Unit the family will be contacted to determine eligibility. If the family is Stage II eligible and meets all necessary requirements, they may be enrolled under Stage II funding. If the family is not Stage II eligible, but staff verifies the availability of CAPP funding and the family meets all necessary requirements, they may be enrolled under CAPP funding. If the family does not meet the necessary requirements for either program, or there is no program funding available at the time of referral, the Unit Manager will forward the referral to an outside agency for potential enrollment. At this time staff will notify the referring individual whether or not the family was enrolled or referred to an outside agency.

2. Eligibility Lists

Families may be enrolled through an eligibility list maintained by CSB for families wanting to participate in subsidized child care. Families may be enrolled through a countywide eligibility list if available, or through an eligibility list maintained by CSB for families wanting to participate in subsidized child care. These lists rank families on their income and family size to ensure the most eligible family is being served at the time of enrollment. (All families with CPS, or at-risk referrals, will be enrolled as 1st priority.)

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3. Stage I transfers

Families may be transferred to Stage II child care services from the Stage I child care unit upon discontinuance of cash assistance or when families have been considered stable by their previous child care worker (Families may be enrolled directly into Stage II funding if the family is deemed Stage II eligible).

D. Enrollment process

For those families transferred from CalWORKs Stage 1 to our Stage 2 child care program, a Welcome Packet will be mailed to the parent explaining the transfer has occurred. The packet will contain a letter indicating the effective date of transfer, the contact information for the family's assigned Child Care Assistant Manager and time sensitive documents to be reviewed, signed and returned. We will include Stage 1 to Stage 2 Transfer Certification Form, Child Care Agreement(s), the Participation Handbook, attendance forms, and any other documents pertaining to the case. A copy will be mailed to the child care provider(s) on file. The parent will be asked to verify initial eligibility for the Stage 2 program and notify us of any changes to their family information we received from Stage 1. This verification must be returned to the Child Care Assistant Manager within ten (10) days or the family may risk termination of

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Policies and Procedures

Section 5: Alternative Payment Program

~~their child care services. For those families transferred from CalWORKS Stage I to our Stage II child care unit, a Welcome Packet will be mailed to the parent explaining that the transfer has occurred. The packet will contain information regarding contact information for the family's new Child Care Assistant Manager, their Child Care Agreement(s), the Participation Handbook, attendance forms, etc. An additional copy will be sent to the child care provider on file for that family as well.~~

Based on the availability of funding, all other families will be notified by phone if they are selected to participate in our program. For those families referred by Children and Family Services or for those deemed At-Risk, we will contact the referring individual to verify the child's need and begin communication regarding enrollment to better support the needs of the family.

The family will be offered an appointment to begin the enrollment process. At the time of appointment, the parent will be required to bring documentation that may include, but is not limited to, the following:

- Birth ~~Certificates-records~~ for all children counted in the family size
- One month current/consecutive paycheck stubs
- Verification of employment, vocational training, or parental incapacity
- Child Support documentation
- Immunization records for non-school age children
- ~~If applicable, an active individual family service plan (IFSP) or individualized education program (IEP) for children with special needs that includes a statement signed by a leally qualified professional that the child requires the special attention of adults in a child care setting which also includes the name, address, license number and telephone number fo the legally qualified professional who is rendering the opinion~~
- ~~If applicable, IEP/IFSP for children with special needs~~
- Any other income or verification documentation as requested by the Child Care Assistant Manager to determine the families need and eligibility for services.

During the enrollment appointment, the parent will be asked to complete an application for child care services. The information must be completed by the parent(s), signed, dated and then verified and signed off by the Child Care Assistant Manager.

~~Once services are approved the Child Care Assistant Manager will issue a Notice of Action (NOA) to the parent and send a copy to the provider indicating the certification is completed. Along with the Notice of Action, the parent will receive the Child Care Agreement(s). The Child Care Agreement(s) will outline the days and times that child care has been approved and whether or not there is a family fee/co-payment due to the provider.~~

~~**IMPORTANT:** If child care has started before child care services or provider has been approved by the Child Care Assistant Manager, it will be the parent's responsible to pay the provider directly for any child care services rendered before child care services has been approved.~~

~~Once services are approved the Child Care Assistant Manager will issue the parent and provider a Notice of Action (NOA) indicating the certification is completed. The parent and provider will receive the Child Care Agreement(s) and be asked to sign and return to the Child Care Assistant Manager for services to~~

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begin. These agreements will outline the days and times that child care has been approved and whether or not there is a family fee/co-payment due to the provider. Each time there is a change to the schedule, increase in provider rates, change in family information, or at time of recertification, a NOA and updated Child Care Agreement will be issued to both the parent and provider.

E. Maintaining Enrollment

1. Recertification

After initial approval, parents are required to recertify their services once every six (6) to twelve (12) months, or more frequent depending on their need for services. The Child Care Assistant Manager will issue the parent(s) a Recertification Packet to be completed within a specified amount of time. Failure to complete the recertification packet by the due date indicated may result in termination of services.

Parents are required to recertify their services once every six (6) to twelve (12) months, or more frequent depending on their need for services. The Child Care Assistant Manager will issue the parent(s) a Recertification Packet to be completed within a specified amount of time. Failure to complete the recertification packet by the due date indicated may result in termination of services.

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2. Reporting Changes

It is the parent's responsibility to report any changes to their family size, income, need for services, address, contact phone numbers, or any other information with regards to their need and eligibility within five (5) days of the change. Failure to notify the Child Care Assistant Manager of any change within the five (5) days following the change may result in termination of services.

3. Fee Payment/Repayment Plans

All family fees are to be collected by the child care provider. Due dates for these fees will be agreed upon by the parent and provider, and payment will be acknowledged on the monthly attendance form. It is the provider's responsibility to collect all fees from the parent and notify the Child Care Assistant Manager if fees have not been paid. Upon receipt of notification that the parent has outstanding fees due to the provider, the Child Care Assistant Manager will issue a NOA for Delinquent Family Fees and the parent will have nineteen (19) days to pay the debt owed to the provider, or agree to a reasonable repayment plan signed off by both the parent and provider. If the provider notifies the Child Care Assistant Manager that the parent is failing to comply with the repayment plan, the family will be terminated from the program.

F. Alternative Payment Program Policies and Procedures

By abiding to the policies and procedures outlined in the Participation Handbook, parents may retain their child care services as long as they are eligible to participate. Any violation of the program regulations may result in termination from the program.

II. Alternative Payment Program Parent Policies and Procedures

A. Attendance Policies

1. General Description

Payment for services is based upon the [attendance-certified need](#) of [the child\(ren\)](#) enrolled in the Child Care Program. The Child Care Program pays for “excused” absences, which include, but are not limited to child’s illness, parent illness, doctor’s appointments, or a family emergency. In order to be reimbursed for excused absences, parent must specify the type of illness, or reason for absence and then sign his/her full signature after the reason. This does not apply to child care in which the provider charges an hourly rate or has a drop-in rate.

2. Excused Absences

Providers must be sure that parents state the specific reason for absence of the child(ren) on the attendance sheet and sign with a full signature. (This does not apply to child care in which the provider charges and hourly rate or has a drop-in daily rate.) The parent will be required to submit written documentation, with the monthly attendance sheet, justifying a child’s absence exceeding 3 or more consecutive days. The following are excused absences:

- Illness:
 - Child Illness: parent must note specific illness for the child
 - Parent Illness
 - Quarantine of child or parent
 - Dental, doctor, or therapy appointment (for child, parent, or sibling)
- Family Emergency:
 - Parent must note explanation of family emergency. May include, but is not limited to, death, funeral, sibling illness, close of work or training facility due to natural disaster, etc.
- Parental Jury Duty:
 - Parent must provide legal documentation
- Court Ordered Visitations:
 - Parent must provide legal documentation
- Best Interest Days:
 - Children are allowed up to ten (10) Best Interest Days per fiscal year for other excused absences. These would include time for a child to be with a parent or relative (i.e. vacation, visitation from a non-custodial parent/family member or participation in cultural or religious holidays). The reason for the Best Interest Day must be specified on the attendance sheet. CSB will not pay for unexcused absences or more than ten (10) Best Interest Days. The provider may charge and obtain payment directly from the parent for these absences.

3. Unexcused Absences

CSB will not pay for unexcused absences. The provider must notify the Child Care Assistant Manager if a child is absent for more than three (3) consecutive days and the parent has not contacted the provider with the reason for the absence. Failure to report the unexcused absences will result in non-reimbursement for those absences after the child’s last day of attendance, including any payment for two (2) week notice to terminate.

Section 5: Alternative Payment Program

The provider may charge the parent and obtain payment directly from the parent for these absences. It is the parent's responsibility to pay any charges for unexcused absences to the provider. The following are possible examples of absences that would not be considered excused and for which the provider will not be paid by CSB:

- Absences without documentation
- Provider was NOT available to provide child care (includes when the provider is sick, etc.)
- Any Best Interest Days over ten (10) per fiscal year

The provider must notify CSB if a parent withdraws from care without advance notice or if provider has knowledge of a change of parental or family status including change of address, income, employment and/or marital status.

B. Limited Term Service Leave (LTSL)

~~**Only applies to non-CalWORKS-subsidized families.~~

If the family temporarily does not have a need for subsidized child care, they may submit a written request for a temporary leave from services. CSB may grant the family a limited term service leave for no more than twelve (12) consecutive weeks, except when the parent is on a maternity or medical related leave of absence from his/her employment or vocational training.

Maternity leave, or medical limited term service leave, shall not exceed sixteen (16) consecutive weeks in duration. During this time no child care services shall be provided nor be claimed for reimbursement. Parents will be required to provide documentation from their physician prior to going on leave and again when released.

At the time of authorized reinstatement, when the service leave ends, CSB cannot pay another registration or other new provider charges.

****Please Note:** It is important to remember that providers do not have to hold child care spaces throughout the leave and parents may need to seek a new child care provider(s) upon their return from leave. Also, parental reinstatement on to CSB's program will depend on funding availability.

C. Confidentiality

The use or disclosure of information about the child and his/her family is limited to purposes directly connected with administering the program. When helping parents/families move to another subsidized program, information about the parent/family may be exchanged and the other program or provider is then bound by these same confidentiality guidelines. Parents or their authorized representatives may review the case file upon request and at the time and place considered reasonable by CSB. (Parents may only review the forms or other documentation/information that they have provided CSB and are in their own case file.)

CSB will provide child care services to help support families and children in need. In providing these child care services, CSB is promoting independence, personal responsibility and self-sufficiency on the part of the parent(s).

Section 5: Alternative Payment Program

All parents will be treated with dignity and respect. The Child Care Assistant Manager will work with the parent to develop the best plan for the family.

D. Grievance Procedures

All parents and providers are encouraged to first speak with the Child Care Assistant Managers to attempt to resolve any issues that may arise. If the issue is not resolved to the parents/providers satisfaction the parent/provider may file a written request to be submitted to the supervisor of the staff in question.

The supervisor will review the complaint and meet with the parent/provider by phone, or by appointment, to discuss the issue within ten (10) calendar days of receiving the complaint. If the parent/provider still feels dissatisfied, they may submit a written request for the issue to be elevated to staff at least one level higher than the staff person who made the contested decision. The parent/provider will be contacted within ten (10) calendar days of receiving the complaint and given an opportunity to present their concerns. The decision at this level will be final.

E. Uniform Complaint Policy

It is the intent of the Community Services Bureau to fully comply with all applicable state and federal laws and regulations.

Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding Community Services alleged violations of federal and/or state laws. This includes allegations of unlawful discrimination (ED Code Sections 200 and 220 and Government Code Section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance.

Complaints must be signed and filed in writing with:

The California State Department of Education
~~Child Development Division~~ [Early Education and Support Division](#)
Complaint Coordinator
1430 N Street, Suite 3410
Sacramento, CA, 95814

If the complaint is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. The complainant should seek the advice of an attorney of his/her choosing in this event.

A complainant filing a written complaint alleging violations of prohibited discrimination may also pursue civil law remedies, including, but not limited to, injunctions, restraining order, or other remedies or orders.

F. Zero Tolerance

CSB prohibits inappropriate behavior towards staff, or in the presence of families, children or providers on the program. Such use of abusive/foul language, intimidating actions (including belligerent emails

Section 5: Alternative Payment Program

and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and may lead to termination from the program.

G. Termination Policies

1. Reasons for Terminations

Child Care services may be terminated for any, but not limited to, the following reasons:

- Failure to maintain required need and/or eligibility for the program with which the family is enrolled
- Failure to inform the Child Care Assistant Manager within five (5) days of changes that affect the families need and/or eligibility to retain services
- Failure to recertify in a timely manner
- Failure to pay family fee or co-payment
- Failure to make payments to licensed exempt in-home providers in a timely manner
- Failure to use services for sixty (60) consecutive days, or two (2) consecutive months
- Violation of the Zero Tolerance policy towards staff
- Failure to comply with the State mandates requirements of the program
- Family's income exceeds the state income ceiling
- Children are no longer age appropriate for the program with which they are enrolled, and family cannot provide required documentation to maintain services past that age (i.e. IEP, verification of non-traditional hours)
- Failure to maintain a 2.0 GPA if services are based on a vocational training need
- Failure to abide by attendance policies and reimbursement guidelines

2. Appeal Process

All terminations [or update of child care services](#) will be documented by a Notice of Action (NOA). The Child Care Assistant Manager will issue a NOA to the parent and send an informational copy to the provider(s). If a parent disagrees with an action taken by CSB, the parent may file an appeal request for a hearing with Employment and Human Services Department Appeals Unit [within 14 calendar days](#):

Office of Appeals Coordinator
400 Ellinwood Way
Pleasant Hill, CA 94523
(925) 677-2900

[Within ten \(10\) calendar days following the agency's receipt of the appeal request, the agency will notify the parent of the time and place of the hearing. The parent or an authorized representative is requested to attend the hearing. If the parent or the authorized representative does not attend the hearing, the parent abandons their right to an appeal and the action of the agency will be implemented.](#)

Within ten (10) calendar days following the hearing, the agency shall mail or deliver the written decision to the parent. If the parent disagrees with the written decision of the hearing, the parent can appeal the decision to the ~~Child Development Division~~Early Education and Support Division of the California Department of Education within 14 calendar days via by fax or by mail at the following address:-

California Department of Education
Early Education and Support Division
1430 N Street, Suite 3410
Sacramento, CA 95814-5901
Attn: Appeals Coordinator
Phone: 916-322-6233

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Within thirty (30) calendar days after the receipt of parent's appeal, the EESD will issue a written decision to the parent and the agency. If the appeal is denied, the agency will stop providing child care and development services immediately upon receipt of CDE's decision letter.

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III. Provider Participation

A. General Requirements- Parental Choice

CSB policies provide for parental choice in selecting a child care provider. Parents are responsible for selecting the child care provider and the type of care, which they feel best, meets the needs of the family and meets enrollment requirements. Parents also have the right to change providers while they are participating in the child care program. Parents may choose the following types of care:

- Licensed Child Care Centers/Licensed Family Child Care Homes

Child care centers and family child care homes are all licensed by the California Department of Social Services Community Care Licensing division, which ensures all standards of health and safety criteria are being met. These programs will be required to submit and comply with the following:

- A copy of their current license
- A copy of their current policies, rules and rates
- Provide services to all eligible children on a non-discriminatory basis, giving equal treatment and access to services without regard to race, color, creed, religion, sex, national origin, or any other category that is prohibited by law
- Providers must report observed and/or suspected child abuse to the local police departments and/or Children and Family Services and refrain from all forms of punishment, cruelty, and/or physical/corporal punishment
- Providers must maintain confidential child and family records and other information with the exception of authorized disclosures to CSB staff or other authorized State or Federal agency staff in accordance with the law
- Allow CSB to visit licensed facilities if requested
- Provide care for children only during the period authorized
- Enter into Child Care Provider Agreement with CSB as an independent contractor and in no way be considered an employee of the CSB or any of its funding sources

Section 5: Alternative Payment Program

- Hold CSB harmless for any damages to person(s), or property, which arise out of the delivery of services under agreement with CSB
- Inform Child Care Assistant Manager if religious instruction is part of their child care program or curriculum. This will allow CSB to maximize the correct funding for the child care program.
- Licensed-Exempt Out of Home Providers
Licensed-exempt providers are not licensed by the state of California. Parents are responsible for hiring, terminating services, and setting up the days and hours when care will be used. Licensed-exempt child care providers must be Trustline Registered prior to services starting. A Trustline registration means completing an application within ~~fourteen (14) calendar days~~reasonable timeframe, which includes a health and safety self-certification and checklist and being fingerprinted through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
 - A provisional provider who is exempt from licensure who provides child care for a child(ren) of an eligible parent when there is an immediate need, must be Trustline registered within thirty (30) calendar days may be considered for reimbursement. If provisional provider does not become Trustline registered with the thirty (30) calendar days from the start of services, no reimbursement will be made for any services provided. The Child Care Assistant Manager will mail a Notice of Action indicating the approval or denial of the provisional provider.
- If the parent selects a grandparent, aunt or uncle of the children to provide care, they would be exempt from the Trustline registration.
- ~~Within fourteen (14) calendar days of application,~~ CSB is required to have on file:
 - of the provider's qualifications and experience
 - A health statement, including Tuberculosis clearance
 - A statement from the parent that he/she has interviewed and approve of the provider
 - A California driver's license number or a valid California ID verifying the provider to be at least eighteen (18) years of age
 - The exempt caregiver's name, address and a copy of their Social Security Card
 - Names and ages of all other adults residing in the home where the child care is provided
 - The address where the care is to be provided
 - The hours and rates for the care
 - All forms signed by both the parent and provider, as appropriate
- Licensed-Exempt In-Home Providers
License-exempt In-home providers will be required to have the same documents on file as License-Exempt Out of home providers. In addition the following will be required for License-Exempt In-Home Providers:
 - ~~A copy of a Worker's Compensation policy that the parent has taken out for the employee (care provider)~~
 - ~~A copy of required documents the parent has filed indicating that they are the employer of record and will be withholding income tax, social security tax, and any additional withholdings from the provider's pay as required for the Internal Revenue Service, the Franchise Tax Board and Social Security Administration. The parent must have at least four (4) children receiving child care services in order to ensure minimum~~

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wage requirements are met. In-home licensed exempt child care may be subject to Federal and California laws pertaining to household employees.

- ~~In Home child care providers must be assured California Minimum Wage. Effective January 2008, California Minimum Wage is \$8.00 per hour (subject to change as defined by the State of California. Adjustments to provider compensation must be made when those changes occur). In some cases, the highest amount CSB is authorized to pay for child care will not meet the minimum wage requirement. The parent, then, will be responsible to co-pay the provider the difference between what CSB can pay and California Minimum Wage to assure adequate compensation for the provider. The parent and provider will be asked to submit written documentation that they have agreed upon a payment plan to ensure minimum wage requirements are met.~~

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B. Provider Rate Sheet

Providers shall submit a statement of their current rates to CSB. Rates must be the same for both subsidized and private pay families. If the provider charges more than the current Regional Market Rate Ceilings allows CSB to pay, the parent will be responsible to pay the difference directly to the provider. If a provider offers any discount for siblings, the subsidized family will offered the same discount.

Providers must submit a written thirty (30) day advanced notice of any changes to their rates; all rate increases are subject to availability of funds. New rate increases will take effect thirty (30) days after receipt of notice. Providers may only change their rates once per fiscal year (July 1st – June 30th).

C. Attendance Sheet Policies

Child care providers authorized to provide subsidized child care services to families, are required to submit a monthly attendance sheet to EHSD – Community Services Bureau with the following criteria in order for reimbursement to be made:

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- The name of the child receiving services.
- The specific dates services were provided.
- The actual times the child entered and actual times the child left care for each day services were provided, and recorded on a daily basis.
- Signatures of both the provider and the parent at the end of each month, attesting under penalty of perjury, that the information provided on the attendance sheet is accurate.

~~Providers are responsible for the accurate completion of the CSB attendance sheets (CCARES). They are the provider's method of billing for payment and are the only form of documentation that will be accepted for reimbursing provider claims.~~

CSB can only pay for childcare services, not private school tuition, educational fees, transportation, diapers, clothing items, or other expenses that are not part of the basic child care cost.

Below are other criterias for accurate and reimbursable attendance sheets:

- Only original attendance sheets will be accepted. Parents/Providers may request additional attendance sheets by calling the main office or their Child Care Assistant Manager. CSB will not reimburse copies of any attendance sheets.
- Attendance sheets must be filled out DAILY. The authorized representative~~parent~~ must sign ~~their full name and~~ record the actual in and out times for when the child(ren) are dropped off and picked up. (Do not round off the time, the actual time must be recorded.) If the attendance

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sheet appears to not have been filled out daily, it may result ~~in non-payment~~ in a three 3 Step Policy of an invalid attendance sheet.

- The provider must sign school age children in and out from school on the attendance sheet using the exact drop off/pick up times and by initialing where appropriate.
- The parent must fill in a reason explaining the child's absence from care and sign appropriately.
- The ~~parent and provider must sign their full signatures on the back of the attendance sheet each month indicating the accuracy of the information on the form and provider must complete the family fee/co-payment section acknowledgement acknowledging of the~~ receipt of fees due to the provider.
- Attendance sheets are to be completed in blue or black ink only. Should you make a mistake on the attendance form, simply cross out the error, initial it and write in the correct information. (We will not reimburse for corrections using correction tape.)

Complete and accurate attendance sheets are due by 5pm on the ~~seventh-fifth~~ (57th) day of each month following the month in which services were rendered. If the ~~seventh-fifth~~ (57th) day falls on a weekend, or holiday, attendance sheets will be due by 5pm on the next business day following the ~~seventh-fifth~~ (57th).

Payments for complete and accurate attendance sheets received by the ~~seventh-fifth~~ (57th) of the month we will be processed and mailed out by the end of the month they were received. Any attendance sheet submitted after the 5pm on the ~~seventh-fifth~~ (7th5th) day of the month will be processed and mailed the following month. (For example, an attendance sheet submitted on April ~~68th~~ will not be processed and mailed until May.)

In an effort to support parents and providers and to comply with all regulations, the following three step policy shall be implemented when suspect attendance sheets are received:

Step 1: An educational letter will be sent to the parent, and copied to the provider, that explains the exact problem with the attendance sheet and includes information on how to complete the form correctly. Parents will be advised the next time this occurs they will be asked to come in to the office to review attendance sheet procedures with their Child Care Assistant Manager.

Step 2: An appointment will be set up between the parent and Child Care Assistant Manager to review attendance sheet policies. The parent will be advised should the problem occur a third time, they will be terminated from the program for failure to comply with program policies. At this time the provider will be mailed a letter indicating the parent has been to our office to review policies and has been warned of possible termination.

Step 3: Parent will be terminated from the child care program. Parent and provider will receive appropriate documentation regarding termination.

****PLEASE NOTE:** Any attendance sheet submitted sixty (60) days after the month in which services were rendered, will not be reimbursed.

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D. Child Care Agreement

Upon approval for child care services the Child Care Assistant Manager will issue a [NOA-Notice of Action \(NOA\)](#) indicating initial approval [or update offer](#) services and will be accompanied by a Child Care Agreement that will outline the schedule approved for services and will indicate if there is a Family Fee and/or Co-payment. The Child Care Agreements will be sent to both parent and, if applicable, the licensed provider. These certificates must be signed and returned to the Child Care Assistant Manager within ten (10) days of receipt acknowledging the approved schedule and rates for service provided.

E. Reimbursement

1. Regional Market Rate (RMR)

Child Care is reimbursed up to 70% of the average ceiling rate as set by the California Department of Education for our county. This is referred to as the Regional Market Rate (RMR). (This rate is subject to change, if directed from the California Department of Education (CDE).)

Children attending less than thirty (30) hours of child care per week will be reimbursed at the part-time benefit ceiling and children attending thirty (30) hours or more will be reimbursed at the full time benefit ceiling. Those families that have variable schedules will be assessed by the Child Care Assistant Manager and assigned the most appropriate ceiling for their needs.

Should the parent chose a provider with a rate exceeding the allowable payment of the program, the parent must pay the difference with a co-payment. This is paid by the parent to the provider directly and not accounted for by CSB.

If the provider has a registration fee (licensed providers only) the rate for reimbursement will be determined by State guidelines and may be paid no more than once a year if the provider meets eligibility requirements.

F. Provider Days of Non-Operation

CSB will only pay for up to ten (10) days of non-operation (per fiscal year) to a licensed provider when the center, or family child care home, is closed if they fall on a contracted day. The provider contract MUST list the days of non-operation on the Provider Self Declaration form to be eligible to receive payment for them. Days of non-operation may include, but are not limited to the following:

- Holiday (i.e. New Year's Day, Christmas, Labor Day)
- Provider Vacation Days
- Staff Training/Development Days
- Multiple/Alternate Providers

CSB can only pay one provider per child for child care services. However, there are some exceptions:

If a family has needs that exceed the hours of operation of the first provider, the Child Care Assistant Manager will assess the families need status and approve multiple providers as necessary.

If a child's usual child care provider is closed, or if the child is sick and cannot attend the usual care, the parent may need to seek alternate child care. CSB will contract separately with the alternate provider for child care services. CSB can only pay an alternate for ten (10) days per fiscal year.

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G. School Age Children

Providers will not be reimbursed for school age children care during instructional minutes, whether they are attending public or private schools.

H. Parents Rights to Change Providers/Providers Right to Terminate Services

Parents have the right to change their providers, up to twice annually, unless they can provide the Child Care Assistant Manager with reasonable concerns for more changes. CSB asks all parents to provide a written, or verbal, two (2) week notice to their licensed provider regarding the termination of care. The Child Care Assistant Manager will follow up with any notifications necessary. ~~(**License exempt providers are only paid for time the child is in their care.)~~

Should the parent not give a two (2) week notice to the licensed provider, CSB will work with the licensed provider and offer any reimbursement as required by the licensed provider's established policies and procedures submitted with the initial approval of care as long as the minimum requirements are completed on the attendance sheets (see Attendance Sheet Policy).

A licensed provider may terminate services with cause in adherence to his/her established policies and procedures and with a two (2) week advance notification to the parent and the Child Care Assistant Manager. Should a licensed provider terminate a family without notification, CSB will not reimburse any days past the child's last day of care.

IV. Staff Roles and Responsibilities

A. Stage II/CAPP Unit Clerks

- Administrative Support to Unit Managers
 - Program Calendars
 - Form Revisions
 - Mass Mailings
 - Other clerical tasks as assigned by Assistant Managers
- Reimbursement Calculations
 - Collect, review and distribute incoming CCAREs to appropriate staff
 - Perform initial reimbursement calculations for Assistant Managers
- Incoming Phone Calls
 - Check and empty Stage II/CAPP Unit General Voicemail
 - Return all calls within 24 hours of retrieving the message
 - Answer and forward calls to appropriate staff member
- Mail Process
 - Log all mail on "Mail Log Sheet"
 - Forward mail to appropriate staff member
- Scanning Process/Document Record Keeping
 - Scan and Index all documents into Northwoods Compass database
- Stage I Transfers
 - Prepare and send Welcome Packets
 - Prepare [Working Family](#) Files
 - Coordinate with Unit Manager on case assignments

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- Family Recertification's
 - Prepare and mail recertification packets
- Suite Support
 - Monitor office supplies
 - Monitor Postage Meter

B. Stage II/CAPP Unit Child Care Assistant Managers (CCAM)

- Case Management
 - Initial intake for new/transferred families
 - Verify documents
 - Coordinate with referring agencies about prior case information
 - Review selection of provider(s)
 - Monitor families need and eligibility
 - Family/Provider Correspondence as needed
 - Recertify families need/eligibility for services at minimum once annually
 - Termination procedures where appropriate
- Process Reimbursements
 - Review calculations
 - Process payments into CalWIN system for fiscal review/release
- Review and release payments to providers in CalWIN
- Monitoring/Audits/Reviews
 - Monthly monitoring of selected family files
 - Assist Unit Manager with fiscal and/or state audits and reviews of program
 - Prepare family files as needed for reviews

C. Stage II/CAPP Unit Manager – (CSM)

- Reports
 - Monthly to Program Director
 - Monthly to fiscal
 - As needed to CDE
- Personnel
 - Supervise CAT Assignments
 - Supervise Field Intern Assignments
 - Supervise Clerks
 - Supervise Child Care Assistant Managers
- Program Handbook
 - Revisions per CDE regulations
 - Annual Update
- CDE Regulations
 - Monitor Management Bulletin Releases
 - Participate in CDE conference calls regarding program regulations
 - Review Title 5 and Education Codes as they pertain to program implementation
- Client/Provider Correspondence
- CCAM Support
- Clerk Support

Section 5: Alternative Payment Program

- Stage I Transfer Process
 - Monitor incoming Stage I transfer process
 - Assign cases to CCAMs
 - Review potential cases to be transferred out
- Monitoring
 - Review monthly reimbursements
 - Monitor CCAM Caseloads
 - Review terminations
 - Monitor Unit calendar
 - Fiscal Audit
 - State Reviews
- Facility Support
 - Order office supplies for Suite
 - Design and Implement Emergency Plan
 - Submit requests for equipment/work orders
 - Maintain location binder

D. Stage II/CAPP Fiscal Support (Accountant III)

- Review and release payments to providers in CalWIN in the absence of Program staff
- Monitor program budgets
- Review and release payments for Maintenance of Effort contracts
- Submit to Sate CDE monthly Fiscal and Caseload reports on or before the 20th of each month
- Submit year-end financial reports and schedules to External Auditors
- Correspond with Unit Manager/Program Manager (Administrative Services Assistant III responsible for AP/CAPP program)

E. Stage II/CAPP Program Manager (ASA III)

- Program Support
- State Correspondence
- Liaison with Appeals Unit
- Monthly Monitoring
- Contract initiation/renewal

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 6-LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

~~2013-2014~~2014-2015

Policy Council Approved: ~~01/15/14~~
Board of Supervisors Approved: ~~01/21/14~~

~~2013~~2014-2015

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Section 6: Low Income Home Energy Assistance Program

I. Introduction

A. Program Overview

The Low-Income Home Energy Assistance Program~~m~~ (LIHEAP) is a federally-funded program that assists low-income households with their heating and cooling needs, while helping protect the health and safety of the household.

B. Types of Assistance are Available

- Bill Payment Assistance

LIHEAP may pay a portion of your energy bill in the form of a dual or single party warrant or a direct payment to a utility company. The amount of assistance is based on household income, ~~and household~~ size, energy cost, and funding availability.

- Energy Crisis Assistance

LIHEAP funds are available to low-income households that are in a crisis situation; such as receiving a 48-hour disconnect notice, or service ~~is termination-terminated~~ by a utility company.

- Weatherization Assistance

The weatherization program provides services designed to reduce heating and cooling costs ~~and~~ to improve the energy efficiency of a home, while safeguarding the health and safety of the household.

C. Service Center Locations

- LIHEAP Assistance

~~Summit Center~~

~~2530 Arnold Dr. Ste. 360~~1470 Civic Ct. Ste 200

~~Concord, CA 94520~~

~~Martinez, CA 94553~~

Phone: 925 ~~335-8900~~681-6380

Fax: 925 ~~229-6784~~335-8905

- Weatherization Assistance

~~220-A Glacier Dr.~~30 Muir Rd.

~~Martinez, CA 94553~~

Phone: 925-~~674-7214~~335-2100

~~Fax: 925-335-2119~~

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II. LIHEAP Eligibility Guidelines

A. General Guidelines

- Families with children 5 years or younger living in the household.
- Families with elderly members (60 years or older) living in the household.
- Families who have permanent and/or temporary disabled members in the household, and proof of disability.
- Households who are new clients and have a high energy burden with very low to zero income.
- Utility bill must be \$300 or less in order to receive assistance.
- Repeat clients with no vulnerable population will receive negative points and will be placed low on our priority list.
- Active Military and Veterans.
- Documents verifying legal status in the USA for applicant of the household.
- Copy of documentation verifying current total gross income for ALL household members.
- ID for person named on bill.

B. Credit Balances: If credit balance on client's account is more than double the monthly gas and electric charges; the client will have to re-apply when the credit balance has exhausted.

C. High Balances: HEAP or Fast Track payment must bring clients to zero balance. If ~~the our~~ HEAP payment doesn't bring the balance to zero, the client must first make a co-payment to their utility company before our pledge can be made. Proof of payment must be verified by our staff to the utility company prior to pledge being made.

D. LIHEAP Questions to determine Eligibility:

- What City do you live in? (Contra Costa County residents only)
- What is the total of your PG&E?
- If utility bill is over \$300, we will determine eligibility at their appointment and client will have to make a payment depending on eligibility to bring their total balance to zero.
- Are there any children 5 years or younger?
 - If yes, birth certificates of children are required.
- Is there anyone in the household 60 years or older?
 - If yes, verification of identification is required.
- Is there anyone in the household disabled?
 - If yes, verification of disability can vary from State Disability, Social Security, Wworkers Comp., Paid Family Leave.
- Have you been helped in the past (new client)?
- If there an Active Military or Veteran in the household?
- Whose name is on the PG&E bill? Is that person over the age of 18? If so, please bring I.D. of the person.
- Current monthly ~~whole~~-utility bill (all pages) (blue strip) and a 48hr notice or shut off (if applicable), income of all household members over the age of 18 for the past 30 days and legal status for the applicant.

~~Clients will have to make a payment depending on eligibility. Our payment will have to bring their account to zero or credit balance.~~

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LIHEAP does not Guarantee Assistance.

III. Weatherization Referrals

A. General Description

After the interview process is complete and the client is eligible for our assistance, we ask and offer weatherization for their homes. We ask if they are renting or owning ~~their home~~. Weatherization will improve their home ~~and to~~ make it more energy efficient. This could include windows, doors, caulking, weather stripping, heaters, water heaters, stoves, refrigerators and more. All home improvements are done at NO COST to landlords with eligible tenants, or eligible property owners.

B. Weatherization for Rental Units

If the client is renting they have to ask their landlord to fill out and sign the Energy Service Agreement for Rental Units and Post Weatherization Lead Forms. This is requesting permission to go in the home and do inspection for improvement. The Post Weatherization Lead Form is the only item not paid by the program and the cost is between \$200 and \$400. If the landlord does not wish to pay this they can select wish not to pay and sign the form.

C. Weatherization for Home Owners

If the client owns the home and has been determined eligible for services the client can fill out and sign the Energy Service Agreement for Owner and Post Weatherization Lead forms. This is giving the program authorization to inspect and improve their home to be more energy efficient. The Post Weatherization Lead Form is the only item not paid by the program and the cost is between \$200 and \$400. If the owner does not wish to pay this they can select wish not to pay and sign the form.

Include these forms with the LIHEAP Intake Application, Statement of Citizenship, current monthly utility bill, current monthly income, legal status, Energy Service Agreement and Post Weatherization Lead Forms.

After the forms are filled and signed include them with ~~our the~~ LIHEAP application and fax them to the Weatherization office at (925) ~~335-2449~~646-9339. As soon as the Weatherization Program receives the fax they will contact the applicant for an appointment and start with improvements in their home.

This will ensure their home to be more energy efficient and same money on their utility bill.

IV. Receiving and Processing Applications

A. Procedures for starting a client file:

- All documents are date stamped (date received)
- Have client fill out application (assist if needed)
- Ensure that client has brought all required documentation
- Ensure that the application is signed and dated
- Ensure that the citizenship form is filled out, signed and dated

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B. Application and Documentation Review

1. Check to see if all 5 documents below are included in file folder and date stamped:

- ~~A Intake Application~~Complete and signed Energy Intake Form (CSD 43).
- ~~A Complete and signed~~ Statement of Citizenship ~~or Non-Citizen Form~~Status for Public Benefits Form (CSD 600).
- ~~Income for the past month~~Total Gross Monthly Income for all household members 18 years or older within the last six (6) weeks.
- ~~Whole~~ All pages of monthly utility bill (48hr notice also included if ~~FF~~an emergency) within the last six (6) weeks.
- ~~Birth Certificate of the applicant or any children in the household under the age of 5. A copy of documentation verifying legal status in the USA from the applicant and for any children ages 0-5.~~

2. Intake Application:

- Has date stamp on entire paperwork.
- Application is signed and filled out completely.
- Social Security matches on the intake form and update on the Serv Traq N-1 database.

3. Statement of Citizenship Form:

- Has name of applicant, place of birth and signature on form.

4. Current Income:

- Show current gross monthly income ~~for a month~~within six (6) weeks from the date stamped for everyone in the household 18 years and older.
- ~~Total the Gross Income for the month.~~
- Income can include SSI, SSA, TANF (cash aid), unemployment, state disability, retirement, pension, and check stubs.

5. ~~A complete~~ Complete Monthly Utility Bill:

- Show all pages of ~~whole~~ current monthly utility bill from the date stamped (must be within the last six (6) weeks).
- Also ~~a~~include a 48hr notice or shut off notice if an emergency~~included if Fast Track.~~
- The name, account number from page one and utility bill address from page 3 match the utility information on the application.

6. ~~Birth Certificate~~Proof of Legal Status:

- Attach a certified birth certificate of applicant-Citizenship Status (if born in the USA)
 - A copy of applicant's birth certificate and children under 5 years or
 - A copy of child's birth certificate ONLY if it states applicant's name and where applicant was born or
 - A copy of applicant's marriage license ONLY if it states applicant's name and where applicant was born or
 - A letter from Social Security stating where the applicant was born in the USA (not date of birth) or
 - A copy of your passport or

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- Military Form DD 214, if it states applicant's place of birth
- Naturalization Status
 - Passport, naturalization form and green card are also acceptable. A copy of applicant's naturalization certificate or
 - A copy of applicants U.S. passport, showing applicant's nationality as the United States of America (not valid if expired)
- Alien Status
 - A copy of both sides of applicant's green card (not valid if expired) or
 - A copy of any other document listed on the Statement of Citizenship Status Form (CSD 600)

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~~7. Complete the priority points sheet and calculate points.~~

~~87. Staff will~~ Complete the Assurance 16 Activities form with appropriate action taken.

V. LIHEAP/Fast Track Complaint Procedure

Any complaints are to be handled immediately by the intake clerk who received the complaint.

Complaints that cannot be resolved by the intake clerk in a reasonable amount of time, ~~up to two weeks~~ are to be passed to the LIHEAP ~~Assistant Manager~~Senior Clerk.

~~Should the~~ the LIHEAP ~~Assistant Manager~~Senior Clerk ~~be is~~ unable to resolve the complaint; it will be forwarded to the LIHEAP Assistant~~Program~~ Manager.

~~Once a complaint has been resolved, a written dated account is to be made and filed in the complaint file.~~

VI. Appeal Procedure

A. General Description

Contra Costa County residents are entitled to apply for assistance from the Low Income Home Energy Assistance Program (LIHEAP) with their energy cost. The LIHEAP program is funded by the state and federal government, and is administered by the State Community Services and Development Department in Sacramento.

Our goal at Contra Costa County Community Services Bureau is to serve the client, the best we can. We have several program programs for low income families and we make every effort to make sure that families are provided with these program services. If the client has provided all the necessary documentation and meets the income and program guidelines for service they will be approved for assistance.

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- In the event the client has been denied for assistance, the client has the right to appeal that decision. State Regulation 22 CCR 100805 defines situations as appealable:
~~There are cases when a client is denied assistance. A client does, however, have the right to appeal that decision. State Regulation 22 CCR 100805 defines situations as appealable:~~

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Section 6: Low Income Home Energy Assistance Program

- If the application was not acted upon within 15 working days
- Unsatisfactory performance
- If client is denied for LIHEAP services
- ~~If you are denied LIHEAP services~~

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B. Appeal Procedure

1. The client receives a letter denying LIHEAP services ~~and with~~ the reason(s) why the application has been denied. If client disagrees ~~with this decision~~with the denial, the client may complete and submit the LIHEAP APPEAL FORM that is mailed along with the denial letter. The client has within ten (10) working days from the date of the denial letter to complete and submit it to the office. They may provide any additional proof to determine eligibility.

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~~call the HEAP office and set up an appointment with the intake clerk for a file review to discuss the reasons for denial and to see if anything can be done to correct the information so that the application may be approved (This is not true in cases of families who are over income or who do not have a minimum of five priority points. If client makes too much money or does not have enough priority points there is nothing we can do.)~~

~~If the client is not satisfied after meeting with the Intake Clerk she/he will assist the client in completing an appeals form. If the client is not interested in filing an appeal at that time, has a total of ten working days after the date of meeting with the Intake Clerk to file a written appeal.~~

2. The LIHEAP APPEAL FORM will then be forwarded to a LIHEAP Intake Clerk where he/she will review the LIHEAP APPEAL FORM along with any additional proof submitted by the client to determine eligibility. After reviewing the information submitted, the Intake Clerk will either overturn the denial and process the application or agree with the denial. If the application was approved, the client is notified by letter within five (5) working days of the approval of the application. However, if denial stands, the Intake Clerk will forward the LIHEAP APPEAL FORM along with his/her notes of the review to the LIHEAP Assistant Manager.

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~~The client file and completed appeals form will then go to the Assistant Manager where he/she will review the information and either overrule the Intake Clerk's decision or agree with the current decision. Client is notified by letter within five (5) working days of the Assistant Manager's decision after the review.~~

3. The LIHEAP APPEAL FORM will then be forwarded to the LIHEAP Assistant Manager where he/she will review the information and either overrule the Intake Clerk's decision or agree with the current decision. Client is notified by letter within five (5) working days of the Assistant Manager's decision after the review.

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~~The client file and completed appeals form will then go to the Program Manager where he/she will review the information and either overrule the Assistant Manager's decision or agree with the current decision. Then client is notified by letter within five (5) working days of the Program Manager's decision after his/her review.~~

4. If client does not agree with the decision made by the LIHEAP Assistant Manager, the client may complete the LIHEAP APPEAL FORM. The LIHEAP APPEAL FORM will then be forwarded to the Program Manager where he/she will review the information and either overrule the Assistant Manager's decision or agree with the current decision. Then client is notified by letter within five (5) working days of the Program Manager's decision after his/her review.

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At this point, if satisfaction is not reached, the client still has the option to appeal at the State level by contacting the Department of Community Services and Development in Sacramento, CA by writing to:

California Department of Community Services and Development

~~PO Box 19472~~389 Gateway Oaks Drive, Suite 100

Sacramento, CA ~~95812~~94833

~~(916) 576-7109~~

~~(916) 263-1406~~(866) 675-6623

VII. LIHEAP and DOE Deferrals

A. Purpose

Employees of the Contra Costa County LIHEAP Programs and Department of Energy (DOE) Weatherization Program have the right and responsibility to provide services in a safe and effective manner without undue hazard to intake and assessment staff, installation crews, inspectors, and the households we serve.

B. Scope

Employees of the Contra Costa County LIHEAP Programs and DOE Weatherization Program are to adhere to the California Department and Development of Community Services' (CSD) Deferral Policy when determining eligibility for LIHEAP Programs or DOE Weatherization services up to and including denial of any and all services.

C. Description

The Contra Costa County LIHEAP Programs and DOE Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are created:

- Any act that that is physical or verbal abuse; or
- Any threatening behavior or action which is interpreted to carry the potential to:
 - Harm or endanger the safety of others;
 - Result in an act of aggression; or
 - Destroy or damage property.

Items to report may include, but not limited to:

- Verbal abuse/Foul Language;
- Falsification of Information;
- Harassment;
- Feeling unsafe or uneasy while working with a client;
- Threatening Violence
- Detection of Substance Abuse; or
- Discrimination

What should staff do if this occurs at the LIHEAP front desk or no Manager is available?

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- If this situation occurs in the front desk and the client is not cooperating, contact the manager to calm the situation.
- If the client's behavior is threatening to staff or manager, LIHEAP has the right to refuse service and ask them to leave the office and close the main door for safety.
- Client's application will not be accepted for eligibility.
- A panic button is available under the front desk counter; it can be pressed if staff is feeling unsafe while working with a client. Once the button is pressed, an alert will be sent to the Sheriff Department in which they will show in approximately 15 minutes.

In addition, the Contra Costa County Weatherization Program complies with the California Department and Development of Community Services' (CSD) Deferral Policy requirements that:

- Weatherization agencies are required to take all responsible precautions against performing work on homes that could subject workers or clients to health and safety (H&S) risks.
- Clients must be informed about identified problems and safety concerns, and the reason why weatherization services must be deferred.
- The decision to defer work in a dwelling, or in extreme cases, to provide no weatherization services, is difficult but necessary in some cases.
- Decision to defer must take place upon discovery, or as soon as practicable. This does not mean that assistance will never be available, but that work must be postponed until the problem(s) can be resolved. Deferrals do not have an "expiration date".

The Contra Costa County Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are found:

- Client has a health condition that would be made worse by weatherization.
- Home's mechanical, electrical, or plumbing system is in such despair that failure is imminent/not correctable within the program.
- Home is condemned, under rehabilitation, or client's "hoarding" and/or structural issues make full assessment and/or diagnostic tests not feasible.
- Moisture issues are so severe that they cannot be fixed under Minor Envelope Repair.
- Combustion appliance safety or Indoor Air Quality fail exists that cannot be reasonably corrected within program parameters.
- Lead-based paint present that would create hazard if disturbed.
- Client is uncooperative, abusive, or threatening to weatherization team members.
- Illegal activities are taking place in the home.

The Contra Costa County LIHEAP Programs and DOE Weatherization Program has a Zero Tolerance policy that prohibits illegal activity and/or inappropriate behavior towards staff or subcontractors. Such use of abuse/foul language, intimidating actions (including belligerent emails and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and will lead to termination from the program and future Deferral from services.

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