

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES  
DEPARTMENT COMMUNITY SERVICES BUREAU

# POLICIES AND PROCEDURES

## SECTION 2-PROGRAM OPERATIONS

### **2017-19**

Policy Council Approved:  
Board of Supervisors Approved:

2017-19  
Policies and Procedures  
Section 2: Program Operations

<b>Section 2</b>	<b>PROGRAM OPERATIONS</b>	
<b>Part I</b>	<b>ELIGIBILITY, RECRUITMENT, SELECTION AND ATTENDANCE- ERSEA</b>	
A.	State Child Development Program	1
B.	Definitions	3
C.	Child Age and Family Income Eligibility	6
D.	Recruitment	7
E.	Selection Process	7
F.	CLOUDS Waitlist	8
G.	Enrollment and Re-Enrollment	10
H.	Eligibility and Need Criteria and Documentation	11
I.	Certification of Eligibility	20
J.	Re-certification for General Child Care Services and Full Day State Preschool	21
K.	Re-Certification for Part-Day State Preschool Children	21
L.	Re-Certification for Head Start and Early Head Start Children	22
M.	General Recertification / Re-Enrollment Procedures	22
N.	Updating the Application	23
O.	Contents of Basic Data File	23
P.	Admission Policies and Procedures	27
Q.	General Admission Procedure	28
R.	Children's Enrollment Files	28
S.	Due Process Requirements	29
T.	Alternative Placement for Children	30
U.	Client's Request for a Hearing and Procedures	30
V.	Appeal Procedure for EESD Review	31
W.	CSB Compliance with EESD Decision	31
X.	Retention of Enrollment Records	32
Y.	Enrolled but Waiting for Transfer Protocol	32
Z.	Transfer of Child with Disabilities or of Child Receiving Mental Health Services	32
AA	CSPP Full-Day to Part-Day or Tuition Based Approval Process	33
BB	Withdrawal of Child from the Program	34
CC	Attendance Expectations	35
DD	Attendance Accounting	36
EE	Title XXII Requirements for All Children	42
FF	Fees for Non-Head Start and Early Head Start Funded Programs	42
GG	Billing Procedures	44
HH	Fee Collection Procedures	46
II	Receipts/Banking Procedures	47
JJ	Confidentiality of Records	47
<b>Part II</b>	<b>Planning</b>	
A	Philosophy	48
B	Methodology	48
<b>Part III</b>	<b>Education &amp; Child Development Program Services</b>	
<b>SUBPART I</b>	<b>INDIVIDUALIZATION IN THE PROGRAM</b>	
A	Description	51
B	First Parent Conference / Individualized Plan	51
C	Second Parent Conference	51
D	The Infant-Toddler Individual Needs and Services Plan	52
E	Lesson Plans	52

F	Developmental, Sensory and Behavioral Screening	52
G	Assessment	53
H	Program Transitions	53
<b>SUBPART II</b>	<b>CURRICULUM</b>	
A	Child Development and Education Approach	55
B	Curriculum Implementation	56
C	Other Elements of Parent Involvement	65
D	Home-Based Option	65
E	Classroom Assignments	65
F	Adult-to-Child Ratio	66
G	Sign-In and Out Procedures	67
H	General Celebration Policy	70
I	Field Trip Policy	71
<b>PART IV</b>	<b>Health Program Services</b>	
<b>SUB PART I</b>	<b>PREVENTION AND EARLY INTERVENTION</b>	
A	Determining Child Health Status	74
B	Protocols for Determining Child Health Status	76
C	Developmental, Sensory and Behavioral Screening	85
D	Exams, Follow-Up and Treatment	88
E	Children with Disabilities- Screening, Family Meeting and Referral Procedures	89
F	Parent Involvement in Health, Nutrition and Mental Health Education	92
G	Child and Family Mental Health Services	92
H	Strategies for Behavior Management	100
I	Family Meeting Team Members	105
J	Child Abuse Reporting Policies	108
<b>SUB PART II</b>	<b>Child Nutrition</b>	
A	General Description- Identifying Children's Needs	112
B	Nutrition Referral	112
C	Child Adult Care Food Program (CACFP)	116
D	Child Adult Care Food Program (CACFP) Monitoring	117
<b>SUB PART III</b>	<b>Child Health and Safety</b>	
A	Daily Health Inspection	118
B	Hand Washing	120
C	Infection Control in the Classroom	120
D	Napping Policy	122
E	Dental Hygiene	123
F	Health Issues in the Classroom	123
G	Child Safety and Supervision	124
H	Child Illness Procedures	125
I	Return to School After Illness	127
J	Medical Alerts	128
K	Children Injured at the Center	128
L	Blood Protocol	129
M	Medication Administration	130
N	Incomplete Health Records	133
O	Health and Safety Training for Center Staff and Parents	134
P	Posting of Documents (Health Emergency Procedures)	135
Q	Pet Protocol	135
R	Safety/ Sanitation Procedures	136

2017-19  
Policies and Procedures  
Section 2: Program Operations

S	Safety Surveillance	137
T	First Aid Kits	138
U	Preparing for Emergencies	139
V	Classroom Sanitation	141
W	Kitchen Sanitation	143
X	Food Safety and Sanitation	143
Y	Procedures for Using Transport Units	145
Z	Food for Infants	146
AA	Food for Toddlers	147
BB	Potlucks	147
CC	Food for Children, Parent, Staff Meetings and Events	147
DD	Nutrition Services	148
EE	Food Defense	148
<b>PART V</b>	<b>Family &amp; Community Engagement Program Services</b>	
<b>SUB PART I</b>	<b>FAMILY PARTNERSHIP BUILDING</b>	
A	Purpose	149
B	Building Family Partnership Agreement (FPA)	149
C	Accessing Community Services and Resources	155
D	Supporting Families in Crisis- (Emergency and Crisis Assistance)	155
E	Accessing Mental Health Services: Prevention Identification, Intervention, Program for Families	156
F	Family Resources	156
G	Services to Pregnant Women Enrolled in the Program	157
<b>SUB PART II</b>	<b>PARENT ENGAGEMENT</b>	
A	General Description	158
B	Engagement in the Decision-Making Process	158
C	Parent Engagement in the Classroom as Paid Employees, Volunteers or Observers	161
D	Family Engagement in the Program	162
E	Development of Activities for all parents	163
F	Parent Education / Home Activities	163
G	Parent Notification of Community Services Bureau Changes	164
H	Family Literacy	164
I	Parent and Family Engagement in Health, Nutrition, and Mental Health Education	164
J	Parent and Family Engagement in Community Advocacy	165
K	Parent and Family Engagement in Transition Activities	165
L	Parent and Family Engagement in Home Visits	166
M	Parent Engagement in Recruiting and Interviewing Head Start and Early Head Start Employees	166
<b>SUB PART III</b>	<b>COMMUNITY PARTNERSHIPS</b>	
A	Descriptions	167
B	Child Care Partnerships	167
C	Partnerships with Agencies, Entities and Individuals	167
<b>PART VI</b>	<b>Additional Services for Children with Disabilities</b>	
A	Purpose	168
B	Definitions	169
C	List of Disabling Conditions	171
D	Responsibilities of CSB Full Inclusion Teacher	172

E	Responsibilities of School District SDC, RTI, and Full Inclusion Teachers	172
F	Responsibilities of the Comprehensive Services Disabilities Manager	173
G	Documentation of Disabilities Services	175
H	Postural Supports /Protective Devices	175
I	Disabilities Resources	175
J	Additional Services	175
K	Disabilities Budget Coordination	176
L	Special Education Budget Allocation	176
M	Disabilities Screenings	176
N	Evaluations	176
O	Accessibility of Facilities	177
P	Transitioning Children with Disabilities	177
Q	Transition Policy for Early Head Start Children Receiving Mental Health or Special Education Services	178
R	Special Education and Related Services	178
S	Special Education Services with Other Agencies	179
T	Volunteers	180
U	Special Education Staff	180
V	Interagency Agreements	180
W	Recruitment and Enrollment	180
X	American with Disabilities Act (ADA) Policy Recruitment & Enrollment of Children with Disabilities	181
Y	Assessment Process of Children with Disabilities	182
Z	Eligibility Criteria: Health Impairment	183
AA	Eligibility Criteria: Emotional / Behavioral Disorders	183
BB	Eligibility Criteria: Speech or Language Impairments	183
CC	Eligibility Criteria: Intellectual Disability	184
DD	Eligibility Criteria: Hearing Impairment	184
EE	Eligibility Criteria: Orthopedic Impairment, Visual Impairment / Blindness	184
FF	Eligibility Criteria: Learning Disabilities	184
GG	Eligibility Criteria: Autism, Traumatic Brain Injury, Other Impairments	184
HH	Disabilities/Health Services Coordination	185
II	Developing Individualized Education Programs (IEPs)	185
JJ	Disability Referral Procedures	186
KK	Nutrition Services for Children with Disabilities	188
LL	Parent Involvement in Transition Services for Children with Disabilities	188
<b>PART VII</b>	<b>Services to Enrolled Pregnant Women</b>	
	Enrolled Pregnant Women	189
	Newborn Home Visits	190
<b>PART VIII</b>	<b>Human Resource Management</b>	
A	Statement of Purpose of Policies and Procedures	190
B	Governing Board	191
C	Organizational Structure	191
D	Additional Personnel Policies Relating to Employees of Program Services	192
E	Analysis of Staff Needs	199
F	Recruitment and Selection	199
G	Hiring of CSB Staff	200
H	Reject from Probation	201

I	9/80 Work Schedule	201
J	Separation	202
K	Resignation	202
L	Nepotism	202
M	Enrolled Children of CSB Employees	202
N	Staff Qualifications-General	202
O	Qualification Requirements for Positions	203
P	Classroom Staffing and Ratios and Comprehensive Services Staffing	204
Q	Site Administration	205
R	Teacher Assistant Trainees (TAT)	205
S	Volunteers	206
T	Standards of Conduct	206
U	Professional Behavior and Attire	208
V	Non-Discrimination and Anti-Harassment Policies	209
W	Whistle Blowers Are Protected	209
X	Protocol for Tracking Staff Absences	210
Y	Family Medical Leave Act (FMLA)	210
Z	Confidentiality	211
AA	Probationary Period and Staff Performance Appraisals	214
BB	Chronological Supervision and Filing System	216
CC	Staff and Volunteer Health	216
DD	Career Development Opportunities	218
EE	Staff Training and Development	220
FF	New Employee Orientation	223
GG	Continuing Education Programs	224
HH	Delegate Agency Policies	225
II	Short-Term Contract Employees	225
JJ	Union Membership	225
KK	Equal Opportunity/Affirmative Action Policy	225
LL	Approval of New Personnel Policies and Revisions	226

## PART I. Eligibility, Recruitment, Selection and Attendance-ERSEA

### A.State Child Development Program

A portion of our program is funded by The California Department of Education Early Education and Support Division .The matrix, below, provides an overview of the program.

PY = Program Year

	CSPP		CCTR
Program Type/ Hours of Care	<u>Part Day</u> 3-3:59 hrs	<u>Full Day</u> More than 4 hrs Includes ¾ time and Full time	<u>Full Day Program</u> Includes ½, ¾ time and full-time
Age of Child	3 or 4 by September 1 of PY *Continued summer enrollment allowable for K- eligible children until K start if requested and available	3 or 4 by September 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 September 1 of PY	50% of CSPP children at each site * Unless site has approved waiver from CDE	50% of CSPP children at each site * Unless site has approved waiver from CDE	N/A
Eligibility Requirement	Current fiscal year Program Requirements apply	Current fiscal year Program Requirements apply	Current fiscal year Program Requirements 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.  *If family fails to meet continued eligibility, they may choose to receive part-day services based on their initial eligibility or pay full fee for services.	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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

<b>Need Requirement</b>	N/A	Current fiscal year Program Requirement 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. All hours outside of this time must be supported by need.	
<b>Maintaining Ongoing Need</b>	N/A	All families must report changes to need within 5 days for recertification of need. Failure to meet ongoing need results in termination of full-day services.  *If family fails to meet need eligibility for full-day, they may choose to receive CSPP part-day services if available or pay full fee for services.	All families must report changes to need within 5 days for recertification of need. Failure to meet ongoing need results in termination of full-day services.
<b>Family Fees Assessed</b>	N/A	If less than 130 hours per month part-time fee assessed	If less than 130 hours per month part-time fee assessed
		If more than 130 hours per month full-time fee assessed	If more than 130 hours per month full-time fee assessed
		If family of a 3-5 yr. old child has a need for less than 4 hrs. a day, try to place them in a part-day slot where no fees apply.	N/A
<b>Adjustment Factors</b>	NA	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 hours. Full-time – 6:30 to 9:59 hours. Full-time Plus – 10 hours or more.	
<b>Enrollment Priorities</b>	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 Enrollment Priorities for State Preschool Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be		Transfers CPS or “at risk” Homeless Eligible Children Per income Ranking  *Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be deemed as meeting the priorities.



2017-19  
Policies and Procedures  
Section 2: Program Operations

	deemed as meeting the priorities.		
<b>Over Income Waivers</b>	10% of part-day slots allowed to be no more than 15% over State income ceiling.	Not Allowed	Not Allowed
<b>Recertification for next PY</b>	N/A <sup>nd</sup> Must do 2 "initial" application prior to next PY.	At least every 12 months When changes in income, family size or need. At the discretion of the authorized representative anytime during the program year.	At least every 12 months When changes in income, family size or need. At the discretion of the authorized representative anytime during the program year.
<b>Reporting</b>	Revised 8501	Revised 8501	9500

## B. Definitions

As used in the Program Requirements, definitions are as follows:

- 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 designated authorized representative 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 directly operated program, this means the Comprehensive Services Assistant Manager (CSAM) or designee.
- **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.
- **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 dis-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.
- **Enrolled-**A child has been accepted and attended at least one class for center-based or family care option or at least one home visit for the home-based option.
- **Family-**For State child development programs, 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. For Head Start (1302.12), family, for a child, means all persons living in the same household who are supported by the child's parent(s)' or guardian(s)' income and related to the child's parent(s) or guardian(s) by blood, marriage, or adoption or the child's authorized caregiver or legally responsible party. Head Start defined family, for a pregnant woman, as all persons who financially support the pregnant woman.
- **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-**As defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), 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, or Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Foster care-24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.
- Income eligible-For the purpose of State 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. In accordance with the Head Start Performance Standards (1302.12), a pregnant woman or child is income eligible if the family's income is equal or below the poverty line or the family is eligible (or in the absence of child care would be potentially eligible) for public assistance, including TANF child-only payments.
- 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.
- 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.
- Verify-To check or determine the correctness or truth by investigation or by reference.

### 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.

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 with parent feedback 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 regularly 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 staffs are responsible for being responsive to walk-ins and providing an explanation of the enrollment process. Assist client in filling out CSB690-Waiting List Pre-Registration Form (See CSB Forms) and/or place the child directly on the CLOUDS waiting list.
  - If client has brought in any documentation, such as pay stubs and/or birth certificate, scan them directly to CLOUDS.
- Mail Received:
  - Route to appropriate person if mail came in self-addressed envelope.
- Faxes: All referral forms are sent to the ERSEA analyst, logged, and then forwarded to the appropriate staff for follow up.

## E. Selection Process

Children are selected from the waiting lists that are maintained in CLOUDS. 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.

### 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 authorized representative 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, staffs are responsible for:

- Taking basic pre-registration information over the phone or in person and enter into CLOUDS
- Contacting the next eligible family based on CLOUDS wait list and documenting contact on CLOUDS (Family Case Notes)
- Send no contact letters, create, and submit Purge list to Assistant Manager in accordance with CSB Purge Protocol
- Conducting interviews
- Determining eligibility based on supporting documentation and information obtained through the interview
- Maintaining pre-enrollment documentation on CLOUDS (e.g., pay stubs, birth certificate, immunization record)
- Creating, signing and dating income calculation sheet
- Communicating application status to families (CSB Application Status Letter)

### **2. Collect the following information in the child's electronic file on the CLOUDS waiting list:**

- 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 where services to pregnant women are provided)
- 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 (State funded programs only).
- Documentation of Disabilities, if applicable.
- Documentation of Homelessness, if applicable
- Documentation of Categorical Eligibility, if applicable
- Documentation of caregiver's need for services, if applicable
- Documentation of California residency

**3. Once file has been determined eligible by the authorized representative:**

- Review and update information on file. Review and update Child and Family Data sheets on CLOUDS.
- 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.

**4. The authorized representative is Responsible for:**

- Review waitlist file from Clerk.
- Verify family eligibility and sign the income calculation worksheet.
- Move child from Eligibility Waiting List to Eligible/Accepted Wait List in CLOUDS once eligibility has been established.
- Ensure flagged items are properly noted in CLOUDS.
- Keep any paper copies in a locked drawer or cabinet.
- Maintaining Eligible/Accepted list in CLOUDS and monitor to ensure the next eligible child is being enrolled.
- Purge Eligible/Accepted list on CLOUDS record of over-age children
- Review purged list and archive applications on CLOUDS as per the purge protocol.

**5. Procedures for Purging Waitlist**

**i. The authorized representative and supporting Clerk will maintain a current waiting list for those sites by following these steps:**

- Document all contacts with families on the Family Case Notes 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 Family Case Notes.
- 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.

**ii. The Comprehensive Services Assistant Manager will conduct the purge by following these steps:**

- Review the “Waitlist Purge Request Form” (CSB603) prepared by the clerk.
- 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.
- 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 Enrollment Priorities.
- 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 full- day State Preschool enrollees are assessed a Family Fee based on the California Family Fee Schedule.

### **2. Enrollment Placement**

#### **i. 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



2017-19  
Policies and Procedures  
Section 2: Program Operations

have been placed as vacancies occur, before enrolling any child above the federal poverty guidelines.

- 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.
- When meeting with the family:
  - Complete, date and sign new income information as needed and enter updated information on CLOUDS.
  - The 9600 form from CLOUDS is to be signed and dated by the authorized representative 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 on CLOUDS. 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.

## 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.

Community Services Bureau provides Head Start and Early Head Start services to children/pregnant women who reside within the service area 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

other portions of the county are served by CSB. In accordance with the Head Start and Early Head Start Service Area Agreement adopted in 2016 among Bay Area Programs, every effort will be made to honor the family's choice to enroll their child in the program they choose. If a family resides outside of Contra Costa County, the family may enroll with CSB without asking permission from the residence grantee if any of the following reasons are valid.

- If a family lives geographically closer to an agency outside of their residential area.
- If the child is transitioning from EHS to SH, allowing for continuity of care.
- If the family works, goes to school, is in training or participating in other related activity outside the residence are.
- If the family starts one program and moves to another area, and they choose to continue enrollment in the program.
- Homeless families may enroll in the program most convenient to them (follow McKinney Vento definition).
- Children with disabilities should be given priority enrollment if there is no room in the residence program.

**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 to enroll in a full-day CSPP or CCTR program. 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

verify the days and hours of employment by doing 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
- 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:

- 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:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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
- 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 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**

If the basis of need as stated on the application for services is vocational training leading directly to a

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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:
  - 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.

### **7. 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.

### **8. 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.

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.

#### **9. 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
- 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.

## **10. 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 Comprehensive Services Assistant Manager or designee 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 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Prior to enrollment, the authorized representative certifies eligibility by completion of the following forms:

- Application for Childcare and Development Services
- Notice of Action, Application for 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.

At the time the authorized representative 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 authorized representative 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 staff 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 before the services' start date.

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 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, the authorized representative is 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.
- 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 (Note: Childs "waitlist" or "termination" activity date is the day after the child's last day). 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

guidelines for completely new 9600 application with all new documentation:

- 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 authorized representative 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. 9600S must also be accompanied by a Notice of Action for updates effecting need, eligibility, or certified hours of care.

#### **O. Contents of Basic Data File**

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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.
- 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 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 has indicated on the application that they are a single parent, then the parent signing the application must self-certify single parent status by initialing question one (1) in Section V of the application. A parent shall not be required to submit supporting documentation regarding the presence or absence of the second parent.

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 shall retain copies of the documentation of total countable income and adjusted monthly income in the family data file.

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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

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. 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.



**ii. Over-Income Protocols**

When enrolling over-income families, the authorized representative is responsible for:

- Completing the over income waiver (CSB606).
- Submitting completed waiver to ERSEA specialist for approval.
- Saving ERSEA Manager approved waiver in child's file

The ERSEA specialist is responsible for:

- Tracking waivers to ensure that there are no income eligible children to enroll.
- Reviewing the aggregate waiver list on Shared Drive to ensure that all clusters have 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 10% limited over income for the part day preschool (PP) or the part day family literacy program (PPL).
- Signing form.
- Logging each waiver on database on shared drive.
- 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
- 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 CSB staff collects family information and the child is placed on the CLOUDS waitlist.

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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 it's 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 include current verification of income, immunizations and birth certification for 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 authorized representative 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:

- 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 authorized representative 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 authorized representative shall maintain records 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 authorized representative'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 authorized representative'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 authorized representative will notify the family through a written Notice of Action, Recipient of Services. The authorized representative will maintain records 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 authorized representative's decisions.

### **3. Approval or Denial of Child Care and Development Services**

The authorized representative 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).

### **4. Changes Affecting Service**

The authorized representative 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 authorized representative 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 authorized representative 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, authorized representative is 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 authorized representative 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.

Within ten (10) calendar days following the receipt of the request for a hearing, the authorized representative 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).

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 authorized representative’s decision was incorrect. The authorized representative 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 EESD Review**

If the parent disagrees with the written decision from the authorized representative, the parent has fourteen (14) calendar days in which to appeal to the EESD. If the parent(s) do(es) not submit an appeal request to the EESD within fourteen (14) calendar days, the parents’ appeal process will be deemed abandoned and the authorized representative may implement the intended action.

The parent(s) will specify in the appeal request the reason(s) why he/she believes the authorized representative 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 EESD may request copies of the basic data file and other relevant materials from CSB. The EESD may also conduct any investigations, interviews or mediation necessary to resolve the appeal.

The decision of the EESD will be mailed or delivered to the parent(s) and the authorized representative within thirty  
(30) Calendar days after receipt of the appeal request.

#### **W. CSB Compliance with EESD Decision**

CSB will comply with the decision of the EESD immediately upon receipt thereof.

CSB will be reimbursed for childcare and development services delivered to the family during the appeal process.

2017-19  
Policies and Procedures  
Section 2: Program Operations

If the authorized representative determination that a family is ineligible is upheld by the State, services to the family will cease upon receipt by the authorized representative 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.
- Authorized representative 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

Services team member and the CS/Mental Health Manager will complete this process within two weeks of notification of an opening.

## 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 $\frac{3}{4}$ time to Part-day

- Authorized representative 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  $\frac{3}{4}$  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.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and certified hours of care.
- Authorized representative determines if part-day services are available during the preschool portion of the day (8:30 – 12:00).
- If available, the Authorized representative and family determine if part-day services are desirable and appropriate.
- If desired by the family and appropriate, Authorized representative completes approval form CSB607 (See CSB Forms).
- If part-day services are unavailable, not desired by the family or inappropriate, authorized representative 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, authorized representative 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  $\frac{3}{4}$  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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.
- Authorized representative 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)**

- Authorized representative 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.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and hours of care.
- Authorized representative determines if TB services are available.
- If available, authorized representative and family determine if TB services are desirable and appropriate.
- If desired by the family and appropriate, authorized representative 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, authorized representative 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.
- Authorized representative 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 notify the Site Supervisor. The “last day attended” should be noted 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



2017-19  
Policies and Procedures  
Section 2: Program Operations

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.
- 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 or failure to submit required documentation to verify continued need/eligibility.

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. Parents are expected to report absence reasons to the center as soon as possible and within one hour of their child's start time.

### 2. Unexcused Absences

To ensure children are safe when they do not arrive at school, CSB must make attempts to contact parents within one hour for unexpected absences. CSB utilizes SMS technology to efficiently communicate with families. Strategies to contact families within one hour include the use of CLOUDS automatic SMS (text) messages. Parent can reply via text messaging to inform center staff of absence reasons. Each day a child's absence is not reported by the parent, the Site Supervisor or center staff contacts the parent to determine the cause of the absence and to clarify the attendance policy.

2017-19  
Policies and Procedures  
Section 2: Program Operations

After two consecutive unexcused absences, direct contact is made with the parent, such as a conference or home visit. Parents are informed that failure to participate in the conference or visit may result in a loss of services and will be 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.

### **3. Re-occurring Absences**

Site Supervisors, in collaboration with teaching staff, will identify and assess patterns of absences for each child. Within 60 days, children with patterns of absences and those at risk of reaching an absence rate of 10% are identified and family support services provided. Absences per child are analyzed on a monthly basis utilizing CLOUDS reports. Family meetings are held as needed to clarify the attendance policy and identify strategies in which a family may implement to improve attendance.

## **DD. Attendance Accounting**

### **1. General Description**

Accountings for attendance is completed daily by the classroom teacher by ensuring parents sign their child into CLOUDS **upon arrival**. Absence reasons are entered into CLOUDS daily and no later than Friday of each week, 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 notified by the ERSEA Managers and will utilize the CLOUDS absence reports to analyze the reasons. If average program attendance for federally funded slots falls below 85% for any month, the ERSEA Manager develops a corrective action plan after analyzing data and identifying root causes.

Within 60 days and on an ongoing basis, patterns of absences per child are analyzed. A risk assessment for chronic absenteeism is conducted. Chronic absenteeism is defined as an absence rate of 10% of the program days per year.

### **2. Procedure**

#### **i. Directly Operated Sites**

Attendance is captured at CSB centers by CLOUDS via the wall pads as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Staff will “sign” child into CLOUDS without a signature to place the child in the classroom and part of the ratio.
- The parent **MUST** be called back to the center to sign-in on the hard copy sign-in/out sheet (CSB682) with the original drop-off time which can be obtained from CLOUDS.
- In CLOUDS staff will select “Parent no sign in” from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

- Staff will “sign” child out in CLOUDS without a signature to take the child out of the classroom and out of the ratio.

Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet (CSB682) with the original sign out time which can be obtained from CLOUDS. In CLOUDS, staff will enter “Parent no sign out” from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff **MUST** do the following:

- A hard copy sign-in/out sheet (CSB682) shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS **without a signature** to place them in or out of the classroom for ratio purposes.
- Staff will do this by using the Manual Attendance feature in CLOUDS to sign children in and/or out, enter attendance/absences and enter meal counts for the time CLOUDS was not operational. For this purpose it is acceptable for staff to select the child’s general contract hours for the approximate sign in and out times as parents will already have physically signed on the hard copy sign-in/out sheet (CSB682) with the correct sign in and out times. Even if some children are signed-in on CLOUDS when this update by staff takes place, clicking on “All Attendance” will only affect those who have not yet signed in; other children’s data will not be affected.

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 “(A)”. All information must be immediately entered into CLOUDS when the system becomes available through the manual attendance section or the wall pad by doing the following:

- **Wall Pad:**
  - Go to Reports
  - Select the month

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Select the child
- Click on the Attendance button
- Enter Attendance data
- **CLOUDS:**
  - Go to Attendance Folder
  - Select Manual Attendance
  - Click on the “A” box for that child
  - Enter the Attendance data

Teachers must enter absence reasons daily and review for accuracy by Friday of each week via the Wall Pad system. Parents are responsible for reporting absence reasons within one hour of their child's start time and must give the reason for a child's absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor can enter the reason for absence in CLOUDS after contacting the parent.

At the end of the month, the Teacher reviews each attendance record via the Wall pad system and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance record, the teacher will click on the “Submit” button which will send the electronic file to the Site Supervisor for their approval. All hard copy sign in and sign out sheets (CSB682) should also be forwarded to the Site Supervisor.

After Teachers have submitted the attendance records via the Wall Pad, Site Supervisors shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the “Submitted” section. After reviewing each attendance sheet for accuracy, the Site Supervisor shall “Approve” or “Deny” each attendance record. If the attendance record is denied, it will go back to the wall pad for correction and re-submittal by the Teacher.

**ii. Partner Sites & Family Child Care Homes**

Attendance is captured at CSB Partner centers by CLOUDS via Galaxy tablets as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

- Staff will “sign” child into CLOUDS without a signature (“STAFF” button) to place the child's status as “in the classroom” on the system.
- The parent **MUST** be called back to the center to sign-in on the hard copy sign-in/out sheet with the actual drop-off time.
- In CLOUDS staff will select “Parent no sign in” from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Staff will “sign” child out in CLOUDS without a signature to place the child’s status as “child out of the classroom” on the system.
- Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet with the original sign out time. In CLOUDS, staff will enter “Parent no sign out” from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff MUST do the following:

- A hard copy sign-in/out sheet shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS without a signature to place them in or out of the classroom and use their Actual sign-in/out times from the hard copy sign-in/out sheet.

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. All information must be immediately entered into CLOUDS when the system becomes available through Galaxy tablets (iCLOUDS) by doing the following:

**iii. Galaxy Tablets (iCLOUDS):**

- Under “My Classroom”, click on the child’s name you want to enter attendance for
- Click on “Attendance Sign-in/out sheet”
- Select the Month
- Click on the Day you want to enter attendance
- Enter Attendance data

**iv. CLOUDS (CSB Partner Unit Staff):**

- Go to Attendance Folder
- Select Manual Attendance
- Click on the “A” box for that child
- Enter the Attendance date

Partner Teachers must enter absence reasons by Friday of each week via the Galaxy tablets. Parents are required to give the reason for a child’s absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor (CSB Staff) can enter the reason for absence in CLOUDS after contacting the parent.

2017-19  
Policies and Procedures  
Section 2: Program Operations

At the end of the month, the Partner Teacher reviews each attendance record via the Galaxy Tablet and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance record, the teacher will click on the “Submit” button by the 3rd day of the following month which will send the electronic file to the Site Supervisor (CSB Partner Staff) for their approval. All hard copy sign in and sign out sheets and absence notes should also be forwarded to the Site Supervisor (CSB Partner Staff) by the 3rd of the following month.

After Teachers have submitted the attendance records through the Galaxy Tablet, Site Supervisors (CSB Partner staff) shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the “Submitted” section. After reviewing each attendance sheet for accuracy, the Site Supervisor (CSB Partner Staff) shall “Approve” or “Deny” each attendance record. If the attendance record is denied, it will go back to the Galaxy tablets for correction and must be re-submittal by the Teacher.

**v. CSB Partner Staff**

- Collect hardcopy attendance sheets & absence notes from Partner agencies no later than the 3rd of the following month and enter into CLOUDS Manual Attendance module by the 5th of each month.
- all attendance records need to be verified (i.e. excused, un-excused and BID...etc.) via CLOUDS

**vi. CD 9400 Process**

CLOUDS will automatically generate the state Monthly CD 9400 sheets (Programs funded by the State). To complete the submission process, staff will do the following:

- Using the CLOUDS 9400 Monthly Enrollment report, Site Supervisors or Partner Staff will check each child’s funding, day length, adjustment factors and attendance records for accuracy. The Site Supervisor compares each child’s 9400 record with their electronic attendance record (CLOUDS>Track Forms>Attendance) & hard copy sign-in/out sheets (CSB682). Any discrepancies are to be corrected in CLOUDS via the Attendance Analysis module.
- After all discrepancies have been corrected, the Site Supervisor or Partner Staff will click on each child’s individual verification button in which they can change the selection from “No” to “Yes” signifying that information for that child is correct. When all the children listed under each 9400 sheet has been verified (All “Yes” for each child listed), the site supervisor can now complete the sheet by clicking on the final “Verify” button which will record the site supervisor's or CSB Partner staff's digital signature on the 9400 sheet thus completing the process.
- All 9400 sheets must be completely verified by the 5<sup>th</sup> work day of the month on CLOUDS.
- Assistant Directors/Cluster Clerks or partner staff confirms that all CD 9400 sheets have been verified on CLOUDS via the 9400 Monthly Enrollment report by the 6<sup>th</sup> work day of the month. Only the hard copy sign-in/out sheets (CSB682) must also be submitted to the Assistant Director or CSB Partner Analyst for their review. It is not necessary print out the 9400 sheets and electronic attendance sheets from CLOUDS as that data is already in

2017-19  
Policies and Procedures  
Section 2: Program Operations

CLOUDS. When all 9400 sheets have been verified in CLOUDS via the 9400 Monthly Enrollment report (requires a visual inspection from AD or CSB Partner Analyst), all hard copy sign-in/out sheets (CSB682) are forwarded to Business Systems by the 6th work day.

- Business Systems staff will confirm that all children have been verified on the 9400 Monthly Enrollment report (visual inspection). If there are any discrepancies, the specific Site Supervisor or Partner Analyst will be notified of necessary corrections. Corrections must be done as soon as possible.
- Business Systems staff will notify Fiscal when CD 9400s have been checked and completed by the 10<sup>th</sup> work day of each month.
- When the Fiscal Department is notified by the Business Systems Unit that all 9400s have been verified, CSB Fiscal staff will generate the electronic CDFS 9500 and CDFS 8501s to review. Once CSB Fiscal staff determines the reports are accurate, they will print and submit the reports to the California Department of Education by the 20<sup>th</sup> of the month for each quarter (September, December, March & June).
- The Business Systems Administrative Services Assistant will generate the CD 801A report in CLOUDS and submits it electronically to the State CDMIS website by the 20<sup>th</sup> of every month for the preceding month.

**vii. Excused Absences**

- **Illness:** Absences may be excused for illness of the child, parent, or any sibling. If the absence is due to the illness of the child, the specific reason must be recorded on the sign-in sheet (e.g. cold, cough, sore throat, fever, runny nose, etc.). Illness absences lasting three (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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 for physicals beyond the 30 day requirement with proof of an appointment on file. No extensions are allowed for TB clearances. 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.

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.

- 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.
- If family's certified need is 130 hours or more, the family will be assessed full-time fee.
- If the family's certified need is less than 130 hours, the family will be assessed part-time fee.
- Upon initial enrollment or final enrollment month, a family may be charged cost of care fee (current State Reimbursement Rate (SRR) of \$40.45 for CSPP and \$40.20 for CCTR multiplied by adjustment factor multiplied by days of enrolment) if this is less than monthly part-time fee rate.
- The family fee will be assessed:
  - **At initial enrollment.** 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 month based on their certified hours. The first payment is due the first day of enrollment and due the first day of each subsequent month.
  - **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.
- 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.
- 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.
- If a child drops at one center and enrolls in another before the NOA period, both centers must communicate throughout the transition to determine the impact on related fees. (We must communicate)

For Fee for Service Program (Tuition Based), CSB shall use the monthly rate approved by the County Board of Supervisors.

### 4. 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

#### **5. 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.

#### **GG. Billing Procedures**

Child care fees are paid in advance. One week before the end of each month, each Center shall submit to the CSB Fiscal staff 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.
- Monthly 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

CSB 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 on or before the first of the following month.

Child care fees can be paid in advance or 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 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 the Intranet-CSB Resource Center 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 staff and the center's Assistant Director or Partner Agency Director.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 must issue a Notice of Action-Delinquent Fees on the morning of the 8th day of the billing month if family fee is unpaid by close of business on the 7th day of the month. Center will keep a copy of the NOA-Delinquent Fees in the child's file and send a copy to CSB Fiscal staff upon its issuance. The center shall make reasonable attempts to collect unpaid fees from families before the exhaustion of the 14/19 day appeal request period.

If unpaid fees have not been collected successfully by the end of the 14/19 day appeal request period, services to the family must be terminate unless a payment plan was established prior to the 14/19 day (see payment plan policies and procedures), CSB Fiscal staff is notified immediately of termination or establishment of Payment Plan, and copies of all paperwork related to action taken, including the NOA and CSB664- Delinquent Child Care Fee Repayment Plan must be sent to CSB Fiscal Staff and original copies are filed in child's file.

If unpaid fees are collected, staff shall send the pre-numbered receipt, Deposit slip, and original bank receipt to CSB Fiscal Staff immediately for recording. Triplicate copy of Receipt issued to family is filed in child's file.

In the event the child is no longer enrolled at the center:

- CSB Fiscal staff will send a letter of collection together with the Statement of Account and NOA-Delinquent Fees to the family. If the account is still unpaid after 2 weeks, a follow up collection letter as a 2nd notice will be sent to the family.
- All attempts to collect unpaid fees must be made within 45 days of 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 CSB Fiscal Unit.
- CSB Fiscal staff shall check copies of Receipts to make sure that total amount agrees to Deposit Slip and Bank Receipt amounts.
- CSB 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.
- CSB Fiscal staff shall code the collected family fees accordingly and input the data in the county's Electronic Deposit Permit system.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- CSB Fiscal staff shall file the Deposit Slip, Bank Receipt and print out of Validated Deposit Permit in the Deposit binder.

## 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 to the parent and send the duplicate copy of the S-receipt to the CSB Fiscal staff with the duplicate deposit slip and original bank receipt (the transaction record).
- The triplicate copy of the S-receipt shall be put in the child's file at the site.
- The quadruplicate copy of the S-receipt shall stay in the S-receipt book and the entire book shall be sent to the CSB Fiscal staff when a new S-receipt booklet is needed.
- The original, duplicate and triplicate copies shall be sent to the CSB Fiscal staff 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 staff 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 staff. The Fees Rendered Form can be printed from the Intranet-CSB Resource Center, 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 Comprehensive Services Assistant Manager or 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 place.

## PART 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:

- 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.
- Comprehensive Services staff is required to maintain up to date accurate data in order to provide quality comprehensive services to children and families, and to maintain agency compliance. CSB will provide ongoing training opportunities to assist staff in enhancing their record keeping skills.
- 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.
- CSB will support parents in their ability to maintain family well-being and promote positive parent-child relationships. Families will become more competent and experience increased joy as they gain confidence in their parenting.
- CSB will achieve and maintain an expanded and stable funding base of diverse sources.

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 over the five year grant period with annual updates at 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, changes, and trends

2017-19  
Policies and Procedures  
Section 2: Program Operations

in the CSB service area are identified and integrated into the planning process and into the development and implementation of policies, procedures, service plans and goals and objectives.

- The Community Assessment process is led by a CSB Analyst. The data that is collected externally and internally and must consist of, but is not limited to:
  - The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.
  - Eligible children experiencing homelessness;
  - Eligible children in foster care;
  - Eligible children with disabilities, including types of disabilities and relevant services and resources;
  - The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
  - Typical work, school, and training schedules of parents with eligible children;
  - Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;
  - Resources that are available in the community to address the needs of eligible children and their families; and,
  - Strengths of the community.
  - The findings of the Community Assessment are used to assist CSB in developing the following key program planning elements:
    - CSB's program philosophy, including its vision and mission;
    - Long-range and short-range program objectives;
    - The type of services and program options to be provided;
    - The recruitment areas of the program;
    - Identifying locations of centers and home-based programs;
    - Establishing the criteria for recruitment and selection.

The Community Assessment is presented annually to the Policy Council and Board of Supervisors and program staff at all levels.

## **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™). 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 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 fiscal 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.

### **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 Part I of Section 1-Program Governance.



### **PART III. Education & Child Development Program Services**

#### **SUB PART I. Individualization in the Program**

##### **A. Description**

Individualization is the process used to design a plan for each child that reflects their unique characteristics, strengths and needs.

Upon completion of the child's first sixty (60) days of enrollment, teachers will develop four (4) individual goals based on:

- Home visits
- Child's health and nutritional screenings and health histories
- Educational screenings: Ages and Stages Three (ASQ-3) and Ages and Stages Social Emotional Questionnaire (ASQ-SE)
- Desired Results Developmental Profile (DRDP 2015) Assessment
- Parent conferences
- Children's Individual Education Plans (IEP or IFSP)
- Observations of children and anecdotal notes

Teachers will create an individualization binder with a section for each child to include copies of parent teacher conferences (CSB118A/B), anecdotal notes (CSB135A/B), and the anecdotal record checklist (CSB 110A/B). Each child is assigned a letter code that is written in the top right corner of the lesson plan during their focus week. The front of the binder must include a key to identify each child's focus week and letter code.

##### **B. First Parent Conference**

The first parent conference is scheduled within the first ninety (90) days of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's conference due dates.

During this conference, the teacher and parents discuss the child's progress based on screenings, DRDP 2015 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. Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals. Parent and teacher must sign and date the form.

##### **C. Second Parent Conference**

A second parent conference is scheduled within twenty (20) days of the completion of the second DRDP 2015. During this conference the parent and teacher review the child's progress on their goals set during the first conference and discuss parent observations and teacher observations. If child has met their first conference goals, new learning goals can be made. . If the child is still working on the

2017-19  
Policies and Procedures  
Section 2: Program Operations

first goals that were developed, teachers should continue to implement those goal(s). Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals.

#### **D. The Infant-Toddler Individual Needs and Services Plan**

The Individual Needs and Services Plan (CSB180) (INSP) is completed prior to the first day of attendance. The process includes an interview with a family member by a staff member. The form is updated quarterly and 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, including new foods introduced, and food preferences.

The INSP tracking form should be used by teachers to know when the quarterly updates are due. Section D of the INSP is important and required to complete for children who are between the ages of 25 and 36 months. The areas are listed of how the program will ensure provide age-appropriate language development, large/small motor skills, and social emotional activities. Also, notes to ensure the continuity of care for the child should be documented.

#### **E. Lesson Plans**

Lesson Plans are posted weekly. The lesson plan provides various developmentally appropriate activities and materials for the children to engage in to support 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. Per the individualization process described above, children's individual goals are noted on the lesson plan.

The lead teachers are responsible for:

- Planning and developing the weekly lesson plan with their classroom team.
- Submitting the lesson plan to the site supervisor every Thursday.
- Posting the weekly lesson plan by Monday morning.

The Site Supervisor is responsible for:

- Reviewing and approving the lesson plan.
- Signing off and dating the approved plan.
- Ensuring the lesson plans are posted in the classrooms by Monday morning.

#### **F. Developmental, Sensory, and Behavioral Screening**

All newly enrolled children (including those with an IEP/IFSP) are screened by teaching staff in the areas of social emotional development using the ASQ-SE and cognitive development using the ASQ-3 within 45 days of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's screening due dates. Comprehensive Services staff screens all children in hearing, vision, and heights/weights within 45 days of class entry, and annually thereafter. Parents are

2017-19  
Policies and Procedures  
Section 2: Program Operations

informed about all screenings and their purposes in advance. The results from the screening are used to begin the individualization process for each child. Should the results indicate a concern, CSB will follow the outlined referral protocol. If a child does not qualify for referral services, CSB staff will support the child and family through outside services, if applicable, and will seek guidance from Mental Health or other qualified staff to ensure the concerns do not affect the child's school readiness. (For more information on screenings, please refer to Part II, Services for Children with Disabilities).

## G. Assessment

The Desired Results Developmental Profile Child Assessment (DRDP 2015) is the required assessment tool mandated by the California Department of Education and also includes the Head Start Outcome requirements. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's assessment due dates. There is a DRDP for preschool and infant/toddler age children.

The assessment of children is accomplished through on-going written observation of the child. Infants, toddlers and preschool children are assessed three times per year. Anecdotal records are kept for each child to show progress.

Assessment results are entered into DRDP Tech within the required timelines. Results of the assessments are shared with parents during parent conferences, and are a basis for developing children's individual goals and plans and used for individualizing the lesson plans.

## H. Program Transitions

Parents are given the opportunity to participate in and be supported in the transition of their children when they move to new classrooms, programs or enter kindergarten. For families and children who move out of the community in which they are currently served, including homeless families and foster children, CSB staff will support the effective transition to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, CSB staff will assist the family to identify another early childhood program that meets their needs.

### 1. Transition Policies and Procedures for Infants and Toddlers

While children are enrolled in Early Head Start, they change classrooms based on their age and developmental level. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom.

There are two types of transitions that happen; one takes place when a child moves to a new classroom based on their age and developmental level and the second takes place when a child transitions out of the Early Head Start program. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom. During this time, a phase-in plan is developed that involves the child and family member visiting the new classroom and meeting the staff. Over the next days, the child gradually increases the amount of time spent in the new classroom. Initially, the primary caregiver plays an important part to help the child adjust to his/her new environment by assisting the child in their new classroom.

Whenever possible, CSB makes attempts to ensure a continuation of early childhood education

2017-19  
Policies and Procedures  
Section 2: Program Operations

services. Staff works in conjunction with other centers and programs to provide a quality and effective transition to preschool. The transition plan from the toddler program to preschool is mandated to begin six months prior to the transition. The CSB Transition form (CSB161) is completed by the parent/family member, child's caregiver and the site supervisor six months before the transition and updated quarterly.

The child may then be placed on the CSB wait list if an immediate transition to a Head Start classroom is not available. The Comprehensive Services staff notifies the family member if a space becomes available and a transition to a Head Start program will occur.

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 and will be gradual in duration. A final home visit will close the child's Early Head Start file. When the child begins Head Start, they begin a specific orientation process (see section B; Curriculum Implementation; 1 Orientation).

## **2. Kindergarten Transition**

Kindergarten registration information is provided to families between January and March. Parents are given information on their local school district registration procedures.

In the spring, 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. Preschool staff implements activities from the Creative Curriculum Teaching Guide: Getting Ready for Kindergarten that includes circle time and small group activities and focus questions. Second Step Curriculum lessons about going to kindergarten are also implemented in the classroom.

Kindergarten transition meetings are conducted between April and June. At that time, resources for parents to assist their child in transitioning to kindergarten are provided.

For the PD/PY classrooms that do not operate during the summer, CSB staff will collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and will work with parents and school districts to enroll children in such programs, if available.

## **3. 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 to arrange a visit to the prospective school before their children transfers.

## **SUBPART II. 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 special day classes in collaboration with CSB.
- Home Based: Home base educators 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
- Desired Result 5: Families support their child's learning and development
- Desired Result 6: Families achieve their goals

The curriculum is enhanced by the Project Approach. 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, and feelings.

In addition, the curriculum is supported by Second Step Social Emotional Skills for Early Learning program supports children's growth and helps teachers guide children to learn, practice and apply skills for self-regulation and social- emotional competence.

## **B. Curriculum Implementation**

### **1. Orientation:**

Child and family 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.
- The teacher completes the Tour of the Classroom and Education, Health, and Nutrition sections of the Classroom Orientation Checklist form (CSB112).
- The Site Supervisor completes the Review of Program Policies and Procedures section of the Classroom Orientation Checklist form (CSB112).

### **2. Classrooms:**

Preschool Classrooms are divided in clearly defined interest areas based on the Early Childhood Environmental Rating Scale 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.
- Materials in the classroom are intentionally and periodically changed using the Material Rotation form (CSB142).
- Classroom displays are current and 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 and comfortable.

Infant and toddler classrooms are set up using the Infant Toddler Environmental Rating Scale. 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,

and includes:

- Gross and fine motor materials, sensory opportunities, books, and classroom displays that reflect family backgrounds and diversity.
- 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 using the Material Rotation form (CSB142).

### 3. Classroom Transitions:

In infant, toddler, and preschool classrooms, teaching staff ensures that transitions are thoughtfully conducted for each child. Between daily events, transitions are implemented intentionally, smoothly, and naturally.

When activities during the day are predictable, it helps children begin to understand the concept of time. Anticipating what is coming next makes children feel they are in control of what is happening. The CSB approach to classroom transitions is:

- **Be proactive and be alert.** Have strategies to engage children who may be having difficulties with transitions.
- **Always transition children in small groups,** and ensure children are assigned to a small group at enrollment.
- **Plan ahead and make transitions fun!** Transitions should be engaging for children and can include finger plays, songs, and short activities to reduce wait time.
- **Prepare.** Prepare all teaching materials and small group activities ahead of time so they are ready for the day and easily accessible.
- **Talk with the children** and let them know when a transition is going to occur. Give children a signal 3-5 minutes before the transition.
- **Review transition safety with the children** at the beginning of the year and whenever needed.
- **Follow the protocols** outlined in the Transition Head Count Policy and CLOUDS In-Transition feature, which include a visual count.
- **Always visually sweep!** Before leaving the classroom or yard by physically walking the perimeter and looking around thoroughly.
- **Communicate** continuously with all team members. -State the number of children who are going with you as you transition.
- **CSB has zero tolerance for lack of visual supervision!** All designated caregivers are to be present, engaged, and calm during transitions.
- All transitions that require children exiting or entering the classroom must be conducted using the Hourly Headcount and Transition Tracking form (CSB700).
- 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 he/she may be able to see every child as they transition.

#### **4. English Language Learners:**

Education for children who are learning English is enhanced when programs and families partner together. 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.
- 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 and is expected to be implemented in every preschool classroom. Projects are in-depth investigations on a topic based on children's interests. Projects:

- Must be relevant to children's experiences and interests.
- Topics of study must be authentic so that children can manipulate and explore real objects.
- Family members are a part of the implementation of projects.
- Project components include:
  - Selecting a topic based on the children's interests
  - Teaching team creates a "web" of interrelated ideas and activities: ideas may incorporate literacy, math, science, social studies, the arts and technology into the study
  - An opening event
  - Project investigations
  - Field trips and visiting experts
  - Documentation of projects through photographs, children's written feedback, drawings, etc.
  - A closing event

#### **6. Program for Infants and Toddlers:**

The CSB infant and toddler program is enhanced by the Program for Infant Toddler Care (PITC) philosophy, which is based on the belief that infants and toddlers come to the program with their own interests, needs, and temperaments. PITC emphasizes program components that focus on responsive caregiving practices based on supporting the child.

PITC Program components:

- Care in small groups; each child is assigned to one special infant/toddler care teacher who



is responsible for that child's care.

- Cultural Continuity; because of the important role of culture in a child's development, infant and toddler care teachers heighten their understanding of culture in the lives of children, develop cultural competencies, acknowledge and respect cultural differences, and learn to be open and responsive to families.
- Individualized care; this follows children's unique temperaments and promotes child well-being and a healthy sense of self. This approach supports each child's growing ability to self-regulate and to function independently in personal and social contexts. It also ensures that teachers read children's cues throughout the program day.
- Inclusion of children with special needs; this makes the benefits of high quality care available to all infants and toddlers through appropriate accommodation support in order for the child to have full active program participation.

#### **7. Supporting Child and Family Culture and Diversity:**

- Families are asked to share their culture and traditions.
- Food served at mealtimes is culturally inclusive.
- Environments and materials include diverse materials such as pictures, books and photographs. Dramatic play props, puzzles, music, planned activities and books reflect diversity in gender, culture, language and ethnicity.

#### **8. Teacher/Child Interactions:**

Positive teacher child interactions build trusting, nurturing bonds between teaching staff and children which supports the children's developing a love of learning.

Teaching Staff:

- Welcome children and families into the program daily.
- Foster positive social behaviors such as cooperation, conflict resolution, and turn taking by using modeling, coaching and encouragement.
- Speak to the children at their eye level and move to where a child is to speak with them directly.
- Teacher's voices are warm and calm.
- Engage children in conversations 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 as much as possible.

#### **9. Caregiver Groups**

Upon entry, each preschool child is assigned to a caregiver group of six to eight children based on the developmental and individual needs of the child and the classroom. The teaching staff assigned to the caregiver group plans and implements individual activities for their group during small group time.

Upon entry infants are assigned to a caregiver group of three children per caregiver. Upon entry, toddlers are assigned to a caregiver group of four children per caregiver. Infants and toddlers remain with the same caregiver whenever possible throughout their enrollment in the program to ensure continuity of care.

Caregiver groups can be named after animals, shapes, etc.

**Caregiver Groups during Transitions:**

- It is CSB's policy to transition children in small groups including; to and from outside time, small group, large group, and bathroom routines.
- Caregiver groups are maintained throughout the daily activities when appropriate.
- Teaching staff work closely with their caregiving group at meal times, small group, hand washing, etc. For children, this reduces confusion, distraction and promotes attachment with the primary caregiver.

**10. Child Health and Safety**

Teaching staff integrates health and safety lessons and activities into the lesson plan. Health activities may include: oral health, pedestrian safety, good hygiene practices, and 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, before and after messy play, including sand/water play and Play-Doh, contaminated objects, upon returning from the play yard and after toileting.

Staff inspects classroom and outside areas daily to ensure all facilities, furniture, materials and structures are safe and free from hazards. The 7 Health and Safety Daily Classroom Checks in 7 Minutes form (CSB777) is completed daily in all indoor areas used by children, prior to children using the space. The Daily Playground Checklist (CSB136) 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, IV. Sub Part III, A, Daily Health Inspection for further guidance.

For infants and toddlers, this practice is done using the Daily Communication Form where families and staff document 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 CSB700 in accordance with Head County Policy as described in CSB700A, 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.

### 11. Nutrition

Children participate in learning activities planned to affect the selections and enjoyment of a wide variety of nutritious foods.

Nutrition activities may include: field trips, planting gardens, reading stories about food and nutrition, and sampling a wide variety of foods.

Children are involved in simple cooking projects. Teaching staff serve meals family-style at the centers. Children participate in setting the tables, serving themselves, and pour their own beverages.

### 12. Language / Literacy Curriculum Enhancements

- **Learning through Literature Curriculum Enhancement:** Each month teaching staff implements a picture story book to read that contains a written guidance of extension activities and open ended questions to ask.
- **Raising A Reader:** Tote bags with age appropriate 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 children's stories in Spanish.
- **Tandem:** Similar to Raising a Reader, bags with age appropriate 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 children's stories in Spanish.
- **Books at Naptime:** Each child may choose a book to read to themselves on their mat.

### 13. 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.

### 14. Media in the Classroom

Classrooms are equipped with Surfaces and installed with ABCmouse. Other media are used in the classroom when intentionally connected to a project topic or curriculum enhancement. Other media must be approved by the site supervisor before they are viewed in the classroom and must be documented on the lesson plan

### 15. Lesson Plans

The Infant, Toddler, and Preschool weekly lesson plans are designed to ensure that all classrooms provide developmentally appropriate activities consistent with Head Start Performance Standards, Creative Curriculum, and Second Step (preschool). The lesson plan communicates to staff and parents the activities for each day of the week. The preschool lesson plan is enhanced by the project approach. The infant and toddler Plans and Possibilities include activities that support each child's individual goals. Plans for these age groups are flexible, are based on children's interests, and is a guide for the day rather than a strict implementation plan. The teacher submits a completed lesson plan form to the Site Supervisor weekly for approval and is posted by Monday morning. Lesson plans (CSB105A, B, and C) are completed at the center by the teaching staff, with input from parents.

## **16. Required Elements of the Children's Daily Schedule**

The classroom daily schedule provides a balance of structure and flexibility. The schedule establishes sequences for the implementation of activities and possibilities in the classroom. It includes a variety of play activities and more and less active times of the day.

- 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 that includes touching of the child's skin and looking into their eyes. Staff may ask a child how they are feeling. Parents must remain during the health check and may be asked questions about their child.
- Work Time/Child Initiated Activities; Children have access to all interest areas in the classroom. Project-based and center activities are offered as additional choices for the children in the preschool classrooms. 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. Infant and toddler classrooms may offer special activities in addition to the materials that children may interact with independently
- Small and Large Group Time/Teacher Directed Activities; Small group is a planned activity implemented in caregiver groups. Small group time activities may be conducted anywhere in the classroom or outside. Large group time is a planned time of day and can include music, movement, Second Step (preschool), conversations and discussions. Every child is offered the opportunity to participate but no child should be forced to attend group times. Similar times of the day are planned for infants and toddlers however; these must be based on the children's cues and may be modified in the moment and/or as needed.
- Outdoor Play/Gross Motor - 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 (30 minutes each morning and each afternoon). Outdoor play must still occur in the winter months when the temperature is cooler. If weather, such as heavy rain, does not permit outdoor play, a gross motor activity must be offered indoors.
- Meal Times - Breakfast, lunch and a snack times are provided for children depending on their program model. Infants are fed on demand and toddlers are fed on an individualized schedule. Mealtimes are learning times when teachers assist children with setting the tables, serving their own food and engaging them in conversation. Breakfast and lunch times are approximately thirty minutes and snack time is fifteen minutes.
- Rest Time – Full day classrooms are required to schedule a one and a half to two-hour rest period for preschool and toddler children. Depending on the child's needs toddlers rest and nap on demand. Infants rest and nap on demand.
  - No child is to be restrained in their crib, on their cot or on their mat at any time.
  - Children are encouraged to nap but not forced. Alternate quiet learning

2017-19  
Policies and Procedures  
Section 2: Program Operations

activities are provided for non-nappers.

- All children must be visually supervised at all times (CCL Regs: 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. Once the children are resting, 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 Regs: 101230 (c), p. 139.
- Infant and toddler classrooms: Infants are provided an “on demand” schedule for their routines, including napping. Every infant and toddler is required to have a crib, cot, or mat. Once the infants or toddlers are sleeping, one staff person may supervise 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 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 are cleaned and sanitized regularly or as needed. The toddler and preschool cot or mat is cleaned and sanitized regularly or as needed.
  - Preschool bedding is individually stored so that one child’s used bedding does not come in contact with another’s, and is 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 so that each child is alternating head-to-feet.
  - Blankets of any type are not allowed in infant cribs because of the risk of suffocation.

#### **17. Parent Involvement in providing input into the 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**

All parents must be given the opportunity to participate in two home visits a year.

- Initial Home Visit: Within the first 45 days of enrollment, or if feasible, before the program year begins, 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 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. The ASQ-SE is conducted at the initial home visit with the family. 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 and CSB170IT). 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 social/emotional screening. Teaching staff will enter the parent 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 (CSB106). 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.
  - End of the Program Year Home Visit: During the final home visit, the teacher and parent review the child's progress and assessment results. For preschool they may discuss kindergarten readiness. For all children, they may 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 ninety (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). If the child has an IEP, the IEP goals must also be included in the plan. DRDP 2015 measure numbers must be reflected next to the written goals. (CSB118A.)
  - Second Parent - Teacher Conference – A second Parent -Teacher Conference will be scheduled twenty (20) days after the second DRDP to review the child's progress/goals that were set during the first Parent-Teacher Conference. New goals will be developed if applicable (CSB118B).

### C. Other Elements of Parent Involvement

- 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.
- Parents are provided with individualized home activities by the child's teacher to

2017-19  
Policies and Procedures  
Section 2: Program Operations

reinforce child's learning objectives at home.

- 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 or Tandem.

#### 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. The 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.

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 32 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.

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 socialization 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 and offered at socialization. Parenting classes, support groups, and trainings are scheduled through the year.
- 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.

#### 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 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**

### **1. Ratio Requirements**

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.

### **2. Supervision**

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.

Teaching staff, including substitutes and other CSB staff serving as a supervising adult for ratio purposes must sign into the classroom via the CLOUDS Wallpad or tablet. The CLOUDS Staff Management Module is utilized for program oversight and planning, including monitoring to ensure compliance with ratio requirements at all times. For these purposes, staff must also transition in and out of classrooms to account for child to teacher ratio, location of the staff person within the center, and on-duty status, including but not limited to transitions to the playground, another classroom or on break/off duty.

- i. To sign-in/ sign-out of a classroom on CLOUDS:
  - Select the "Staff" button on the Wallpad



2017-19  
Policies and Procedures  
Section 2: Program Operations

- Select the box with the name of the staff member being signed in or out (staff not already showing on the Wallpad may select the green box and enter their employee ID# to place themselves into the classroom)
- Select the “Sign-In” or “Sign-Out” button on the pop-up

ii. To transition on CLOUDS:

- Select the “Staff” button on the Wallpad
- Select the box with the name of the staff member being transitioned
- Select the “In-Transition” button on the pop-up
- If transitioning to another classroom, select the “Staff In-Transition/ Substitute” box on the wallpad
- Select the “In-Transition” button, then find and select the box with the name of the transitioning staff
- Select “Yes” in pop-up

## 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.
- 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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. (CSB132) 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. (CSB132.)
- 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
- Bringing a baby book or other symbolic item, or a special family story to share
- Lead a game
- Decorating the classroom
- 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 Trip Policy

### 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 (CSB115). 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 unless preapproved by the Assistant Director.

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 (CSB114). 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.
- 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 on field trips will be taken at the following times:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

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
- 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

## **PART IV. HEALTH PROGRAM SERVICES**

### **SUBPART 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 (CSB900) and following the approved Confidentiality Policy. All staff with access to health information is trained on HIPAA (Health Information Portability Accountability Act) requirements.

CSB obtains parental consent prior to the administration of health or developmental procedures through the program or by contract or agreement and maintains documentation of parental refusal of authorization for health services through use of the Parental Refusal of Health Services Form (CSB298).

CSB staff collaborates with parents to address the health and well-being of each child in a linguistically and culturally appropriate manner, communicating the child's health needs and developmental concerns.

##### **1. Physical Examinations - Well Child Check (CSB207)**

Each parent is provided with a Report of Health Examination - Well Child Check (CSB207) for use in obtaining their child's physical examination. As much pertinent health information as possible is accumulated and recorded for each child, paying particular attention to the items required by the Bright Futures Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule 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. Comprehensive Services Teams enter all data on the physical exam into the CLOUDS data management system. This enables program staff to track services and follow-up on actions such as treatment needed, future appointments, and referrals. Managers access reports to help monitor progress in meeting program requirements in a timely manner.

##### **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 "No Risk" on CSB207–Report of Health Examination - Well Child Check or other signed or stamped document from the 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



2017-19  
Policies and Procedures  
Section 2: Program Operations

Clearance documentation. Children without TB Clearance will be excluded if clearance is not obtained within 30 days of enrollment.

### **3. Health Insurance**

Through use of the Health History and within 30 days after the child first attends the program, or for the home-based program option, when the child receives a home visit, those children with and without medical and/or dental insurance are designated as such. In the event that the child does not have insurance coverage, Comprehensive Services Teams will assist families in accessing insurance as soon as possible by referring the child to various programs such as the Child Health and Disability Prevention (CHDP) Gateway program, Medi-Cal/Denti-Cal, the Kaiser Permanente Children's Health Plan, and services through Covered California.

### **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 doctor or dentist.

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

- Health and developmental history
- Immunization record including immunizations and in series/waivers
- Treatment plans
- Age-appropriate physical exams, dental exams and screening results
- Records of major/minor illnesses and injury during program activities
- Schedule of daily medications - prescription and over-the-counter medications such as sun screen and rash ointment
- 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
- Parent Refusal of Health Services Forms
- Family Meeting 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 (CSB604).
- Generating a CLOUDS referral based on application information, as needed and clearly noting details of child's condition in Referral Observation/Comments.

Before enrollment, 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 Family Meetings or interventions as appropriate.

Before enrollment, Site Supervisors are responsible for:

- Reviewing the application, Red/Yellow Flags, and referrals.
- Coordinating with the CSAM to set up Family Meeting or interventions as appropriate.
- Communicating child health status and needs with teaching staff.

### **2. Immunizations**

The State of California Immunization Branch requires that programs institute a "No Shots, No School" policy, however, 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 from a licensed physician (MD or DO) will continue to be permitted and require a written statement including which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C on the front of the Blue Card. If the medical exemption is temporary, check box B and box D; this child requires follow-up. Per Senate Bill 277, immunization waivers based on personal beliefs is no longer permitted beginning January 1, 2016. A personal belief exemption submitted prior to January 1, 2016 will remain valid until the student enters kindergarten/transitional kindergarten.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Names of all exempt children will be maintained on an exempt roster for immediate identification in case of disease outbreak in the community. Immunization training, including the most current immunization schedule for children 0-5, is provided to staff annually. 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.

**i. Responsibilities of Comprehensive Services Clerks**

Prior to enrollment Comprehensive Services Clerks are responsible for:

- Collecting valid immunization records from parent.
- Obtaining parent consent for use of California Immunization Registry - CAIR (CSB243) and requesting immunization registry search if parent is unable to provide immunization verification.
- Entering immunization data into CLOUDS, completing the results column on the right to indicate one of the following: In Compliance, In Series, Medical Waiver or Non Compliance and ensuring "Overall Immunization Status" below is correctly identified.
- 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.
- Using the Red/Yellow Flag system on the Eligibility Certification Checklist (CSB604) to indicate temp files as needing immunizations prior to start date.
- Printing the Immunization Blue Card from CLOUDS or manually filling in blanks, signing it, and placing it in the temporary file with documentation of a physician's statement for medical exemptions.

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

- Obtaining immunization updates and entering the data on the Blue Card and in CLOUDS.
- 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:

- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.
- Preparing exclusion letters if child fails to obtain shots on time.

Annually, Comprehensive Services Clerks are responsible for:

- Attending the annual immunization training.
- Reviewing and updating immunizations for the annual immunization report prior to submission each September/October.
- Assisting with the annual immunization report as needed.

**ii. 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 as needed.

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

- Ongoing monitoring of CLOUDS for immunization compliance.
- Tracking children with in-series immunizations.
- Supporting the parent by coordinating with the Site Supervisor to set up a Family Meeting as needed regarding immunizations.
- As needed, reviewing exclusion letters generated by clerk and verifying information, which is forwarded to the Site Supervisor for action.

Annually, Comprehensive Services Assistant Managers are responsible for:

- Reviewing annual immunization reports prepared by the clerk, to verify accuracy.
- Collaborating with the Comprehensive Services Manager (Health Content Area) prior to online submission each September/October and with the Site Supervisors after online submission is complete.
- Attending annual immunization training.

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.

Comprehensive Services Health Manager is responsible for:

- Providing immunization training annually.
- Overseeing the process and submission of the annual immunization report to the local health department by the September/October due date of each year.
- Conducting ongoing immunization registry (CAIR) searches.
- Obtaining access to CAIR for new team members.
- Maintaining a roster of children who are exempt from immunizations for immediate identification in case of disease outbreak in the community.

### **3. TB Clearance – CSB Center-Based**

#### **i. Program Comprehensive Services Clerks are responsible for**

- Informing parent of 30-day TB requirement and ongoing TB requirements per the EPSDT Schedule.
- Assisting parents with gaining access to TB testing.
- Collecting valid TB screening records from parents which include either a negative TB Skin Test or Chest X- Ray results, or a Physician's Clearance indicating "No Risk" on the Report of Health Examination - Well Child Check (CSB207) or other signed or stamped document from physician/clinic.
- Date stamping TB documentation upon receipt and review.
- Inputting TB screening data into CLOUDS upon receipt.
- Updating TB section of the Blue Card in child's file.
- Updating CLOUDS with referrals and case notes.
- 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 "No Risk" per medical provider).

Comprehensive Services Assistant Managers are responsible for:

- Tracking immunization compliance through CLOUDS Reports.
- Supporting the parent by coordinating with the Site Supervisor to set up the family meeting as needed.

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 attending the program without TB Clearance beyond 30 days from enrollment.
- Coordinating with the Comprehensive Services Assistant Manager to set up family meetings as needed.
- Communicating with the Comprehensive Services Clerk to prepare exclusion letters.
- Reviewing, authorizing and signing all exclusion letters, and designating staff for distribution.

#### **ii. Health History (CSB217)**

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 the Health History to determine whether each child has a medical/dental home and medical/dental insurance coverage within 30 days of enrollment. Such care is defined as an ongoing source of continuous, accessible health care provided by a health care professional

2017-19  
Policies and Procedures  
Section 2: Program Operations

that maintains the child's ongoing health record and is not primarily a source of emergency care or urgent care.

- 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 intervention on the Health History in CLOUDS.

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

- Reviewing the child's Health History for completion and concerns.
- 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.
- Meeting with parent to ensure understanding of the benefits of consenting for services, if parent has not given consents on 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 family meeting as needed.

Site Supervisors are responsible for:

- Returning any file without a Health History.
- Reviewing the Health History, checking for Red/Yellow flags and referrals, coordinating with the Assistant Comprehensive Services Manager to set up a family meeting / intervention as appropriate.
- Acquiring a parent signature on the Health History, if necessary at enrollment.
- Ensuring that teaching staff has reviewed the Health History in order to address health conditions/needs and the completion of the consent section.
- Coordinating with Comprehensive Services Assistant Manager to set up pre-enrollment family meeting as needed.

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 family meetings for complex cases as needed.
- Tracking and providing follow-up as needed.

**iii. Physical Exam Report of Health Examination - Well Child Check**

Comprehensive Services Clerk is responsible for:

- Providing a physical exam - Report of Health Examination - Well Child Check (CSB207) to the parent and informing the parent of the 30-day requirement prior to enrollment.
- Educating the parent on the use and importance of the Early and Periodic Screening,

2017-19  
Policies and Procedures  
Section 2: Program Operations

Diagnosis and Treatment (EPSDT) schedule copied on the back side of the Well Child Check (CSB207).

- 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.
- Date stamping the physical exam upon receipt and review of the CSB207 form.
- Immediately notifying the Comprehensive Services Assistant Manager of any known or suspected health concerns or disabilities.
- Inputting the physical exam data into CLOUDS and documenting completion of data entry and staff follow-up by placing notes (as needed), clerk's signature and date on the lower right hand side of the exam form in the "Staff Follow-up" box.
- Entering follow-up data on CLOUDS as needed.
- Generating referrals as needed.
- Collecting parental consents for health services and release/exchange of information.
- Contacting clinics, doctors' offices, and laboratories to obtain missing results.
- Tracking physical exam due dates and sending reminder notices to parents as needed.
- Obtaining authorization from parents for health services administered by the program, or by agreement or contract with a partnering entity.
- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for health services.
- 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 results are entered in CLOUDS as "Abnormal", a CLOUDS health referral is generated and follow-up is completed as needed.

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

Blood Lead Levels:

Provide nutrition resources and lead education materials if child's lead blood level is 4.5 or greater. If the lead level is 9.5 or greater a referral must be made to the Comprehensive Services Health Manager.

Comprehensive Services Assistant Manager is responsible for:

- Tracking receipt of Well Child Check for children ages 0-5 years old on an ongoing basis, in accordance with the EPSDT Schedule and in collaboration with the Site Supervisor.
- Reviewing all physicals with known or suspected health conditions/disabilities immediately

2017-19  
Policies and Procedures  
Section 2: Program Operations

upon receipt of exam.

- Communicating with the parent immediately when problems are suspected or areas of concern arise.
- Tracking referrals and follow-up.
- Initiating care plans with providers as appropriate.
- Conducting follow-up with parents on an ongoing basis.
- Ensuring completion of parental consents and documentation of parent refusal of health services.
- Conducting follow-up with providers to obtain documentation to complete the exam per the EPSDT Schedule or to obtain follow-up information.
- Monitoring physical exam due dates to ensure compliance with the EPSDT Schedule.
- Coordinating with parent and Site Supervisor to set up family meetings as needed.

Site Supervisors are responsible for the following:

- Notifying the parent of the 30-day Well Child Check (CSB207) requirement at enrollment.
- Tracking receipt of the initial Well Child Check (CSB207) for children 0-5 years.
- Ongoing tracking receipt of Well Child Checks for children 0-5 years 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 a family meeting when appropriate.
- Working with teaching staff to ensure child's medical and developmental needs are addressed appropriately.
- Ensuring implementation of care plans.

Comprehensive Services Health Manager is responsible for the following:

- Supporting staff and families through the family meeting process for complex cases as needed.
- Interfacing with community partners to obtain health education, services, assistance and follow-up.
- Reviewing CLOUDS Reports to ensure compliance with health requirements.
- Maintaining a Health Services Advisory Committee that includes Head Start parents, professionals and other volunteers from the community to address the health concerns impacting CSB's children and families and to gain knowledge of current health opportunities available to families and children in the community.

**iv. Dental Exam**

Comprehensive Services Clerks are responsible for:



2017-19  
Policies and Procedures  
Section 2: Program Operations

- Informing parent of the 90 day dental exam requirement upon enrollment.
- Educating the parent about the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 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 and providing support as needed.
- Tracking dental exam due dates on an ongoing basis.
- Preparing reminder letters and contacting parents regarding dental exams and treatment needed.
- Date stamping the dental exam on the bottom right hand section under “Date Received”, upon receipt and review of the form and entering “Date Obtained” on the Dental Tab in CLOUDS.
- Entering dental exam data into CLOUDS upon receipt and documenting data entry in CLOUDS by placing signature and date in the “CSB Staff Follow-up” section at the bottom of the exam.
- Collecting consents for release of information as needed.
- Generating referrals for children without dental care access, with treatment needed or with non-compliance issues as needed and documenting referral follow up under referral/ case notes.
- Tracking dental treatment follow-up on the Dental Exam (CSB206) and documenting “Receiving Treatment” and/or “Treatment Complete” in CLOUDS on the Dental Tab.
- Obtaining parental dental consents for release/exchange of information and onsite dental services and events.
- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for oral health services

Comprehensive Services Assistant Managers are responsible for:

- Monitoring dental exam due dates on an ongoing basis.
- Following up to ensure treatment plans are in progress, ongoing or complete.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings for oral health education, dental access, non-compliance issues, etc.
- Assisting the Comprehensive Services Manager with coordination of exams by volunteer dentists/mobile dental care, and other oral health events/services.

Site Supervisors are responsible for:

- Collecting dental forms and forwarding them to Comprehensive Services Clerks.
- Coordinating with the Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding oral health as needed and keeping teachers informed with updates.
- Coordinating with Comprehensive Services and teaching staff to support onsite dental activities/trainings/events.

Comprehensive Services Health Manager is responsible for:

- Support staff and families through the family meeting process for complex oral health issues.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Reviewing CLOUDS Reports to ensure compliance with oral health requirements.
- Coordinating volunteer dentists, mobile services and oral health events on an ongoing basis.
- Collaborating with the Children's Oral Health Program, Contra Costa Dental Society and other community partners, for oral health education, services, assistance and follow-up.
- Ensuring Health Services Advisory Committee participation in addressing the oral health concerns currently impacting CSB's children and families.

**v. Staff Protocol for Dental Referrals if Treatment is Needed**

Comprehensive Services Clerk is responsible for:

- Generating a dental referral and updating the status as needed in CLOUDS.
- Determining dental insurance status for treatment needed and providing contact information for local community dentists/clinics, the current schedule for mobile dental services in the community, and Covered California or other insurance resources to ensure treatment completion 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 (CSB206).
- Obtaining parental consents as needed.
- Obtaining documentation of Parental Refusal of Health Services (CSB298) as needed.
- Entering contact information and date 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 and frequently thereafter until treatment is complete.
- Entering each follow-up activity in CLOUDS Dental Referral Case Notes and once treatment is finished enter status "complete").
- Referring to the Comprehensive Services Assistant Manager if the family has exhausted all options without success.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports to identify children in need of dental services, referrals and follow up.
- Communicating immediately with parent upon identification of oral health concerns.
- Following up with the Comprehensive Services Clerks and the parent to assist with extended "in progress" referrals.
- Coordinating with Site Supervisor and parent to schedule and attend family meetings regarding oral health as needed.
- In cases where the co-pay is unaffordable or the child is not eligible for insurance and parent cannot afford treatment, referring to providers such as local clinics, mobile dental services, the Children's Oral Health Program, Give Kids a Smile dentist, and the Children's Dental Health Foundation.
- Entering status/follow-up data in CLOUDS Dental Referral Case Notes.
- Referring to the Comprehensive Services Health Manager if services for treatment cannot be provided or treatment is unaffordable.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to provide services on site or through local dental offices, mobile dental vans and dental events.
- Initiating the request process for Head Start funds (last resort) - working with Comprehensive Services Assistant Manager to acquire treatment estimate, letter from parent, date of dental appointment and additional documents needed.
- Reviewing CLOUDS Reports to ensure compliance with dental treatment follow-up.
- Attending family meetings for complex cases.

**vi. Medical/Dental Home**

Comprehensive Services Clerks are responsible for:

- Consulting with parents through use of the Health History to determine within 30 days after child attends the program or, for the home-based program option, receives a home visit, whether or not each child has ongoing sources of health care provided by a health care professional that maintains the child's health records and is not primarily a source of emergency care.
- Assisting families with gaining access to a source of ongoing and continuous care and navigating the managed care system to access services as needed and as soon as possible.
- 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.

Comprehensive Services Assistant Managers are responsible for:

- Supporting clerks with families that are facing barriers to medical/dental home access.
- Monitoring CLOUDS reports on an on-going basis to identify children in need of a medical/dental home.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding medical/dental homes.

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to obtain access to medical/dental homes for CSB families.
- Reviewing CLOUDS Reports to ensure compliance with medical and dental homes.
- Calling upon advocacy organizations to address any gaps in service or access.

**C. Developmental, Sensory, and Behavioral Screening**

All children are screened by the teaching staff in the areas of social emotional development and cognitive development including children with an IEP/IFSP, 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 upcoming screenings and their purposes in advance. Results of the screenings are

2017-19  
Policies and Procedures  
Section 2: Program Operations

used as part of the individualization process for each child.

It is the Site Supervisor's responsibility to work with the teacher and Comprehensive Services Team to ensure that ASQ-SE and ASQ-3 screenings are completed within 45 days of class entry.

The teacher places completed ASQ-SE and ASQ-3 Screenings in the Education section of the child's file and enters screening data in CLOUDS. Teachers give each child time to adjust to the new environment before rescreening if necessary.

**1. Protocols for Sensory (Vision and Hearing) Screening**

Evidence-based vision and hearing screenings are to be completed within 45 days after the child first attends the program or for home-based program option, receives a home visit, for children who do not have results as part of their Well Child Check and for returning children, as needed, based on the EPSDT schedule.

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 one week notice. Note - One 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.
- Communicating immediately with parent upon identification of screening concerns.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding sensory screenings.
- 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Coordinating with Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding screenings.
- Ensuring the completion of the education section of the Screening Results Form (CSB212) within 75 days of enrollment.

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 educational areas of the Screening Results Form (CSB212) including the Behavioral Screening (ASQSE) and Cognitive and Language Screening (ASQ3) and signing in the designated area.
- Assisting with the distribution of Screening Results Forms (CSB212) 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 flyers on site, one week in advance of the screening days.
- 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 documentation of Parent Refusal for Health Services (CSB298).
- 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 and the location of the screening administration.
- Administering the vision and hearing screenings and, noting results on the Hearing and Vision Screening Tracking Form.
- Cleaning up the equipment and leaving the area as it was found.
- Maintaining sensory screening results on the Hearing and Vision Screening Tracking form in a binder onsite.
- Entering all screening data in CLOUDS and documenting screening results, re-screens and

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 did not pass or was unable to condition.
- Preparing referrals to physicians and in CLOUDS for those children identified as needing further evaluation.
- Contacting parents of children with referrals, offering resources for a medical/dental home/insurance and additional assistance as needed.
- Completing the Screening Results Form (CSB212) and ensuring that teaching staff has completed the education section of the form 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.

Comprehensive Services Health Manager is responsible for:

- Overseeing the monitoring of all sensory screenings, referrals and follow up.
- Coordinating annual Vision/Hearing Screening Trainings with CHDP.
- Attending family meetings for complex cases.
- 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. Exams, 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 communicates with the parent immediately and 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 on the physical exam, other health documentation from a health professional or the IFSP/IEP.
- Follow-up treatment for both medical and dental needs 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

the estimated cost for treatment, must be submitted to an Assistant Director for approval and submitted to the fiscal unit and the Bureau Director.

**The protocols for Referrals, Follow Up and Treatment are as follows:**

Comprehensive Services Clerk is responsible for:

- Generating a referral in CLOUDS as soon as a need is identified, with attention given to selecting the appropriate Referral Reason, Service Area and Status.
- Provide resources and referrals as needed.
- Assisting in collecting documentation needed for the referral.
- Entering related data into CLOUDS.
- Supporting parents throughout the referral process.
- Obtaining the Parent Refusal for Health Services (CS298) as needed.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports and following up on referrals on a weekly basis.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings.
- Supporting families through the referral/family meeting process.
- Ensuring the updating of the status of the referral as it changes.
- Contacting the Comprehensive Services Manager for training or technical assistance as needed

Comprehensive Services Health Manager is responsible for:

- Providing training and technical assistance as needed.
- Supporting families and staff through the family meeting process for complex referrals.
- Providing reports and updates to the Assistant Directors as needed.

Assistant Directors are responsible for:

- Ensuring follow-up and corrective action plan completion.

**E. Children with Disabilities- Screenings, Family Meeting 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, family meetings 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 (CSB501) 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 submitted by the parents within 30 days of enrollment and thereafter as required by the EPSDT schedule.

In addition, sensory and developmental screenings are provided to all enrolled children within 45 days of enrollment including children with an IEP/IFSP.

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, Family Meeting 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 family meeting**

- The child's file and the CLOUDS system are reviewed to identify other related concerns.
- 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 (CSB170) is reviewed to identify parent's concerns.
- The At Risk Referral Form (CSB622) 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. Family Meeting**

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

The Site Supervisor and/or CSAM invite the parent/s to a family 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 family meeting 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 family meeting Form (CSB514) and/or directly entered in CLOUDS under "Disabilities-Family Meeting Information" attached to the Meeting/Event sign-in Sheet Form (CSB905). 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 family 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 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 (CSB501), only after understanding the referral process and his/her parent rights under IDEA. The assistant manager assists the team by providing the copy CSB501 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 a Positive Guidance Policy Step Letter and has a Positive Guidance Plan, a copy of this plan, the child's Ages and Stages Questionnaire – Social Emotional (ASQ-SE) and Development Screening (ASQ-3) is included with the referral.

The Child Referral and Parent Consents Form (CSB501), 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 (CSB501), 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 CSB501 and processes it immediately. Once verified referral receipt by

2017-19  
Policies and Procedures  
Section 2: Program Operations

phone with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the assistant manager completes the Response to Referral Form (CSB502).

The original form (CSB502) 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 "Family Meeting Information" under the disability tab in CLOUDS. Copy of the family meeting (CSB514) or family meeting 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 family meeting will follow up as needed and/or as determined in the initial meeting.

#### **F. 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.

#### **G. 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 family meeting team is to:

- Ensure parental consent for Mental Health Consultation is present
- 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Support and include parents in the decision making regarding mental health services for their child

Goals of the Mental Health Unit

- 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.
- Family Meeting
- 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 clinicians provide some services in the early morning or evening to accommodate caretakers' work schedules. Additionally, all Mental Health staff is available via voicemail, and email through the Mental Health unit administrator.

### **3. Mental Health Referral Procedures**

#### **i. Mental Health Recommendations**

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 (CSB 134B), tracking report, observations.
- Participating at family meetings as needed.

The Site Supervisor and CSAM are responsible for the following:

- Reviewing child's file, if applicable "Positive Guidance Plan" and any pertinent screening results such as ASQ-3, ASQ-SE, and Health History to identify and gather additional information to share with appropriate parties as support for the referral.
- Coordinate and scheduling a meeting with parent to offer strategies that can support the child and suggest referral for mental health services.
- CSAM and Site Supervisor explain the MH services and the referral process to the parent or guardian prior to completing referral forms and securing parent consent and signature. (CSB 501 Child Referral and Parent Consent)

CSAM is responsible for:

Thoroughly reviewing the referral form prior to processing it. All sections of the referral form must be filled out 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
- Copy of Medical card
- Check if child has a Positive Guidance Plan and provide copy of the plan with referral
- Check if the child is on one of the Positive Guidance Step Letter, and if applicable, indicate which step
- 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 (CSAM name and contact number)
- Reason for Referral

Section 2: Program Operations

- Name of agency and address parent is giving consent to. In case of referring to CSB MH, the address is as follows:  
CSB MH Unit, 2 California St. Room 4  
Rodeo, CA 94572  
Phone: 510-374-3020
- Initials for consent for assessment and exchange of information, signatures and date
- Providing parent with copy of referral
- Entering the referral in CLOUDS to include:
  - Entering the reason for the referral in the comment section
  - Entering 'Parent Consent for Release of Info' 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) 374-7023 and including the following documents:
  - Complete Referral Form
  - MediCal Card or other insurance documentation
  - Positive Guidance Policy Step Letter and Positive Guidance Plan if on file
  - ASQ-SE (as available)
- Sending email or calling Mental Health Assistant Manager and Mental Health Clerk to advise that referral is being faxed. Include the following information:
  - The child CLOUDS ID
  - 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".
  - Updating CLOUDS data entry 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 family meeting as needed
- 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).

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Notify Disability MH Manager, if services are going to be provided on site by an outside agency.
  - Obtain outside agency documentation and email copies to Disability MH Manager for review and service delivery approval.
- Obtain signed parental consent to release child to intervention services. (CSB 505)
- File proper related documents under the Special Need section of the child's file.

Mental Health Clerk is responsible for:

- Verifying if the child qualifies for services
- Entering Case Notes under CLOUDS referral, beginning with the date, and ending with her first initial and last name.
- Confirming referral receipt by sending an email to CSAM and Site Supervisor. 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 advising 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.
- 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.
- Advising CSAM and Site Supervisor if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services

In this case a second family meeting may be held to communicate with parent/guardian, and to provide support/follow up, and/or additional resources, and/or recommend a referral for outside services if appropriate.

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
- Participating in family meetings as needed

Mental Health Assistant will update CLOUDS in the Referral Section, change status of the original referral and select "Complete" from the drop down menu and provide a brief explanation in Observation Comments Section.

**ii. 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 East, Lora Groppetti: (925) 890-7540

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Mental Health Clinical Supervisor West, Suzy Kim-Tran: (925) 405-7784
- 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
- Cluster C Assistant Director, Isabel Renggenathen: Cell (925) 771-0050
- Comprehensive Services Disability/MH Manager, Sanaa Gad: Cell (925)305-3564 (If MH Clinical Supervisor or Assistant Directors 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

**iii. Mental Health Professional Staff**

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 in children and families Mental Health. The staff strives to provide excellent early intervention to children and support services to parents 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 a senior clerk and a team of CSB Comprehensive Services Assistant Managers CSAMs. The CSAMs facilitate the family meeting that might lead to child referrals for play therapy services.

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.

**iv. Mental Health Services & Special Education Services Sign-In Protocol:**

Mental Health and Special Education professionals must sign-in the visitor log at all CSB sites. Mental Health Clinicians and intervention professionals are responsible for:

- Signing the Site visitor log at each site when visiting and providing services to a child or attending a meeting. Only sign name/agency and do not identify 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 services.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Site Front Desk Staff is responsible for:

- Ensuring that MH or other Early Intervention professional sign in the Site Visitor Log prior to providing services to the children on site.

Outside agency providing services at CSB sites:

- When an outside agency professional is going to provide services at a CSB site, the Disabilities- MH Comprehensive Services Manager must be informed immediately. Outside agency Professionals needs to be informed about Head Start and CSB Policies and Protocols prior to providing services at CSB sites.
- Site Supervisor or CSAM must obtain the following documentation from the outside agency professional.
  - Copy of Parental Consent to Child Release to Early Intervention Services (CSB 505)
  - Copy of Parent Consent to exchange information with CSB Staff (CSB 503)
  - Copy of Personal ID, work ID and Business card
- These documents need to be filed under the Special Needs Section of the child's file and copies submitted to the Disabilities-MH Comprehensive Services Manager for review and approval or service delivery.

CSAMs are responsible for:

- Informing Disability- MH Comprehensive Services Manager if an outside agency professional is going to provide services at a CSB site and professional's contact information for review.
- Collect copies of required consents and documents prior to allowing services delivered at CSB site.
- Communicate Site Supervisor of new professional providing services on site and coordinate safe and appropriate space for delivery of services
- Entering all Special Services in CLOUDS

**v. Policy Regarding Response to Legal Situations**

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.



2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

**vi. 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.

**vii. 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 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.

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. Family 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, 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 family meeting to facilitate a referral. The Mental Health Clinical Supervisor and clinical staff provide consultation at family meeting to discuss children who exhibit a typical behavior or emotional/behavioral needs.

#### **viii. Additional Mental Health Supports**

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

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 ASQ-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 family meeting. Staff checks with parent for understanding, and parent initials and signs the Child Referral Parent's Consents form (CSB501).
- 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.

#### **H. Strategies for Behavior Management**

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

have individual temperaments that staff must consider in behavior management.

- At CSB any form of discipline or punishment that violates a child's personal rights is not permitted.
- "Time out" for children is not accepted as a strategy for dealing with inappropriate behavior.
- Incidents that include challenging and/or unsafe behavior are: aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

To support a positive behavior development, CSB implements the following strategies:

**STRATEGY A**-Teaching staff implement best practices including CSB's social-emotional curriculum for all children, Second Step.

**STRATEGY B**-Create Positive Guidance Plan with parent and site staff during a family meeting. If behavior continues, review and update the Individualized Positive Guidance Plan with parent and site staff in an additional family meeting.

**STRATEGY C**-When strategies A to B have not been successful; the Positive Guidance Policy Step Letter to Parents is implemented. Apply only when Strategies A and B have been implemented.

**1. STRATEGY A-Implement Best Practices**

Challenging or unsafe behavior is discouraged. 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 child
- Assist child to learn logical and natural consequences of their actions
- Encourage respect for the feelings/right of others
- Encourage identification and healthy and socially acceptable ways to express emotion
- Encourage development of self-regulation and behavior control through positive reinforcement of prosocial behavior
- Maintain open communication with children's care givers

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.
- Model and encourage expected behavior – Show children, with actions and words, what is expected. Praise children's actions when appropriate.
- Respect children's developing capacities – Ensure that expectations match/respect children's developing capacities.
- Talk to children about their behavior on their level; listen and communicate caring concern about them as individuals.

- Review the classroom rules with the children or with an individual child and explain that they are important to keep everyone safe.
- Allow someone else to step in and help – If a teacher becomes frustrated, immediately ask another teacher/supervisor to help. (It is best to request another adult to take over until you can return to the classroom.)
- 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.
- Invite the Education Manager to do an observation of the classroom and provide feedback in an effort to support the teachers work.
- Consider repeating a certain unit of the Second Step Curriculum that relates to the current concerns in the classroom.
- If little or no progress is made within two weeks of implementing these best practices, proceed to Strategy B. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The education manager will assist in determining next steps.*

## **2. STRATEGY B - Positive Guidance Plan**

When the above listed strategies are ineffective, the next step is for the Site Supervisor, with teacher support, to conduct a family meeting and develop an individualized Positive Guidance Plan (CSB134B). Steps include:

- Prior to the family meeting, consult with all key stakeholders
- Define the child's strengths
- Define the child's challenging/unsafe behavior concerns
- Partner with parent/caregiver through a mutual decision-making process to define how the family will be involved in guidance plan
- Develop strategies to redirect the behavior that include a timeline for behavior change, classroom strategies and family involvement plans
- Develop strategies to reinforce the child's positive behavior
- Discuss other resources if necessary. For example: referral for mental health services, referral to school district or other local support for assessment and services
- Set timelines for plan implementation and progress
- If little or no progress is made within two to four weeks of implementing the Positive Guidance Plan, notify your Assistant Director and proceed to Strategy C, Positive Guidance Policy Step Letter to Parents. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The Education Manager will assist in determining next steps.*

### **3. STRATEGY C- Positive Guidance Policy Step Letter**

In compliance with Section #101223 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 incidents that include challenging and/or unsafe behavior are aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

If a child continues to display inappropriate behavior and previous interventions (Strategies A and B) have proven ineffective, CSB staff will implement the following four step Positive Guidance Policy (After each step, staff and parents are required to sign that each step has occurred). Ensure that your Assistant Director is informed throughout the process:

STEP 1: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent during a family meeting to review the Injury/Incident report, review the Positive Guidance Plan that was previously created, offer resources as needed to help support your child at home and school.

At the Family Meeting:

- Review and sign Injury/Accident report if not done previously.
- Review and sign step one of the Positive Guidance Policy Step Letter to Parents form (CSB521).
- Review the previously created Positive Guidance Plan.
- If not previously offered, provide parent resources and/or linkages to consultation.
- Discuss if additional resources are needed.

STEP 2: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent for an additional family meeting to review the child's Positive Guidance Plan and determine if changes or additional resources are needed. Referrals to a confidential consultation and support services will be offered.

At the Family Meeting:

- Review and sign Injury/Accident report if not done previously.
- Review and sign step two of the Positive Guidance Policy Step Letter to Parents form. (CSB521)
- Review the previously created Positive Guidance Plan and provide resources and make adjustments as needed.
- Offer parent linkage to confidential consultation and support services

STEP 3: If the child continues to show challenging or unsafe behavior and the two previous steps are proving to be ineffective, the parent will receive an injury/incident report and additional strategies will be reviewed. Family support for the child in the classroom is now necessary. The Site Supervisor will immediately discuss the amount of family support needed during the day and how many days. An additional family meeting will be scheduled to discuss more permanent solutions.

2017-19  
Policies and Procedures  
Section 2: Program Operations

At the Family Meeting:

- Review and sign the Injury/Accident report if not done previously.
- Review and sign step three of the Positive Guidance Policy Step Letter to Parents (CSB521)
- Discuss the family support in the classroom
- Discuss more permanent solutions, if needed

STEP 4: If the child continues to show challenging or unsafe behavior and the three previous steps are proving to be ineffective, the parent will receive an injury/incident report and a temporary suspension is necessary while additional supports are put in place. Educational materials will be given to the child to use at home during this time. CSB will support the family and child to return to the program as quickly as possible. Following the temporary suspension, and upon return to the classroom, an additional family meeting will be scheduled. Should the child continue to show challenging or unsafe behavior, CSB will support the family to transition to a program that better meets the child's needs. The length of the temporary suspension will be determined by the Site Supervisor and Assistant Director.

At the Family Meeting:

- Discuss transitioning the child back into the classroom
- Discuss the possible transition to program that better meets the child's needs

#### **4. Behavior Management Tracking**

- A running log is kept to strengthen the tracking ability by SS, AD, and CSB of each child's challenging behaviors and to ensure staff and children receive needed support timely. The log can be found on the Document Library under Education Documents and Resources.
- SS maintains log daily as needed in addition to making detailed case notes in child's file in CLOUDS.
- SS analyzes the log regularly for trends and checks that a *tiered approach* to address challenging behaviors was followed in accordance with "Strategies for Behavior Management" protocols, and address accordingly.
- SS submits the running log to their AD monthly with their monthly report.
- AD reviews logs monthly for trends and to ensure adherence with protocols, and submits log quarterly to Division Manager.
- Division Manager reviews quarterly log for trends and ensure adherence with protocols, and submits log quarterly to Bureau Director.

#### **5. Family Meeting**

##### **i. Description**

Family Meeting is a collaborative process involving parents, CSB staff, and other professionals for the purpose of developing, implementing, coordinating, monitoring and evaluating available and/or required services to meet children and family's needs. Open communication and promotion of the family and child's strengths are key elements to the Family Meeting process and essential to quality outcomes.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Family Meetings are not specific to support only children with disabilities or with social emotional behaviors but as comprehensive way of communicating with families as needs or concerns arise. These meetings are conducted to exchange information and to mutually develop the most appropriate action plan to support the family and the child.

These plans may include, but are not limited to, 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.

**ii. Family Meeting Purpose**

Family Meeting 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).

Family meetings can be called any time the need arises. However, to provide continuity of care to children receiving MH or disability interventions services, family meetings are conducted as a minimum twice a year.

**iii. Family Meeting Facilitator Role**

A family meeting facilitator serves as a liaison between the family and the service providers (other professional services including classroom staff. The case manager could 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.

Family Meetings are best offered in a climate that allows direct communication between the family meeting 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 Family Meeting Report (CSB514). At the end of the family meeting, necessary and appropriate resources are provided, as well as a copy of meeting decisions such as "Actions and Responsibilities" that parents and staff will implement to support the child. To support monolingual families, efforts are made to provide a prompt written interpretation of meeting Actions and Responsibilities.

Family meeting facilitators are knowledgeable about a variety of community services providers and 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.

## I. Family Meeting Team Members

It is essential not to overwhelm parents by inviting too many individuals to the meeting or having too many agenda items to discuss. Many issues being discussed at these meetings are complicated and can be emotionally difficult for parents. It is important to encourage the parent to bring an advocate if they feel it will help them better understand the information being discussed, or make important decisions. While starting the meeting, it is recommended to explain the meeting purpose and go over staff introductions including their roles and responsibilities, in an effort for the family to meet the staff and understand their roles.

### 1. The Family Meeting Team may include:

- Parent/s
- Teachers
- Site Supervisors
- Education Manager
- Disabilities Manager
- Mental Health Supervisor/Clinician
- Content Area Managers
- 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

### 2. Family Meeting Team Responsibilities as applicable to each meeting:

- Review staff introductions and purpose of the meeting
- 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.
- Review and evaluate 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.
- Ensure that Actions and responsibilities are well documented and shared with the family.



**3. Family Meeting process:**

- Concerns are reported to the Site Supervisor
- Prior to the family meeting the Site Supervisors and teachers review the child's information in CLOUDS and file. Notes will be taken but will not be limited to health, dental, nutrition, screening results, 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 and the Site Supervisor considers the need for CM, the SS will inform the Comprehensive Services unit about the concerns.
- The Comprehensive Services Assistant Managers with the support of the SS arranges for a family meeting with the families to address concerns.
- Meeting team participation and meeting notes will be documented on CSB905 and CSB 514
- Meeting decisions such as actions and responsibilities will be shared so parent and staff will implement the items for follow up.

**4. Referral for Inappropriate Behavior:**

If a teacher is concerned about a child's consistent display of inappropriate behavior, the Site Supervisor should be informed.

The Site Supervisor, teaching staff, and Education Manager will observe the child in the classroom and complete documentation on their observations for use at a Family Meeting. A Family Meeting Team meeting must be scheduled to plan strategies on how to effectively meet the child's needs.

**5. The Site Supervisor 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 Family Meeting Team.
- Discussing strategies/intervention techniques with teaching staff prior to the Family Meeting Team.
- Coordinating meeting with Comprehensive Services staff so key stakeholders could attend (CSB staff as well as any other professional involved with the child/family).
- During the Family Meeting, discuss intervention techniques and strategies to support the child's positive behavior. As needed, recommend mental health consultation/referral or referral for further evaluations under Local Education Areas LEAs.
- Support the team following the Family Meeting agreements.

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

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

**7. The Comprehensive Services Manager/Assistant Manager will be responsible for:**

Gathering relevant information before the meeting: Inviting all applicable parties or individual advocates working on behalf of 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.

- Coordinating and gathering relevant information before the meeting. Including file review and classroom observations.
  - Creating an agenda to provide to all participants and keeping the meeting on time/track and have all participants sign-in.
  - Facilitating the meeting by supporting positive outcomes, facilitating referral as needed, sharing next step including roles and responsibility of the participants.
  - Keeping meeting documentation on child's file: Meeting Signing Sheet (CSB-905), Family Meeting (CSB 514) and if applicable consent for referrals (CSB 501).
  - Schedule a follow up meeting if needed to track team meeting agreement progress.

**J. Child Abuse Reporting Policies**

**1. All CSB and Delegates Agencies will adhere to the following policies:**

Children who are identified by Child family Services (CFS) as at-risk will be given the 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)

- CSB and Delegates agencies will maintain secure and confidential records regarding child abuse and neglect in accordance with state laws and Head Start Performance Standards.
- All CSB, Sub-contractors, and Delegate Agency staff must adhere to Mandated Reporters Law- Child Abuse and Neglect Reporting Act as delineated under the Penal Code Section 11164- 11174.3

**2. Child Abuse and Neglect Reporting Act- Penal Code Section 11164-11174.3 (*Amended Effective January 1, 2016.*)**

**11164. (b)** "The intent and purpose of this article is to protect children from abuse and neglect" and "to prevent psychological harm to the child victim".

**11164.** As used in this article "child" means a person under the age of 18 years.

**11165.2 -11165.6** These articles include all instances of child abuse such as: neglect, physical, sexual and emotional abuse.

**11166. (a)** a mandated reporter shall make a report to an agency specified in Section **11165.9**, whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow up report within 36 hours of receiving the

2017-19  
Policies and Procedures  
Section 2: Program Operations

information concerning the incident.

In compliance with penal code **11165.9** CSB, Sub-contractors and Delegate agency staff report reasonable suspect of abuse to the county Welfare department.

**11166. (1)** For purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion. “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any “reasonable suspicion” is sufficient.

**11166. (2)** The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

**11166. (c)** A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine.

**11166. (h)** When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

**11166. (i) (1)** The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

**11166.01** Subdivision (c) of Section 11166, any mandated 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. *\*(Amended. Effective January 1, 2007.)*

### **3. Procedures for Reporting Suspected child Abuse**

i. CSB staff in all divisions MUST report suspected 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

ii. 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.

iii. CSB staff is encouraged to consult with their immediate supervisor for guidance and support prior to reporting. Staff may also call the Mental Health Unit for additional support at

2017-19  
Policies and Procedures  
Section 2: Program Operations

the following number: 925-890-7540 or 925-305-3564. 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.

iv. For the purposes of reporting, staff is encouraged to review the child's file and data entered in CLOUDS. 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).

v. Reporting suspect of child abuse:

- In accordance with mandated reporting responsibilities and laws call:

Contra Costa Children & Family (Protective) Services Hotline Numbers	Hot Line (24 hours) 877-881-1116
	West 510-374-3324
	Central 925-646-1680
	East 925-427-8311

- Complete a "Suspected Child Abuse Report" (CSB-510 or Form STAR SS 8572) within 36 hours after the report was made. The Person Making the report must sign the written report and provide the report to their site supervisor for filing.
- Mail or Fax the completed report (CSB 510 or Form STAR SS 8572) to:  
Children and Family Services  
400 Ellinwood Way  
Concord, Ca 94523  
Fax: 925-602-6981

Site Supervisor is responsible for:

- Maintaining and storing all CFS reports in a locked confidential file, which is separate from the child's cumulative/educational file.
- Communicating with cluster AD and completing an Unusual Incident Report to Community Care Licensing within 24 hours of the initial CFS call.

vi. Feedback to Reporter:

- A CFS investigation will be open. CSB staff is encouraged to participate in the process.
- After investigation is completed, the CFS will inform the mandated report of the result of the investigation. At the end, the reporting person's name will be kept confidential. Unless, legal actions are taken when the name will be revealed and the person might be called as a witness.

vii. CSB Mental Health staff is responsible for:

- Informing and consulting with their clinical supervisor.
  - Providing a copy of the CFS report to the Mental Health Clerk and filing a report in the child's mental health file.
  - 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.
- viii.** The Comprehensive Services Managers, Health, Disabilities-Mental Health and Family Engagement 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.
  - Provide support and educational services to parents as a preventive measure to reduce the likelihood of an additional abuse/neglect occurrence.
  - Provide training to parents and staff yearly on the significant aspects of abuse/neglect. Comprehensive Services Disabilities/Mental Health Manager will maintain documentation of such training.
  - Establish liaison with Child Protective Services (which has legal responsibility for receiving reports of abuse and neglect).
  - Collaborate with Human Resources to ensure that program staff is properly informed/trained on procedures for identifying/reporting suspected child abuse and neglect.
  - Collaborate 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.
  - Ensure that information/training is provided for parents and staff on the legal requirements regarding reporting of abuse/neglect.
  - Provide written explanation of the legal requirements of reporting (given to every parent when he/she enrolls in the program). Obtain a signed acknowledgment from the parent that he/she has received and understands the information. (CSB-360)
  - Review annually child abuse reporting laws and update all employees on new requirements. Obtain signed Acknowledgement of review from each staff. (CSB- 508 )
  - Ensure that parents are provided ongoing educational opportunities to learn about positive parenting and child abuse prevention techniques.

## Sub Part II. Child Nutrition

### A. General Description-Identifying Children's Needs

A comprehensive system of services are implemented to help prevent health problems and intervene promptly when they exist. Comprehensive services are responsible for identifying cases for nutrition referral, follow-up and family meeting referrals.

### B. Nutrition Referral

#### 1. Comprehensive Services Assistant Managers and Clerks perform the following:

- Review medical records, health histories and growth assessments.
- Identify nutrition risks following the guidelines listed below in the table.
- Initiate nutrition referral in CLOUDS.
- Update existing referrals in CLOUDS.
- Use the "What To Say and What To Do" protocol (see CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition) based on the specific nutrition risk when speaking with parents.
- 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.

#### 2. Guidelines for Identification of Nutritional Risk:

##### i. Iron Deficiency Anemia – Criteria

Criteria for Providing Nutrition Information to Child's Parent			
Age / Years	Sex	Hgb	Hct
0 to 5	Both	11.0 – 11.5	33.0 – 34.0
Criteria for Initiating Nutrition Referral and MD Referral			
Age / Years	Sex	Hgb	Hct
0 to 5	Both	10.9 or less	32.9 or less

##### ii. 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.

##### iii. Underweight

Input child's height and weight under Growth Assessment in CLOUDS to determine nutritional status.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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%

**iv. Overweight & Obese**

To effectively manage children's nutritional concerns follow-up must be 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 CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition).
- 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.
- Teachers:
  - Model correct portion sizes 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.
  - If a child is extremely underweight or obese, staff will follow policies and procedures related to reporting suspected child abuse and neglect. Nutrition Manager and Health Services Managers are available for consultation as needed.

**v. Picky Eaters**

When picky eaters are identified, Comprehensive Services Assistant Managers and/or Clerks are responsible for providing the nutrition handout to parents, and for documenting actions and parent

2017-19  
Policies and Procedures  
Section 2: Program Operations

conversations in CLOUDS in the comment section under Health History. No referral is needed. However, if child is identified as a picky eater and there is another nutrition issue then a referral is needed.

- **Comprehensive Services Clerks:** Inform CSAM that a family meeting is needed due to child being a picky eater and having another nutrition issue such as obesity, overweight, or anemia.
- **Comprehensive Services Assistant Manager:** Schedules family meeting with Nutrition Manager and any other managers who may be needed.
- **Site Supervisors:** Inform CSAM so that a family meeting may be called, once site supervisor is aware that child is a picky eater and has another nutrition issue such as obesity, overweight or anemia.
- **Teachers:** Inform Site Supervisor, Comprehensive Services clerks or CSAMs.

**vi. Tube Feeding**

If child requires gastrostomy-tube care Community Care Licensing requirements must be met prior to enrollment. A family meeting takes place prior to Community Care Licensing notification and prior to enrollment into a CSB program.

**vii. 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 Nutrition Manager will modify or supplement the child's diet on a case-by-case basis, in consultation with parents and the child's medical provider.

**viii. 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 their increasing health risk for young children. Peanuts are currently the leading food-related cause of severe life-threatening allergic reactions.

**ix. Food Allergies and Special Diets**

When food allergies and special diets are identified, the following will apply to Comprehensive Services Assistant Managers, Clerks, Site Supervisors, and Site-Based Clerks:

- Identify food allergy/intolerance or need for special diet if any.
- Immediately give parent a "Medical Statement to Request Special Meals and/or Accommodations" (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 Cultural, Religious, and/or Personal Beliefs" form for non-medical special diets (CSB403). This form is not to be used



2017-19  
Policies and Procedures  
Section 2: Program Operations

for personal food preferences.

- 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.

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.
- Immediately informing the Nutrition Office when children who need meals modified have left the program or have moved to another classroom.
- Reviewing meal modifications and addressing any questions to the Nutrition Manager.

The Comprehensive Services Assistant Manager is responsible for consulting with the Nutrition Office regarding the possibility of accommodating other food substitutes necessary to meet the child's needs.

Nutrition Clerk is Responsible For:

- Adding child's name to the Food Allergy or Food Restriction 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 meal modifications on file.
- Menu Change Protocol for Food Allergy/Modifications

The Nutrition Manager is responsible for any food modifications/substitutions. When a recommended food item is not available:

- The Nutrition Manager will be immediately notified by FS Worker III, Food Operations Supervisor, or AD. The Nutrition Manager will give an alternate food substitute.
- If the Nutrition Manager is not available, the Food Operations Supervisor will check past meal modifications to determine appropriate substitution. The Food Operations Supervisor will inform kitchen staff of change.
- The Food Operations Supervisor will also inform the Nutrition Manager when substitutions have been made.
- If the Food Operations Supervisor is also not available, the Supervising AD will check past meal modifications to determine appropriate substitution. The Supervising AD will then inform kitchen staff of change.
- The Supervising AD will also inform the Food Operations Supervisor and Nutrition Manager when substitutions have been made.
- The Nutrition Office will inform Site Supervisor or assigned staff of food substitutes.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Kitchen staff is not to make any substitutions without approval from Nutrition Manager, Food Operations Supervisor, or Supervising AD.

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:

- Taking heights and weights every March and November of all preschool children currently enrolled.
- Following height and weight protocol when filling out Height & Weight Log (CSB430).
- 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 newly enrolled preschool children within their first 30 days 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.
  - 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.

## 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.

The 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 each month.

## **2. Nondiscrimination 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.

The most current version of the nondiscrimination statement will be used on all CSB forms of communication made available to the public regarding program availability, except for menus. The appropriate nondiscrimination statement is to be used and it must be prominently displayed on the document and be the same text size.

The short statement can be used on flyers, posters, or documents that are one page by nature, in a font size no smaller than the text size. This institution is an equal opportunity provider.

## **D. Child Adult Care Food Program (CACFP) Monitoring**

To ensure compliance and meet CACFP requirements, all grantee sites must be monitored three times a year.

Nutrition Manager's 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 Directors.
- Sending original copy of CACFP Center Monitoring Review Report 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 responsibility:

- Implementing corrective actions and/or responding to monitoring report within 2 weeks.
- Sending the Nutrition Manager documentation of the corrective action plan and date of completion, e.g. Individual/Small Group Conference form or agenda and sign-in sheet for verification completion of corrective action

### Sub Part III. Child Health and Safety

#### A. Daily Health Inspection

The teacher is mandated by Community Care 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 assessment. 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, teaching staff will complete in CLOUDS use the Daily Health Check log (CSB230) 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 (CSB155). 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 child the following question: “How are you today?”
  - Ask parent the following questions: “How’s (name of child)?”
2. “Was there anything different last night?”
  3. “How did he/she sleep?”
  4. 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?
  5. 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?
    - Is the child coughing, breathing fast, or having difficulty breathing?
    - 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?
    - 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?
  6. 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?

2017-19  
Policies and Procedures  
Section 2: Program Operations

7. Smell: Be aware of unusual odors.

- Does the child's breath smell foul or fruity?
- 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

Odors	No odor or normal odor for child	Breath smells foul or fruity Stool smells foul
-------	----------------------------------	---

## 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 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 water using paper towel instead of bare hands

## C. Infection Control in the Classroom

In addition to Standard 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

### 1. Hygiene – Standard Precautions

#### i. 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.

## **ii. 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.

## **iii. 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.

CSB Standard Precautions procedures apply to all program staff and volunteers 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 supplies Blood Borne Pathogen Kits in each classroom to ensure staff has access to appropriate standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, etc. Blood Borne Pathogen Kits can be located in the classroom by Bloodborne Pathogen Kit signage and will be replaced immediately after a single use. The program will ensure that all program staff receives training in the use of 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 two years.

Anyone who has questions regarding the appropriate use of this protective equipment should call the Comprehensive Services Health Manager. If personal protective equipment becomes damaged or lost, ask for a replacement immediately.

## **2. Diapering and Toileting Procedure**

### **i. Description**

Since diapering and toileting are every day procedures for staff, and are a 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.

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.
- Place child on paper covered changing surface or table. Never leave child unattended during diapering processes.
- Remove child's clothing and put soiled clothing aside. Put on gloves using posted procedure.
- 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 wipes in dirty diaper.
- 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.
- Clean your hands with a disposable wipe and then clean the child's hands with another fresh wipe.
- Put clean diaper on child. (Put ointment provided by parents following CSB Policies and Procedures for over-the-counter medication.)
- Dress the child. Change the child's clothing if wet or soiled.
- Wash the child's hands with soap and water. Put child safely in supervised area.
- 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.
- Wash your hands with soap and water.

**iii. Toileting**

The following procedure should be followed when toileting a child:

- i. Have all materials at hand before starting procedures.
- ii. Never leave a child unattended; visual supervision is required.
- iii. Have child sit on potty, but never longer than 5 minutes.
- iv. After child has finished, teach child how to wipe self from front to back.
- v. Before child leaves bathroom, the child is to wash hands properly.
- vi. Staff member washes hands when done.

**D. Napping Policy**

To promote safe sleep practices and 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.
- Blankets are not used in cribs or with sleeping babies however Sleep Sacks are available as needed to ensure appropriate temperature for sleeping babies.
- 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.

## **E. Dental Hygiene**

All children with teeth shall brush or have their teeth brushed with fluoride toothpaste once a day during the hours the child is in care. If possible, for full day and family child care programs, children will brush their teeth after lunch, part day morning program children will brush their teeth after breakfast and part day afternoon program children will brush their teeth after lunch.

Size appropriate toothbrushes, tenders and fluoride toothpaste will be obtained through the health supply ordering process and will be use as follows:

Children age three and older - Once daily and 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. Fluoride toothpaste, not larger than the size of a pea should be placed on a disposable cup for each child.

Children under three years old - Once daily and 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. Fluoride toothpaste, the size of a grain of rice should be placed on a disposable cup for each child.

All children without teeth shall have their gums wiped with a moist cloth or a product called "Tenders" (a soft, single finger swab ordered and provided by the Health Content Area Manager) to remove any remaining food/liquid that coats the teeth and gums at least once a day and after a feeding. By doing this, caregivers are breaking up plaque in order to create a much healthier environment for the teeth that will be coming in later.

Follow these steps when caring for infants without teeth:

- 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

## **F. Health Issues in the Classroom**

- Call your assigned Site Supervisor when a health concern is identified. 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.
- 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.

The Site Supervisor, Comprehensive Services Staff or Health Manager must follow up with the parent and medical provider(s) to confirm any diagnosis given by the parent or family member. The information will be evaluated, and a decision made as to whether the child can attend school at that

2017-19  
Policies and Procedures  
Section 2: Program Operations

time. 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 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.

### **6. 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.

### **7. 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.

### **8. 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.

### **9. 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.

### **10. Infant and toddler outdoor safety**

- Infant and Toddler classrooms shall have no more than eight (8) children present for any activity, including outdoor time.

### 11. 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 in the morning and limited overlap in the afternoon;
- 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 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 B.

## **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.
- 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. Notification of parents must be noted in the child's file. 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.

An ill child may only be excluded for the period of time when 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° F rectally or 100° F axillaries (armpit).
  - A temperature of 105° F 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.
- 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 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.

### **• 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

- The child has no respiratory problems, such as:
  - Difficult/rapid breathing, severe coughing or a high-pitched croup or whooping sound while coughing.
  - Inability 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. (CSB221 to CSB238.)

#### 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 to the seriousness of the injury. The Injury / Incident Report (CSB245) 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.

##### 2. Student Injury / Incident Report

- Whenever a member of the center staff uses first aid or informs a parent that a child has been

2017-19  
Policies and Procedures  
Section 2: Program Operations

hurt, the Site Supervisor or Teacher will call the Assistant Director to report the incident. If necessary, immediate arrangements for obtaining medical treatment will be made.

- The teacher is required to complete an Injury / Incident Report (CSB245). This report is also used for minor injuries such as scrapes or small cuts that require minor first aid. A copy of completed form is to be shared with the parent on the same day as the injury/incident occurred and the original is kept on site.
- If the incident involves more than 1 child, a report must be done for each child. The information as to 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 Injury / Incident Report (CSB245).
- Depending on the nature of the injury / incident, Site Supervisor may need to follow-up with the appropriate CSM (Education, Health & Nutrition, Mental Health/Disability) and/or Business Systems Unit after the injury/incident occurred.
- The Assistant Director should be notified immediately of all injuries/incidents. If the Assistant Director notices that an elevated amount of incidents are occurring, he/she should call the Site Supervisor/Teacher to discuss the situation and develop a plan/solution to prevent further incidents.
- Site Supervisors must maintain a Site Injury/Incident Log for each injury / incident 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. Bloodborne Pathogen Training is provided annually.

### **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.
- Blood and semen are the only body fluids that have been demonstrated to be capable of transmitting AIDS (Acquired Immune Deficiency Syndrome).

### **3. Supplies needed**

- Blood Borne Pathogen Kits are available in each classroom with signage to designate storage location and to ensure staff has access to appropriate standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, plastic bags, etc. Blood Borne Pathogen Kits will be replaced immediately after a single use. Additional gloves, CPR mouthpieces, etc., are located in the First Aid Kits in classrooms and in the office.

### **4. Procedure**

Wash hands and put on gloves when having any contact with blood or bodily fluids. Use gloves one time and only on one student.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- After completing the necessary task, 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 Injury/Incident Report (CSB245) as applicable.

#### **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.
- 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.
- Be safe - always wear gloves. Questions should be directed to the Health Manager.

### **M. Medication Administration**

In compliance with Community Care Licensing, Community Services Bureau sites maintain an Incidental Medical Service Plan of Operation. CSB supports and provides incidental medical services to children with all medical conditions per CCL regulations including, but not limited to, the administration of medical services for asthma, allergic reactions, and G-tubes.

#### **1. Administering Medication**

Because the 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 unexpired medication is in an appropriately labeled and stored container, and the facility has on file the written instructions of a licensed physician to administer the specific medication as needed and the appropriate forms/care plans such as CSB280, CSB282, CSB219, CSB219A, and the CSB213 have been completed.

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.



2017-19  
Policies and Procedures  
Section 2: Program Operations

Over-the-counter medications are treated in the same manner as prescription medications. For administration of over-the-counter (non-prescription) medications, (including diaper cream and sunscreen) parents will provide the unexpired medication in an original child-resistant container 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 only if the facility has on file the written orders (ex: CSB280 and CSB828.) from a physician including the signature or stamp of the physician or other person legally authorized to prescribe medications and in accordance with the instructions of the physician for the dose, frequency, method to be used and duration of administration.

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 (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.

### **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. 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.
- Medications that require refrigeration must be stored in the designated locked refrigerator medication boxes supplied to each center.
- EpiPen Auto-injectors 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. EpiPens should not be stored in extreme heat or cold and should be protected from light.
- 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.
- 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.

### **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, name of medication, dose, date, and time of administration, and the signature of 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.

### **5. Asthma Protocol**

Asthma is a common health condition and one that typically requires medication. Teachers will receive training regarding asthma, its symptoms, and treatment procedures and the following protocol will assist the teaching staff:

- 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).
- 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.
- 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:
  - 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, with the medication and in the child's main file. If the plan indicates medication is used routinely or "as needed," CSB must have medication on site before the child can attend class.
- 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.
- 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).

### **6. Training of Caregivers to Administer Medication**

Medication Administration Training is provided annually and any caregiver who administers medications shall be trained to:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 (including inhalers and EpiPens) according to the prescribed methods and the prescribed dose;
- Observe and report any side effects from medications;
- 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 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.

### **8. EpiPens**

EpiPen Training is provided annually, and in addition staff is trained through CPR/1st Aid Training and on-line EpiPen training under the direction of the Site Supervisor when a child with an EpiPen is identified onsite.

### **9. 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.

## **N. Incomplete Health Records**

1. 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.
2. 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

3. Parents will be informed during enrollment and at parent conferences 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/insurance coverage and family meeting 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.
4. 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 asked to reinforce the request made by the Site Supervisor or Comprehensive Services Team regarding health requirements.
5. Children may be excluded from the program for missing or incomplete initial physical exam, incomplete immunizations, and lack of a TB Clearance only.
6. 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, family meeting will take place with the site staff, Comprehensive Services and parents and a plan will be implemented.

## **O. Health and Safety Training for Center Staff and Parents**

### **1. Staff**

1. 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 and First Aid Training (good for two 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.
2. 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 and at least 1 hour of child nutrition education, with content to include age- appropriate meal patterns based on the most current Dietary Guidelines for Americans. 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.

### **2. Parents**

- Site Supervisors will share the policies for health emergencies that require rapid response on the part of staff or immediate medical attention at the time of completing the Classroom Orientation (CSB112) with parents.
- Through collaboration with parents to promote children's health and well-being, CSB staff provides medical, oral health, nutrition and mental health educational support services. Opportunities for parent education include, but are not limited to: medical and oral health, emergency first aid, environmental hazards, health and safety practices for the home including safe sleep, lead exposure and tobacco use, healthy eating, physical exercise and vehicle/pedestrian safety. In addition, pregnant women and families are provided educational opportunities to learn about pregnancy and postpartum care including breastfeeding, parental mental health, substance abuse, and perinatal depression.

#### **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. Signage guidance can be found as follows: CSB Resource Center>Document Library>Comprehensive Services Documents and Training Resources>Signage>Signage Guidance.
- 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.

#### **Q. Pet Protocol**

- Animals can bring joy to the classroom while offering children the opportunity to be responsible for another living creature.
- 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.
- Turtles and other reptiles are not allowed in the classroom because they are potential carriers of salmonella bacteria.
- 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.
- 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.

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:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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:

- Daily feeding (food and water) schedule
- Daily exercise
- Cage cleaning schedule

Accommodations must be made for:

- Scheduling weekend, holiday, and vacation care
- Maintaining care in the case of an emergency (natural disaster, animal illness, bites, and other similar situations)

Responsibility of the teaching staff:

- Review each child's Health History to identify children with allergies to specific animals.
- Complete the Pet Care Plan.
- Maintain the overall care of the animal.
- Initial the log noting responsibilities completed.
- To report any bites or scratches to the Site Supervisor and complete health documentation as required.

Responsibility of the Site Supervisor:

- Submit a request to the AD for classroom pet approval.
- Oversee the health and well-being of children, staff and animals as they interact in the classroom.
- Report bites or scratches immediately the Comprehensive Services Health Manager and the Assistant Director.

Responsibility of Assistant Director:

- Provide pet approval for a classroom on an individual basis.

## **R. Safety / Sanitation Procedures**

- Facilities have available first-aid kits 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.
- All plants must be non-toxic.
- 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.
- Tall furniture over four feet tall shall be braced to the wall or floor.
- Cots shall be 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  $\frac{3}{4}$  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.
- 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**

2017-19  
Policies and Procedures  
Section 2: Program Operations

The Health and Safety Officer will conduct monthly inspections of the facility for hazards using the Health and Safety Checklist on CLOUDS. The Site Supervisor will review the result of the site inspections and will submit a Track-it request for correcting hazardous conditions identified.

**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.

**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.

**4. Injury Prevention**

Whenever an injury occurs, a copy of a completed Incident/Accident Report (CSB245) 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.

**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” signage), 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
- Adhesive tape
- Sterile first aid dressings
- Bandages or roller bandages



2017-19  
Policies and Procedures  
Section 2: Program Operations

- Pen/pencil and note pad
- Antiseptic solution
- Cold pack
- First aid 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 emergency. Everyday health and safety supplies such as Band-Aids, cold packs and gloves are stocked separately 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.
- Documentation of earthquake and fire drills should be entered in the Fire/ Earthquake Drill Report for and the Fire and Earthquake Drill Log (Disaster Drill Report SB116 and Disaster Drill Report Log SB117)
- 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.
- In the event of an emergency when children are moved to another location, medications and documentation for children with health conditions that may require incidental medical services must be transported with the child by the Lead Teacher or designee who is designated to administer the medication.

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 outbreak
- Poisoning
- Catastrophe
- Fire or explosion 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
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-gallon jugs for preschool and one half-gallon jug for toddlers per classroom, per meal) and fluid milk substitutions if needed for milk intolerances are to be on hand at all times.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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
  - Milk
- Afternoon snack:
  - Graham crackers
  - 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 ( $\frac{3}{4}$ ) teaspoon of chlorine bleach to two (2) cups of water or one (1) tablespoon of chlorine bleach to one (1) quart of water. Other disinfectants may be used with the approval of the Assistant Director for that site.
- 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).
- 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.

## **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 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
- 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 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

a detergent or other cleaner, shall be freshly prepared each day using 1/4 cup of bleach per gallon of water or other approved disinfectant . 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 must be approved for use at CSB and shall be placed in a locked storage area.

#### W. Kitchen Sanitation

- All kitchen staff will follow Contra Costa County's Environmental Health rules and regulations for Retail Food Facilities.
- 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 °F (74 °C) during washing and 180 °F during rinsing.
- All dishes and utensils used for food preparation, eating and drinking must be cleaned and sanitized after each use. If a dishwasher is not used, the manual 3-compartment sink method must be followed.
- 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 for 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
- After eating
- After drinking
- After using the toilet
- As often as otherwise necessary

Employees must take off their apron:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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, chew gum, or wear earphones. Employees may eat and drink in designated areas only, and shall follow Contra Costa County's tobacco product control ordinance.
- Potentially hazardous food must be kept at an internal temperature below 40°F or above 140°F. Hot foods that fall below 140°F must be reheated to at least 165°F.
- Gloves are to be used when either hand comes into contact with food such as when cutting food. Gloves do not need to be used when serving food with a utensil so there is no hand contact.
- 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**

- Before and after each meal time, tables must be cleaned with the registered disinfectant/cleaner approved for food prep surfaces
  - Children should not return to the table with books, toys, etc. until after the table has been cleaned and sanitized.
- 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 the time when temperature was taken must be recorded on transport sheet.

### **ii. Food Utensils, Dishes and Food Containers**

- Each center must ensure that all serving bowls and other tableware items have been properly sanitized before each use.
- 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 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.

### **iii. Refrigerators**

Thermometers inside freezers and refrigerators must be checked daily. It is the Site Supervisor's responsibility to:

- Monitor the daily temperature check and keep the Refrigerator/Freezer Log (CSB455) accessible.
- 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.
- 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.

### **iv. Food storage**

- Leftover fruit (except for bananas) and bread shall be stored in the refrigerator for later use.
- Leftover milk and cold foods shall 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 shall be marked with their date of delivery.
- Opened food that must be stored shall be labeled with name and date of opening.
- All containers shall be labeled with name of food and date when packed.

### **v. Disposal of Leftover Food**

Serious health problems can be caused by leftovers that are held too long at an 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. Unsafe perishables shall be disposed of daily.
- The central kitchen will create a sample lunch plate and hold it for seven days. This food will be used for analysis in the event of a food-borne illness outbreak.

## **Y. Procedures for Using Transport Units**

Food cambros are insulated to help maintain the temperature of hot food or cold food. Cambros shall be sanitized daily.

- Cambros shall not be stacked more than four high.
- Broken cambros shall not be used to transport foods.
- Containers are opened just before serving food.
- All food containers shall be rinsed before being returned to central kitchen.

- Food shall not be left at room temperature in an open insulated food container.

## **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 should be made jointly by the infant's doctor and parents. CSB provides one house formula: Enfamil Infant. Any parent who wishes to decline this formula must document this declination using the form "Parent's Form for Declining a Provider's Formula" (See Form CSB404). Such parents 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 (CSB404).
- Infants are to be held while being fed, and must never be laid down to sleep with a bottle.
- An infant's developmental readiness is assessed to determine the foods to be provided, the texture of the foods, and the feeding styles to use. For complete guidelines, refer to the training manual Feeding Infants: A Guide for Use in the Child Nutrition Programs.

### **2. Feeding Infants:**

- The introduction of solid foods is usually started around six months of age, depending upon each infant'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. Infants will be offered single-ingredient commercial baby food when appropriate.
- As infants grow older, they may prefer to hold their own bottles, and may do so while being held 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 shall not be served from jars. Before feeding, the approximate amount of food that infant might consume shall be taken from the jar and placed into a small dish. Solid foods must not be put in bottles. Babies fed such food in a bottle can choke and may not learn to eat foods properly.
- Any parents who choose to decline the center's offered food and instead furnish one or more food items that meet Child Nutrition Program (CNP) nutritional content requirements, must document this declination using the Parent's Form for Declining a Center's Food For Infants, (Form CSB405) unless the 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)



2017-19  
Policies and Procedures  
Section 2: Program Operations

does not meet the CNP requirements, the doctor will need to complete the Physician's Letter for Declining a Center's Food (CSB405a), return the original to the Nutrition Office, and retain a copy in the child's file.

**3. Food to Avoid with Infants**

Infants 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 opportunities to share part of their family traditions, culture, personal interests, 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, safety, and nutrition. 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.

- Potlucks are discouraged during class hours as the children have their planned menus.
- If a potluck is held during a classroom event, it shall be held in a separate room such as a teacher's lounge or conference room. If a separate room is not available, potlucks shall be held after class hours.
- If a potluck is held during a classroom event, enrolled children will first be served the food provided by Child Nutrition Services.
- Parents may prepare a plate of potluck food for their own children only, and enrolled children may not be served the food in lieu of the food provided by the program.
- If after hours, parents may serve their children alternate food from whatever source they choose at that time.
- Parents who choose to contribute food should be encouraged to bring foods that are economical, healthy, and prepared in sanitary conditions. See section CC below for restrictions and suggested healthy alternatives.
- The food may be either homemade or purchased.
- Cultural foods are encouraged.

**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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 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 Nutrition Manager to ensure that provisions to meet special needs are incorporated into the nutrition program.
- Appropriate professionals shall be consulted when determining ways to assist Head Start staff and parents with regard to children who have severe disabilities and/or problems with eating.
- The Nutrition Manager will plan and implement 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 shall be kept locked.
- Walk in refrigerators shall be kept locked.

- Storage room shall be kept locked.
- Access to ice machine shall be controlled.
- Food shipments shall be accepted only if products are secured and sealed.
- Incoming food shipments shall be examined for potential tampering.

## **PART V. FAMILY & COMMUNITY ENGAGEMENT PROGRAM SERVICES**

### **SUBPART I. Family Partnership Agreement Building**

#### **A. Purpose**

Parent and family engagement in Head Start/Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children. The partnership between parents and HS/EHS staff is fundamental to children's current and future success and their readiness to school. At CSB, parents and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families. The Family Partnership Agreement Building process begins at the first point of contact with the families. This may occur through a phone call to the enrollment line, an intake appointment, an enrollment clinic or a walk-in at one of our centers. Upon enrollment staff and families build ongoing, respectful, and goal oriented relationships. As needed, staff is ready to link families with community resources and referrals to promote progress on family and child development goals.

The Family Partnership Agreement Building is further strengthened by parents completing the Parent Volunteer Survey, Parent Interest Survey, and engaging in the day to day program activities for families and children.

#### **B. Building Family Partnership Agreement (FPA)**

Through the Family Partnership Agreement, families work with staff to identify and achieve their goals and aspirations. The FPA is a strength-based practice and is completed twice each program year. In both cases, parents and co-parents are encouraged to participate based on their readiness/willingness.

The Family Partnership Agreement has three layers of engagement:

- Family assessment
- Family Goal Setting
- Referral and Resources

##### **1. Family Assessment**

Through the family assessment process, families meet with staff to share their unique strengths, inspirations, goals and challenges. They also discuss various dimensions of the HS/EHS Parent Family Community Engagement (PFCE) Framework:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Family's well-being (Parent/family Health and safety, financial security, Shelter)
- Positive Parent Relationships (Parents developing warm relationships that nurture their child's learning and development).
- Family as Lifelong Educator (Parent as first teacher, participates and support their children learning, partner with teachers school and community).
- Family as Learners (Parents advance their own learning through educations, training, to support parenting, career and life goals).
- Family Engagement in Transitions (Parents support children learning and development as they transition to new learning environments such as EHS to HS or HS to Kinder and Elementary School).
- Family Connections to Peer and Community (Parent is connected with peers to build networks that are supportive and educational to enhance social well-being and community life).
- Family as Advocates and Leaders (Parent participates in leadership development at site level, community or state level to improve advocate for high quality children's learning experiences).

The key points of this conversation are objectively documented in CLOUDS. Using the Family Partnership Assessment Indicators, Comprehensive Services staff will assign one of the indicators to the dimension (thriving, safe, stable, or in-crisis).

## **2. Goal Setting**

Based on the information gathered in the Family Partnership Agreement - Assessment, and on what families consider is important to them, they are encouraged and assisted to set SMART goal (Specific, Measurable, Agreed upon, Realistic, and Time Based). If the family had a pre-existing goal, and the parent seeks assistance, CSB staff will support the family as requested. Using the family's own words, the goal is recorded in CLOUDS, Family Partnership 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)
- Support Needed (Staff commitment to the action)
- When the goal will be completed (within the program year)
- Plan B (if something unexpected happens)

## **3. Accessing Resources and Referrals**

Upon identification of the family SMART goal, the family defines achievable short steps, identifies resources/referrals they might need to successfully reach those goals, and commits to its completion. Staff assistance and support, nurtures the family as they go through this process, building their knowledge and confidence accessing community resources.

#### **4. CSB Family Partnership Agreement Process**

The initial FPA is completed within 90 day of family enrollment; the second one is a follow-up of the initial FPA and is completed by April 30

##### **i. Within 90 days of Enrollment**

Comprehensive Services Clerks are responsible for the following:

- Complete the first FPA with parents and enter all information accurately in CLOUDS. Staff document key words based on the evaluation indicators (strengths or concerns) for each area to validate reason for the selected evaluation indicator.
- Encourage parents to develop their own goals.
- Immediate support/resource and referrals are given to families especially those that feel vulnerable or in crisis. In this last one, Comprehensive Services Manager for Parent, Family and Community Engagement is notified by the CLOUDS inbox. All actions, resources, referrals and results of follow-up are documented in the assessment and in CLOUDS.
- Within one month contact the family to determine if resources or referrals were appropriate and adequate for the family. (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/resource.
- If a family doesn't identify areas in need to strength up, suggest 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) Document notes in CLOUDS.

##### **ii. By April 30<sup>th</sup>**

Comprehensive Services Clerks are responsible for the following:

- Complete the second FPA, by reviewing 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 family 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.
- As needed assist families in utilizing provided resources/referrals immediately for emergency, in-crisis.
- As needed contact families to determine if resources or referrals were appropriate and adequate for the family. (Contact can be over the phone or in person) Document notes in CLOUDS under Referral and Resources and Services-Notifications.

##### **iii. On an Ongoing Basis:**

Site Supervisors are responsible for the following:

- Review individual FPA's and Family Goals for their sites.
- Review CLOUDS custom report for Family Performance and Outcome by Measure by selecting your site.

- Maintain communication with CS Staff, especially for those families that might be "in crisis" or "vulnerable".
- Should the family situation change and site staff is aware, notify comprehensive services staff to update Family Partnership Agreement assessment if needed, and provide support or resources as needed.
- As applicable, 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:

- Monitor the completion and accuracy of FPA data entry in CLOUDS.
- Following through CLOUDS reports to ensure family's referral and services are properly followed up and resources, referrals are in place.
- Ensure that adequate follow-up and resources were provided in a timely manner by CS Staff.
- Provide support and assistance to Site Supervisors and CS Clerk in obtaining resources if requested.
- Provide support and assistance to family when needed.
- Hold Family Meeting for referrals that require multiple steps and planning.
- Hold Family Meeting in order to comprehensively support families who requested additional support or identify themselves as been vulnerable or in crisis.
- Work with Comprehensive Services Clerks to strategize timely completion of FPAs.

Comprehensive Services Clerks:

- Build positive goal oriented relationships with the families.
- Complete initial or returning year FPA within 90 days of enrollment. (By September 29th for returning families.)
- Complete end of the program year FPAs, follow upon initial FPAs, review goal achieves, and request family feedback about community resources.
- Maintains open communication with families and follow on their goal process. As needed provides support.
- Complete Family Assessments, Goal setting, Referrals and Resources. 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.
- Partner with families to educate, support and build skills in accessing community resources and referral. If families were vulnerable or in crisis, a 2 week follow up is required to review if families accessed the community resources.
- Document all entries and follow up in CLOUDS data system.

## **5. Desired Outcomes of Family Partnership Process**

- Families achieve an enhanced quality of life by engaging in a Family Partnership Agreement. Families 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 on-going interactions with

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 to further develop their goals for their families beyond Head Start.

- Families feel empowered and have gained life skills to be self-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 family goal(s) and aspirations. Documentation of support can be found in CLOUDS, Family Partnership Agreement, Family Goal, 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.

Families may refuse to participate in the assessment, goal development or resources/referrals services. Staff document their attempts at explaining benefits of the process, and note on CLOUDS that parent refused.

## **6. Parent Volunteer Survey**

During the enrollment 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 their 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**

CS Clerks are responsible for:

- Educate parent about CSB volunteer opportunities and encourage parents to complete the CSB300 Volunteer Survey Form.
- Collects completed forms and tally a list of volunteers by site.
- 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 30<sup>th</sup>**

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).

**7. Parent Interest Survey**

The Parent Interest Survey is aligned with the Head Start Program Performance Standard (HSPPS) Family Outcomes. This survey is completed by Parents upon enrollment; results from the survey allow staff to identify the top topics of parents' interests. Trainings at the parent committee meetings, or resources provided at site level of interest. The list of the top ten results are kept in the Parent Meeting and 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/transitions/
- Parenting/child-parent relationships
- Literacy /adult education
- Employment /job training/asset building
- Connecting to community resources, leadership/advocacy

The following is the protocol for implementation, timeline, distribution, and follow up for the Parent Interest Survey (See Form CSB300):

- 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 Meeting Training Schedule Form (See Form CSB304).



2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

### C. Accessing Community Services and Resources

In order to best support and provide needed resources and referrals to registered families, 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/services agencies, social services, local Food Banks, financial literacy education, asset development programs, and domestic violence prevention programs.

### 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 are 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. The role of Head Start staff is to recognize and assess the crisis situation, listen mindfully, 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.

- In an event of a crisis, the Site Supervisors and Comprehensive Services staff assigned to each site should always be the first contact.
- Comprehensive Services and site staff will conduct a comprehensive review of the immediate crisis that the family has.
- 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.
- As needed, contact the Mental Health unit for support. Report the situation and advise of potential need for crisis intervention or consultation.
- The Parent, Family and Community Engagement Manager should also be notified regardless of the crisis area.
- Comprehensive Services Assistant Manager supporting the site creates, reviews and updates documentation of events 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 seek/assess support/treatment options with CSB mental health unit clinicians. Goals of the mental health prevention program are to:

- Improve self-concept
- Build positive goal-oriented relationships
- Develop coping skills for problem-solving
- Manage stress effectively

Family 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.

## **F. 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/www/capc-coco.org).
- “Regional Guides” published by Contra Costa Crisis Center (925-939-1916 or 211.org).
- “Street Sheet,” published by Shelter, Inc. (925-335-0698/shelterinc.org) 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.

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
- Spark Point calendars
- 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 via the Internet at [www.crisis-center.org](http://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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 and Wellness Center Displays 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 Resources and Referrals**

Each Site Supervisor must make available the 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://cccc.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, parent/family involvement, among other flyers. The wellness centers are updated by the Site Supervisor on a quarterly basis.

## **G. Services to Pregnant Women Enrolled in the Program**

Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

The 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/oral 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.
- Health staff will visit the newborn within two weeks after birth to ensure the well-being of both mother and child.

## **SUBPART II. Parent Engagement**

### **A. General Description**

Parents are the first and most important educators of their child. Parent Engagement in CSB is integrated in the classroom and in the administration, by then, it is imperative that the parents become engaged in their children educational program, and in 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, learning, and development in these ways and more:

- Attend an orientation to the program and the classroom
- Attend two Parent/Teacher conferences per year
- Attend Parent Meetings and parent trainings
- Participate as a volunteer, staff, or observer
- Participate in the Male Involvement and Engagement 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, Site Parent Committee and Policy Council:

- 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.

The Site Parent Committee carries out at minimum, the following responsibilities:

- Collaborates with 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 provide support at 1st parent meeting to establish Policy Council representative and Parent Committee officers.
- As needed Comprehensive Services staff assists in providing resources for speakers at Parent Meeting upon request by Site Supervisor.
- Monthly one week before meeting, Site Parent Meeting Chair:
  - Announces upcoming meeting
  - Prepares agenda, make copies, prepare minutes
  - Copies minutes from prior month
  - Posts agenda on Parent Board
  - Secures training/guest speakers (with Site Supervisor assistance).
- Monthly Site Supervisor (with the support of Comprehensive Services staff as needed):
  - 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 Site Supervisor (with the support of Comprehensive Services staff as needed) ensures that required trainings are provided at the site, including:
  - Pedestrian Safety (By September 30th)
  - Child Abuse Prevention (By April 30th)
  - Kindergarten Transition (January to May depending on school district)

## **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 Program Performance Standards (HSPPS), 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

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:**

- September:
  - Attend 1st Parent Meeting at each site where there is Head Start or Early Head Start enrolled families as assigned.
  - 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 new Policy Council representative with Policy Council Representative Changes (CSB-327) form to complete and forward to the check 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 (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. Parent 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 may not participate on the Policy Council.

**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.

Depending on circumstances, other observers and professionals will need to obtain permission from the Site Supervisor/Early Childhood Home Educator and or parental consent release for observations by indicating the purpose of the visit, and how long they plan to visit.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 a parent is unacceptable and may result in the parent being barred from the center grounds and or 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 better outcomes. 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 build parent to parent network that is supportive and/or educational, to enhance social well-being and community life. Activities and support for fathers and engaged men are determined locally through a variety of ways such as ongoing 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. Family Engagement in the Program**

Staff members have a major role in providing opportunities for parents/families to become engaged. Site staff and Comprehensive Services staff 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. Parent 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 Information Sharing:**

All centers are required to have a Parent Information Board, located in a visible and accessible place 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 Center Licensing regulations, CSB and Community current events, parent committee meeting agendas and minutes, Policy Council agendas and minutes, job announcements, site special events, and parent engagement opportunities such as Male Involvement, parenting classes, financial literacy classes and other CSB and community learning opportunities. 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**

To gain an understanding about families are encouraged to fill the CSB300 "Parent Interest-Volunteer Survey Form".

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 is analyzed by staff, and 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.

Currently enrolled parents are encouraged to co-partnership with classroom staff, or with their Early Childhood Home Educators to design child development activities and special events.

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 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 are introduced to parents at site parent meetings, home visits/parent conferences, and daily conversations with parents.

Each center has a Parent Lending Library/Wellness Center available to parents on a checkout basis. Books and pamphlets about Parenting, Child Developmental Milestones, 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 CSB'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 will notify impacted families about changes in staffing at the classroom.
- Hiring/Assignment/Departure of Staff –the Site Supervisor or Head Teacher will notify parents in writing and verbally about changes in staffing 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:

- Tandem Reading Program
- Raising a Reader book bags
- Reading Advantage
- 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 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 is a joint advisory group that allows appropriate time/opportunity for maximum engagement in Health and Nutrition.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Health Services and Nutrition Advisory Committee: This committee is composed of staff, parents, and community representatives from the fields of health, nutrition, disabilities, and mental health and their related services for pregnant women, children 0-5 years old, and their families. Members inform staff of current issues and practices in the community 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 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 that is completed at placement (See form CSB300).

#### **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 Family 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 process, staff support and encourages 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 Executive 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)

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.

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 screening 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.

### **SUBPART 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 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, We Care Services for Children, YMCA of the East Bay, Martinez Early Childhood Center, Richmond College Prep, Crossroads High School, Little angels Country Day School, Aspiranet, Sunshine Valley, San Ramon Unified School district, Healthy Families America, Child Care Counsel.

#### **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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 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.

## **PART VI. ADDITIONAL 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 Head Start Program Performance Standards (45 CFR 1302).

Contra Costa County Community Services Bureau enrollment efforts include recruiting children with disabilities.

Enrollment may not be denied on the basis of a disability as long as:

- The parent wants to enroll the child,

2017-19  
Policies and Procedures  
Section 2: Program Operations

- The child meets the Head Start age and income eligibility criteria,
- Head Start is an appropriate placement according to the child's IEP/IFSP, and
- The program has vacancy to enroll

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 resources, recommend placement options, and provide staff training as needed.

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

- Staff apprehension and/or unfamiliarity with the child's individual disability or special equipment required to accommodate the disability
- Inaccessibility of facilities,
- The need to access additional resources to serve a specific child to the extent possible,
- Unfamiliarity with a disabling condition or special equipment or devices needed to support the child
- The need for personalized special services

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

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

- Joint/shared placement with other agencies
- Shared provision of services
- 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

Children 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 an IEP or IFSP."
- Children who may require special attention due to specific high risk factors who do not have a diagnosis. These children may not have an IEP or IFSP.

## B. Definitions

1. **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.
2. **Children with disabilities** - Children with intellectual disabilities, 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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

3. **Commissioner** - Commissioner of the Administration on Children, Youth and Families.
4. **Day** - Calendar day.
5. **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.
6. **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.
7. **Eligibility criteria** - Criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.
8. **Grantee** - A public or private non-profit agency that has been granted financial assistance by ACYF to administer a Head Start program.
9. **IFSP** - Individualized Family Service Plan for (ages 0-3) and **IEP** - **Individualized Education Program** for (ages 3-5) - 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.
10. **Least Restrictive Environment** - An environment in which services to children with disabilities are provided:
  - To the maximum extent appropriate, with children who are not disabled and in which;
  - 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.
11. **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.
12. **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



2017-19  
Policies and Procedures  
Section 2: Program Operations

education, including assistive technology services and devices.

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

**13. Responsible HHS (Human Health Services) official** - The official who is authorized to make the grant of assistance in question or his or her designee.

**14. 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 with the School District full inclusion teacher (Special Education Teacher)
- 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 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 family meetings and IEP/IFS meetings regarding children in the class.

#### **E. Responsibilities of School District Special Day Classroom (SDC), Response to Intervention (RTI) and Full Inclusion Teachers**

School District and CSB Staff work in collaboration to ensure the children and families receive needed services while ensuring the education and safety of the children under their supervision.

##### **1. 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 assisting full inclusion children in bathroom procedures (including diapering and toileting).
- Provide special education services to identified children by ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations documenting progress, and meeting with families.
- Follow CSB transition protocols
- Participate in team planning for classroom inclusion strategies, family meeting team meetings and IEP meetings.
- Participate in program collaboration meetings.
- Collaborates completing children's assessments

##### **2. 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 supervision of all students during small and large outdoor activities.
- SDC teachers are responsible for providing special education to identified children, ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations,

- documenting progress, and meeting with families. Follow CSB transition protocols
- Participate in family meetings, SDC program collaboration meetings and children IEP meetings.
- Participate in program collaboration meetings.

## **F. Responsibilities of the Comprehensive Services Team**

### **1. Comprehensive Services Clerks**

- Complete CSB temp files at intake.
- Flag files using the red/yellow flag system to alert the staff and assistant manager as to the child's health, nutrition, 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 or sensory/developmental screening results indicate concerns.
- Keep accurate records of child health, nutrition and families services information.

### **2. Comprehensive Services Assistant Managers**

- Review all records relating 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
- Facilitates family meetings as needed to provide early interventions to children with identified concerns based on health, nutrition, social-emotional and developmental screenings.
- Facilitates pre-enrollment family meeting for new children entering our program with identified health, nutritional, social-emotional and developmental needs.
- Maintain close communication with parents and staffs to ensure the delivery of services and resources/referrals are in place and in accordance with 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.
- Reviews and discusses Parent's Rights and Responsibilities under the Individual with Disabilities Education Act IDEA
- Supports and provides Advocacy resources to parents.
- 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 kindergarten; especially for those children with IEP and IFSP.
- Coordinate and schedule transportation to facilitate the child/family participation in evaluations/assessments or 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 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 for staff and parents
  - Create procedures for mutual referrals and placements
  - Plan for transitions to provide support for children and families
  - Share resources
- 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 family 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 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.
- 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 listed in the child's IEP/IFSP.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- Track and provide a detailed report to the Assistant Directors of the number of children enrolled in HS and EHS with disabilities, including the types of disabilities.

#### **G. Documentation of Disabilities Services**

CSB must maintain a record 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).

#### **H. Postural Supports / Protective Devices**

Children needing protective, postural or medical devices due to a disability 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.

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 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 family meeting 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 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.

#### **J. Additional Services**

Community Services Bureau must ensure that services for children with disabilities will be planned and delivered as required by their IEP/IFSP, that the IFSPs and IEPs are being reviewed and revised as required by IDEA and that the children are working towards their goals.

- CSB plans and implements the transition services for children with IEP/IFSP to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition into a new setting.
- All components of the Community Services Bureau program are appropriately involved in the integration of children with disabilities and their parents.

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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**

Parents complete a comprehensive health screening while completing the child's health history at the intake process. There after all preschool and infants and toddlers children including children with IEP/IFSP are screened within 45 days by the teaching staff in the areas of social and emotional development using ASQ-SE and cognitive development using ASQ-3 within 45 days.

The Comprehensive Services Team screens preschool children in hearing, vision, and nutrition, within 45 days of initial enrollment and for infant and toddler follow the vision and hearing assessments based on the EPSDT schedule. Comprehensive services staff completes the screening results form within 75 days and communicates results to parents. The screening results 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 ASQ-3 and ASQ-SE screening 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 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 for Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages Social Emotional (ASQSE) behavioral screening in the Education section of the family file. Children with screenings that show concerns will be rescreened within thirty days to ensure the validity of the original screening.

If concerns arise after developmental and social-emotional re-screening, 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 the Comprehensive Services staff will follow the same process.

#### **N. Evaluations**

Children are recommended for further evaluation based on screening results, parent's concerns, based on staff observations and other professional recommendations. Referrals for further evaluations are discussed with the parent at a family meeting.

## **O. Accessibility of Facilities**

All Community Services Bureau facilities are ADA (American Disabilities Act) compliant. Additionally, CSB in conjunction with other agencies provides special furniture, equipment and materials in order to meet the individual needs of children with disabilities.

## **P. Transitioning Children with Disabilities**

### **1. 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 the Infant Toddler Transition Plan Form (CSB 161). A plan is completed for all children transitioning out of EHS including children with a current IFSP.
- When a child with IFSP turns 30 months and no later than 90 days prior to their 3<sup>rd</sup> birthday the family and child will go through the IFSP Transition Process. This transitions initiated by the IFSP team and both parties the Early Intervention Program (Part C Services of IDEA) School District (Part B of IDEA) participate in this process. The IFSP transition meeting 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 a diagnosis meeting. 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.

### **2. IEP Transition into a HS program**

Another opportunity for transition begins when the child qualifies for an IEP and placement is available at a CSB site. When this occurs a family meeting conference is held to evaluate and plan how to best serve the child and how to support his/her learning based on the child's IEP goals. Evaluation of the classroom and outdoor environment will take place in an effort to identify needed accommodation 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.

### **3. 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 parent, School

2017-19  
Policies and Procedures  
Section 2: Program Operations

District Coordinator, Teacher or Home Educator, and other professionals providing services for the child and family. When the most appropriate placement for the child has been decided, 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.

**Q. Transition Policy for Early Head Start Children Receiving Mental Health or Special Education Services**

- For EHS children receiving mental health services, CSB must consider the children's 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 following steps will be followed to support the child's transition:

- If a child is receiving mental health services from Community Services Bureau's Mental Health unit, a transition-planning meeting will take place approximately 6 months before the child's 3rd birthday to address the child's individual circumstances. The family, teachers, site supervisor, comprehensive services assistant manager and mental health clinician will participate in a family meeting.
- 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 (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)
- If there is a time gap between the child's 3rd birthday and the beginning of the HS program, so as to ensure continuity in educational and mental health services, the child may remain in the EHS program until he/she can transition into the a HS classroom. (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)

**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.

Children identified 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 mental health 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



2017-19  
Policies and Procedures  
Section 2: Program Operations

information with the teacher/home educator and families, and work with them to develop a plan for the child.

When no other alternative is available, the comprehensive services 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 forms collaborative partnerships with individual families to develop a Family Partnership Agreement (FPA) twice a year. 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 reach their FPA goals.

### **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 LEA an IEP meeting is held that includes the child's family, teacher or home educator and comprehensive services assistant manager, and the LEA representative. At this time, 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 seek guidance from Mental Health, other professional, including outside services, to determine if concerns will affect child's development and school readiness.

An IEP meeting is held to develop a plan and establish goals for children with disabilities transitioning in or out of the program. 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 as applicable to foster attainment of IEP goals.

Children enrolled with a diagnosed disability and have a current IEP or IFSP, receive individualized education based on their unique needs. For center based care, if a child's IEP or IFSP indicates a part- time schedule, he/she may share an enrollment slot with another child. Children with shared placement in Community Services Bureau and outside agencies receive careful monitoring to ensure that the program developed for them in each placement is meeting the needs of the children. 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. General training topics also include working with children in group situations and respecting child/family confidentiality (Health Insurance Portability and Accountability Act - HIPAA 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.

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 supporting them with the enrollment of eligible children.

#### **W. Recruitment and Enrollment**

All personnel responsible for the recruitment and enrollment of children are 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 with children who have a current certified IEP or IFSP may qualify for an over income waiver to enroll in a 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.

Children with a current certified IEP or IFSP, sharing blended state-federal funding, must comply with state requirements and provide CSB with a copy of the child's IEP or IFSP and the Exceptional Needs Verification Form (CSB625) 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 a family 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 family meeting in collaboration with the comprehensive services manager the site team will:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 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:

- 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.

#### **Y. Assessment Process of Children with Disabilities**

The Comprehensive Services Disabilities Manager in collaboration with Health and Education Managers coordinate the completion of sensory and cognitive screening of all children within 45 days of enrollment.

The Comprehensive Services Assistant Managers evaluate the need for further specialized assessment after all standard screenings have been completed.

In a family 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 refers children for further formal evaluations 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 referrals and develop an IEP upon receipt of the

2017-19  
Policies and Procedures  
Section 2: Program Operations

family intake file. RCEB has 45 days to process the referrals upon receipt of the family intake file.

The evaluation procedure is conducted with the following provisions:

- Parental consent prior to evaluations
- Parents informed of their rights and responsibilities under IDEA
- An evaluation conducted in a culturally sensitive manner by trained certified/licensed personnel that speak the child's home language.
- More than one criterion will be considered in determining an appropriate program placement.

A multi-disciplinary team including the child's teacher will conduct an evaluation utilizing assessment materials validated for the purpose.

### **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.

CSB must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and their implementing regulations.

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 family meeting 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 characteristics, the use of multiple sources of data such as child's health history, behavior screening results, teachers/parents observation notes, and 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 family meeting 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 using ASQ-3. Infant/toddlers and preschool children with suspected speech/language delays are referred

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 family meeting 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 the term in IDEA replacing Mental Retardation (Rosa's Law, 2010). 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 family meeting will be scheduled upon receipt of the diagnosis to ensure proper placement and support is provided for the child.

**DD. Eligibility Criteria: Hearing Impairment**

All children are screened for hearing loss through the program or 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 family meeting 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 family meeting 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. Children with suspected disabilities are referred to their physician and RCEB or SELPA as needed. Site Supervisors with the assistance of 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 family meeting will take place to ensure 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 such as autism, traumatic brain injuries or other developmental

2017-19  
Policies and Procedures  
Section 2: Program Operations

impairments may qualify for services under the Regional Center of East Bay or Local Education Agency (LEA). CSB supports the early identification and intervention of children and following parental consent children are referred for further evaluation to outside agencies. Upon receipt of evaluation/diagnosis, a family meeting takes place to review the IEP/IFSP diagnosis. Based on IEP/IFSP goals and objectives, the best placement will be offered to support the child's enrollment in the HS program.

CSB must ensure all enrolled children are screened for autism at the ages 18 months and 24 months by their physicians based on EPSDT.

#### **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.

All medications are adequately labeled, locked and stored out of reach of children. Epi Pens labeled and accessible but out of children's reach. Individual medical plans are shared with the teaching staff and closely monitored for compliance. Any changes in a child's behavior related to a drug are 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.

#### **II. Developing Individualized Education Programs (IEPs)**

The School Districts provide families with advance written notification of IEP meetings. Family's participation in the IEP meeting are documented. Opportunities are provided for reviewing assessment results of the meetings and to request parent's input. Efforts are made to assure that families are knowledgeable about their parent's rights and responsibilities under IDEA and understand the purpose and proceedings of the child's program.

Head Start evaluates all pertinent information when determining eligibility and placement options of children with current s IEPs such as:

- Child's strengths and present level of functioning in all areas of development, strengths.
- Identification of challenges and needs in areas requiring specific services.
- Short and long term goals and objectives.
- Specific 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 location of services.
- 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. Children develop at different rates and some may need 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 positive outcomes for the child.

### **2. Screening for suspected concerns**

- i. Prior to enrollment and during the application period the child's file 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.
- ii. Child's Physical Exams/Baby Well Checkups provide a great source of information and parents are responsible for submitting them to us 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 family meeting. This meeting will take place in the parent's home language whenever possible. The CSAM will review agency referral protocols with the family including referral time lines, and requirements to complete the referral. CSAM will review with the family and provided copies of their Parent's Rights and Responsibilities under IDEA and advocacy resources.

Depending on the child's age Referrals could be sent to one of the agencies below:

- Regional Center/Early Intervention Agency (Children zero to two years "2.9 years")  
The process takes approximately 45 days from the date of referral.
- Local Education Agencies/Family Home School District (Children 3 to 5 years)  
The process takes approximately 60 days from the date of referral.

As part of a Case Management the parent is encouraged to sign the Child Referral and Parent Consent Form (CSB501); only after understanding the referral process and his/her parent rights under



2017-19  
Policies and Procedures  
Section 2: Program Operations

IDEA.

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 "Positive Guidance Policy Steps" and has a "Positive Guidance Plan", a copy of those documents (CSB521 & CSB134B), along with the child's Social-Emotional (ASQ-SE) and Developmental Screenings (ASQ-3) 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 copy of this form (CSB501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.

The Assistant Manager reviews the signed CSB501 form and processes it immediately. Once receipt of the referral is verified with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the Assistant Manager completes the Response to Referral Form (CSB502).

The referral must be including:

- Child's Last and First name
- Child's birth date
- Gender
- Child's CLOUDS ID
- Child's center and Classroom #
- Current home address
- Family phone number#
- Parent's name
- Parent's language of preference
- Child's language of preference
- Medi-Cal or SSN # for Mental Health referral (No need of SSN or Medi-Cal for Disability referrals)
- Positive Guidance Plan and Positive Guidance Policy Step Letter if applicable
- 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
- Parental check and initials for consent-referral and assessment
- Name/address of the agency referring to and providing consent for exchange of information
- If foster parent is requesting evaluations, CSAM must obtain the biological's parent consent. Or, request Social Worker consent signature

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 (CSB501) to outside agency and follow up with a confirmation phone call

2017-19  
Policies and Procedures  
Section 2: Program Operations

- to ensure they have received the referral.
- Complete Response to Referral Form (CSB502)

The original Response to Referral form (CSB502) is placed in the child's file 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 CSAM enters the family meeting notes and intervention/referral information under the disability tab in CLOUDS (Intervention/Referral). A copy of the family meeting (CSB514) is placed in the child's file.

The CSAM will contact the family for a follow-up 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. Additional family meetings will follow as applicable.

#### **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 to provide support for Head Start staff and families 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 family meeting.

Family 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**

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 family 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

## **PART VII. Services to Pregnant Women Enrolled in the Program**

### **Enrolled Pregnant Women**

Staff addresses the needs for appropriate supports for emotional well-being, nurturing and responsive caregiving and father engagement during pregnancy and early childhood.

- 1. Health Care and Insurance** - Within 30 days of enrollment Comprehensive Services Staff determines the status of an ongoing source of continuous, accessible health care provided by a health professional that maintains ongoing health records and is not primarily a source of emergency or urgent care and health insurance for each enrolled pregnant woman. For those pregnant enrolled women, support is provided to gain access to health care and insurance as quickly as possible.
- 2. Family Partnership Services** - Comprehensive Services Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

Support Services Provided for Pregnant Women to Access Comprehensive Services through Referrals include:

- Assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health/oral 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 services
- Substance abuse prevention and treatment services as needed.
- Emergency shelter or transitional housing in cases of domestic violence.

Pre-natal and postpartum information, education and services are provided to pregnant women, fathers and other relevant family members on the following:

- fetal development

2017-19  
Policies and Procedures  
Section 2: Program Operations

- the importance of nutrition
- risks of smoking, alcohol and drug use
- labor and delivery
- postpartum recovery
- parental depression
- infant care
- safe sleep practices
- the benefits of breastfeeding and accommodation of breastfeeding in the program

### Newborn Home Visit

Newborn visits are scheduled with each mother and baby within two weeks after the infant's birth to offer support and identify family needs.

Comprehensive Services Staff is responsible for ensuring compliance with the requirement for a Newborn Home Visit within two weeks after the infant's birth as follows:

- At enrollment - Educating each pregnant woman on the importance of the Newborn Home Visit and explaining the importance of agreeing to this visit when it is offered at the hospital following the birth of her child or when the Public Health Nurse calls to schedule the home visit.
- Prior to delivery due date - Reminding the parent of the Newborn Home Visit requirement.
- After delivery – Following up with mother to provide support as needed with scheduling or obtaining documentation of the Newborn Home Visit or following up with Public Health Nursing to ensure Newborn Home Visit or obtain documentation.
- Entering documentation of the Newborn Home Visit in the file and in CLOUDS.

## **PART VIII. 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, and etcetera 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.

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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 Head 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 (Background Check/Fingerprinting)**

###### **i. Live Scan (Fingerprinting) Process**

3. 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.
4. 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.
5. CSB Personnel schedules a Livescan appointment and provides the applicant with a Livescan form to take to their appointment.
6. 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

###### **ii. Re-checking Livescan Process**

- According to the Head Start Performance Standards 1302.90 (5) the program must conduct the complete background check for each employee, consultant, or contractor at least every five years, unless the program can demonstrate that it has a more stringent system in place that will ensure child safety.
- California Department of Social Services, Community Care Licensing Division automatically re-checks live scans continuously and notifies the program and the employee.
- Should a conviction or other charge 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 the Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1).

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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.
- 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

## I. Eligibility Criteria

In addition to the above, for staff providing mental health services, such as the Mental Health Clinical Supervisors and Mental Health Interns, CSB is required by the Department of Health Care Services (CCR, title 42, section 1128 or section 1128A of the Social Security Act and CFR, Title 42, section 438.214) to verify that at time of hire the Mental Health Supervisors and the Mental Health Interns meet the following:

- Are eligible to claim for and receive state and federal funds
- Have the required licensure that is current and valid
- Are not on the following individual/entities excluded provider lists:
  - [http://oig.hhs.gov/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/exclusions/exclusions_list.asp)
  - <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

Thereafter, verification will be conducted on a monthly basis.

### **3. 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:

- 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 and the designated CSB Personnel Analyst



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).

#### **4. 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.
- 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.

## **5. 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

## **6. 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.

## **7. Smoke-Free Environment**

CSB will create a smoke-free environment and eliminate exposure to tobacco smoke by children, staff, 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.

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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

- In personal vehicle, whether parked or in motion, if it is located on property owned by the county.

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.

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 resources. Additional information and resources are available by contacting the Comprehensive Services Unit’s Health Services Manager.

#### **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.
- 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.

#### **9. 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.

#### **10. 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 usage is prohibited in the classroom and business offices at all times.

#### **11. 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.

### **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 current and former Head Start and Early Head Start parents. 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.

### G. Hiring of CSB Staff

A position will be following steps outlined below:

- 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, to conduct oral interviews.
- Whenever final interviews are conducted to fill key management positions such as Executive Director, Head Start or Early Head Start Director, Chief Fiscal Officer, Personnel Director or any other equivalent position within the Community Services Bureau, in addition to the appointed subject matter experts, the Policy Council Chair/Vice Chair will be included in the panel conducting the interview/s.
- 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.
- The designated interview panel 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 and will submit a recommendation to the Hiring Manager and Community Services Director or designee for employment in the position being

2017-19  
Policies and Procedures  
Section 2: Program Operations

considered.

- The name and qualifications of the candidate/s will be considered for approval by the Hiring Manager and the Community Services Director. Only after the candidate has been approved for employment may the candidate be officially employed and report for work.
- In case of hiring a new Head Start Director, a Chief Fiscal Officer, or a Personnel Director, the candidate/s will be presented for approval by the Policy Council.
- 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 the appropriate Section of the applicable 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 Personnel Analyst will serve a copy of the Contra Costa County Notice of Separation (AK 16) 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 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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 person's parent/s, grand parent/s, siblings, spouse, in-laws, natural child, stepchild, foster child, child in employee's custody, legally adopted child, legal guardianship, foreign adoption, tribal adoption, disabled adult child, domestic partner, child of domestic partner, and children's spouses.

**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.

**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 and Section 1302.91 of the Head Start Performance Standards. This includes Assistant Directors, Site Supervisors, Infant/Toddler Master Teachers, Master Teachers, Infant/Toddler Teachers, Teachers, Infant/Toddler Associate Teachers, and



2017-19  
Policies and Procedures  
Section 2: Program Operations

Associate Teachers.

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.

Services for families enrolled in the home-based program option are provided by Early Childhood Educators. These employees must meet the education qualification requirements established in Section 1302.91(e)(6) of the Head Start Performance Standards, demonstrate competency to implement home visiting curriculum, promote the progress of all children, including dual language learners and children with disabilities, and build respectful, culturally responsive, and trusting relationship with families.

Family services staff work directly with families on the family partnership process. Staff hired after November 7, 2016 must, within 18 months of hire, obtain at a minimum a credential or certification in social work, human services, family services, counseling or a related field.

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 reflecting the California Department of Education, the Head Start Act and Section 1302.91 of the Head Start Performance Standards qualification guidelines are set for all Contra Costa County Community Services Bureau positions.

The Personnel Director, in conjunction with the Assistant Directors and/or other subject matter experts, drafts minimum qualification requirements for certain positions. These are received by Division Managers 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 staff must be able to perform the Essential Functions as set forth by the Bureau at all times

2017-19  
Policies and Procedures  
Section 2: Program Operations

(please refer to Essential Functions documentation). If staff is unable to perform the functions at any time during employment, the Bureau will try to accommodate needs; however there are some instances where this may not be possible.

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.
- Provide verification of required vaccinations for Measles and Pertussis or waiver of such vaccination/s as required by Community Services Bureau Vaccination policy as per SB 792(for staff working in child care centers).
- 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 pre-school 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 pre-school 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

Teaching staff and volunteers 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 in order to communicate with families.

## **2. 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.
- An education and curriculum services content area expert who is trained and experienced in early childhood education and development, classroom observation and monitoring, and coaching/mentoring.
- 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.

### **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 a select number, based on 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 must be approved by the CSB Manager 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, as well as provide verification of measles, pertussis and influenza immunizations as outlined in California Community Care Licensing and Health and Safety Code 1596.7995 at their own cost prior to volunteering. The statement of good health, the TB and immunization result should be provided to the manager overseeing volunteer coordination 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 and or immunization verification.

Once fingerprint, immunization verification/s 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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, disability, Sexual orientation, or family composition.
- 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, rejection, extended ignoring, humiliation, intimidation, ridicule, coercion or threats.
- Never use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child and/or about his/her family.
- Never prohibit a child from attending religious services outside the agency.
- Never use methods of discipline that involve:
  - Isolation
  - Binding or tying a child to restrict movement or taping a child's mouth.
  - The use of physical activity or outdoor times as a punishment or reward
  - 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.

Each employee, consultant, contractor, and volunteer must comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.

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, contractor, 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

### 1. CSB Standards of Professional Behavior

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.

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.

### 2. 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.

#### **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:

- An employer may not make, adopt, or enforce any rule, regulation, or policy preventing

2017-19  
Policies and Procedures  
Section 2: Program Operations

- an employee from being a whistleblower.
- An employer may not retaliate against an employee who is a whistleblower.
- 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.
- 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.

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 rolling 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 hours 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



2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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 Personnel Analyst/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.

In California, employees are also covered by the California Family Rights Act (CFRA) and the Pregnancy Disability Leave (PDL) Act, each of which provide family or medical leave that can run concurrently or consecutively with the FMLA, depending on the circumstances.

Paid Family Leave is also available to employees who contribute to State Disability Insurance (SDI). Paid Family Leave runs concurrently with FMLA, CFRA, and PDL.

## **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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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. Probationary Period and Staff Performance Appraisals**

### **1. Probationary Period**

All employees appointed from officially promulgated employment list for original entrance and promotions are subject to a probationary period. For original entrance appointments the duration of the probationary period is determined by the Personnel Management Regulations and the appropriate MOUs. For all CSB employees represented by Public Employee Union Local 1, the entrance probationary period is 9 months. For most promotional appointments, the probationary period is six months.

### **2. Staff Performance Appraisals**

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

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

A probationary employee must be evaluated at least once during their probationary period. In accordance with Contra Costa County probationary requirements, every employee on original entry appointment is evaluated at the end of the first six months of employment. A formal, written review of the employee is completed at that time and thereafter at least 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 probationary 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.

### **3. 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).

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.

During the Performance Evaluation meeting both the supervisor and the employee will review and discuss his/her performance, as well as their goals. After the discussion, the employee must sign the Performance Evaluation form. Each employee shall receive a copy of his/her evaluation.

Signed original evaluations are submitted to the Personnel Unit.

Evaluations are filed in the employee's personnel records. The formal report becomes a part of the employee's permanent personnel record.

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

An employee may be reassigned, demoted, or discharged for receiving an unsatisfactory rating.

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.

### **4. 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.

### **5. 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 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.

### **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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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 required immunizations for measles, pertussis and influenza (flu), as per the Health and Safety Code 1596.7995(a)(1) and a negative TB test or negative chest x-ray, certified by a health care professional. TB tests are not required for visiting experts.

The TB 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 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.

In accordance with Health and Safety Code 1596.7995(a)(1), effective September 1, 2016 all employees working in child care facilities must provide proof of measles and pertussis immunizations or waiver of such immunizations per the regulation. Additionally each employee must annually provide verification or waiver of influenza (flu) immunization. Influenza vaccination must be received between August 1st and December 1st of the same calendar year.

## **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

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

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



2017-19  
Policies and Procedures  
Section 2: Program Operations

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 Bureau 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 Bureau 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 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 Bureau. Requests to attend conferences are made to the CSB Director.

Additionally, the County offers wide variety of free of charge on-line or in-class training and professional growth opportunities through its Risk Management Office (Target Solution) and the Employment and Human Services Department/Staff Development Office (SMART, Learning Management System). 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.

2017-19  
Policies and Procedures  
Section 2: Program Operations

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.

#### **ii. Annual Training Plan**

The 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 is 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:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- 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).

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. On-the-Job Training Program (Metrix Learning)**

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. The program requires participation in on-line vocational learning. Participants who successfully complete the program receive a Certificate.

**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.
- 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, and 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 the goal and the underlying philosophy of the program, the department and county policies and programs and the ways they are implemented, 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:

2017-19  
Policies and Procedures  
Section 2: Program Operations

- EHSD and CSB Mission Statements and Organizational Structures
- Employee Rights and Responsibilities
- Standards of Conduct
- 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
- Job Descriptions
- Curriculum goals, objectives and effective implementation
- Screenings, assessment, individualization, and parent-teacher conferences
- Kindergarten transition
- Positive Guidance and Discipline
- Project Approach
- Lesson Planning

Further, newly hired teaching staff will receive on-the-job training to ensure their successful acclimation with the program.

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.

CSB staff enrolled in programs leading to an associate or bachelor degree are encouraged to use the financial benefits available through the County as outlined in Administrative Bulletin 112.9.

CSB works with local colleges and universities, and community organizations to provide mentorship, tutorial, and other support services. A lending library is available to staff attending degree programs in the local community colleges.

In addition, CSB is committed to pursue grant opportunities providing financial support for staff working towards degrees or credentials in early childhood education, or related field, as specified in the

2017-19  
Policies and Procedures  
Section 2: Program Operations

Teacher Qualifications Section 648(A)(2) of the Improving Head Start for School Readiness Act of 2007 and the 2016 Head Start Performance Standards.

## 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 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.