

MISSOURI OZARKS COMMUNITY ACTION, INC  
Head Start

**Service Plan  
2011-2012**

Grantee: 07CH6127

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<b>Performance Standard</b>	<b>Objective</b>	<b>Evidence/ Document/Activity</b>
1304.20 (a)(1)(i) 1304.20(e)(3)(4)	To ensure that all enrolled children have access to an on-going source of continuous accessible health care.	Parents are asked at <i>orientation</i> if they have a medical and dental provider. If there is no provider, a <u>resource manual</u> is available at each center for staff to access information such as names, addresses, and phone numbers. Fee information will be given at this time regarding Medicaid payment, MC+, DFS resource, or Head Start funds. <b>Family Advocate</b> will follow-up at the <i>first visit</i> to see if the medical/dental provider has been chosen. Parents are required to bring their <u>child's immunization record</u> and any other health information with them at the <i>time of application</i> .
1304.20(a)(1) (ii)(A)-(C)	To ensure all enrolled children have been appropriately immunized and have received all recommended examinations.	Upon <i>selection</i> the <b>Family Advocate/ Director of Health Services</b> will determine if the children are up to date on their immunizations. If they are not current, a letter will be sent to the parent to inform them of what is needed before the child attends class. At <i>orientation</i> , the <b>staff</b> will determine if the required immunizations have been obtained, <u>physical exam</u> completed, <u>dental exam</u> completed or appointments made in regards to Early Periodic Screening, Diagnosis, and Treatment guidelines, Missouri State Licensing regulations, MOCA Head Start policies, Center for Disease Control recommendations, as well as any additional recommendations from the Health Advisory Committee are followed. <b>Center staff</b> will assist parents if needed in completing required examinations. The <b>Family Advocate, Site/Teacher Director and Director of Health Services</b> will review <u>health tracking</u> for requirements.
1304.20(a)(1) (iii) & (iv) [1304.40(f)]	To ensure all children have follow-up diagnostic testing, examinations, and treatment.	<b>Staff</b> will assist families in minimizing barriers to keep appointments. [cross reference to 1304.20(c)(1) & (2)] In response to known or suspected health or developmental problems, <b>Head Start staff</b> will work in cooperation with parents and other professionals to ensure that further diagnostic testing, examinations, and treatment is obtained by implementing activities to support the, Health or Developmental plans. To ensure treatment has been received, an <u>abnormal result follow-up plan</u> will be placed in the child's file and <u>tracking forms</u> .
1304.20(b)(1) 1308.6(a)(1) 1308.6(b)(1-3) 1308.6(c)	To ensure all children at risk are identified within 45 calendar days of child's entry into the program	All enrolled children will have a developmental, speech, behavioral observation screening conducted by Head Start staff. Physicals conducted by Health Professionals within 30 days of entry. Lead screening is required in Maries and Gasconade counties yearly, BLL are required by all other students as stated in EPSDT. Health tracking will be reviewed at 2 weeks and 30 days from the first day of the program year, to ensure no screenings have been missed. Developmental screenings will screen for motor, language, social, cognitive, and perceptual development. Screening results will be found in the child's file.
1304.20(b)(2)	Ensure that assistance is given to determine if a child needs further assessment and assist staff in taking the appropriate steps in obtaining further	Within the first 45 days of a child entering Head Start, center staff will complete the developmental screenings. If upon completion of the screenings mental health/behavior concerns are noted, then the teaching staff will consult with their immediate supervisor (Teacher and/or Site Director). The Teacher or Site Director will ensure that a meeting occurs with the family to inform them of any concerns. The Teacher or Site Director will ensure that parents give consent for further assessment by having the Development Assessment Permit signed. The Teacher also completes the Child Staffing Report on the child. All other pertinent information is gathered for the Director of Health Services in preparation for the mental health/disabilities observation and/or staffing. If concerns are so

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	assessment for mental health needs.	significant that immediate assistance is needed, then teaching staff will discuss the issue with the Site Director, who then will contact the Director of Health Services. At any time during preparation for assessment, the Area Supervisor can assist.
1304.20(b)(3)	Ensure multiple sources of information are utilized in all aspects of each child's development and behavior	Parents, family members, and staff who are familiar with a child's typical behavior make observations to have available for Mental Health Professional or Area Supervisor when reviewing the findings from the screenings.
1304.20(c) (1) & (2) Extended follow-up treatment  1304.20(c)(3) i-ii	Ensure that a follow-up plan is initiated.	Conferences with parents & family members are conducted in order for family members to voice their concerns regarding their child's development. Staff will minimize barriers to assist families in attending conferences Head Start staff will communicate with the parents to minimize barriers by locating transportation resources, assistance for payment, and how to effectively communicate with health professionals. The center staff will utilize community contacts and the resource manual. Referrals will be processed by individual needs and the follow-up plan will be initiated within 90 days of the child's entry into the program. All children brush daily with fluoride toothpaste. Staff will supervise the procedure with the children. A dental screening completed if a dental exam is not accessible within 45 days. Treatment tracking plans will be initiated on children with dental needs. Staff will contact parents on status of dental treatment.
1304.20(c)(4)	Ensure the provision of related services addressing concerns in accordance with IEP's or IFSP's.	Head Start staff will attend IEP meetings in order to support parents in the agreed upon plan of action and related services. A copy of the IEP will be placed in the child's file. Referral forms and screening results along with supporting documentation will be signed by the attendee and placed in the child's file. (e.g. diagnostic summary, IEP) Center staff will implement supporting classroom activities according to the IEP, thereby enhancing the opportunity to participate or benefit from the Head Start experience. The Director of Health Services is available for assistance as necessary.
1304.20(c)(5)	Head Start staff must assist families in accessing other available sources for funding of services and have written documentation of their efforts. Head Start funds may be used for these professional services only when no other source of funding is available.	Head Start staff will access local community resources (Lions, Elks Lodge, Clubs, etc.) after receiving Medicaid denial letter. If no other source for payment is found Head Start funds are used. Family Advocates will work with Director of Health Services to access funds for payment. Head Start will issue payment vouchers to parents through center staff in order to obtain needed services.

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1304.20(d)	To ensure that all enrolled children continue with ongoing care to identify new or recurring medical, dental, or developmental needs.	Head Start staff document weekly any concerns regarding each child's developmental progress, change in behavioral patterns, or physical changes in appearance. Head Start Staff will also gain information from parents. Head start staff will also gain information from parents.
1304.20(e) (1-4)	To ensure that parents are involved, familiar with, and receive appropriate Health and Developmental care services for their children.	Teaching staff/Family Advocates consults with parents as soon as possible when health and/or developmental problems are suspected or identified. Teaching staff/Family Advocates familiarizes parents, at orientation, with procedures pertaining to health and developmental screenings prior to screenings being conducted. Authorization Release form is completed at orientation. Teaching staff/Family Advocates share results of diagnostic and treatment procedures with parents as soon as these are made available to Teaching staff/Family Advocates. Every effort is made to help parents understand these procedures. Head Start staff assists parents to enroll and participate in a system of on-going family health care.
1304.20(e)(5)	To ensure that written documentation is obtained for refusal of health services.	A refusal of services form will be completed if a parent refuses to give authorization for, or to obtain recommended health services. This documentation will be kept in the child's file.
1304.20(f)(1)	To support individualization for all children	Information is used from all screenings; observations and insights from parents to help staff and parents develop a plan to respond to each child's individual needs. The information is charted into the Creative Curriculum Developmental Continuum, which derives a report on the current status of the child's development. Teaching staff utilize this information for the purpose of daily and weekly planning of activities for the child and the classroom as a whole. Goals and objectives are noted on the weekly lesson plan with child's initials noted next to target goal. Teaching staff chart progress on a weekly basis. Teaching staff/Family Advocates support efforts for transition for children who need other services. Teaching staff/Family Advocates participates in developing and implementing IEP's for children with disabilities.

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<p>1304.21(a)(1)(i)  Curriculum addendum #1 Extension of Classroom Learning Curriculum Addendum #2 Extension of Family Literacy</p>	<p>Our program will be developmentally and linguistically appropriate. Children will gain the skills and confidence needed to be prepared to succeed in their present environment and with later responsibilities in life. For non-English speaking children, progress in listening to and understanding English.</p>	<p><b>Teaching Staff</b> implement Creative Curriculum, which is based on sound child development principles. In order to extend the classroom learning environment to the home, Teaching Staff will prepare Bi-Weekly activity logs for parents to do with their child(ren). In order to extend early literacy learning the Parents have an opportunity to participate in the READY SET READ Program. (See 1304 (e)(4)(i-ii)) <b>Area Supervisor</b> review <u>lesson plans</u> and classroom activities on a <i>continuing basis</i>. <b>Teaching Staff</b> writes comprehensive <i>weekly lesson plans</i> that encourage language understanding in an atmosphere that promotes easy communication between children and adults. <b>Teaching Staff</b> ask open-ended questions to encourage problem solving. <b>Teaching Staff</b> encourages children to tell stories as well as listen to them, activities such as finger plays, games, storytelling, a print rich environment, and songs are provided that foster hands on, no fail experiences as well as language development. <b>Teaching Staff</b> may obtain adaptive devices to assist children with communication by contacting the <b>Director of Health Services</b>. Center <b>staff</b> works closely with Head Start families and the community to obtain an interpreter for non-English speaking children as needed. <b>The Education Specialist</b> provides support at the classroom level through various modes to support teaching staff in developmentally sound instruction of Head Start children. Those modes include but are not limited to: classroom observation assessment and action plan, one on one mentoring, cluster classes, in-service pre-service training, and CDA instruction.</p>
<p>1304.21(a)(1)(ii)</p>	<p>All classrooms are fully inclusive, with learning environments varied that promote choices.</p>	<p><b>The Teaching Staff</b> accommodate children with special needs by adapting, and modifying classrooms as requirements state, which may include special furnishings. <b>Teaching Staff</b> may obtain adaptive devices to assist children with disabilities by contacting the <b>Director of Health Services</b>. <b>Teaching Staff</b> incorporate <i>weekly</i> routine activities and experiences in the lesson plans that assist in achieving the goals of the IFSP or IEP. If an IEP reflects the need for additional staff to meet goals, the <b>program</b> will actively seek a person to fill these needs. <b>The Director of Health Services</b> will be available to provide assistance and additional training to staff, Head Start families, and volunteers to enhance delivery of services or as needed.</p>
<p>1304.21(a)(1)(iii) 1304.21(a)(3)(i)(E)</p>	<p>Provide an environment for a child that promotes respect for gender and cultural difference.</p>	<p><b>Head Start families</b> are the primary resource of the classroom especially in the area of heritage and cultural activities. <b>Teaching Staff</b> provides activities, which include family traditions, milestones, and food preparation unique to various cultures, diverse literature, music, and games that reflect various cultures. <b>Teaching Staff</b> will modify or adapt classroom activities whenever the need arises through lesson plans, staff input, and use of information obtained from families of the enrolled child or children. <i>At the beginning of the school year</i>, a unit on “self” and another unit on “family” will be introduced by the <b>Teaching Staff</b> through lesson plans.</p>
<p>1304.21(a)(1)(iv)</p>	<p>Provide a balanced daily program of child initiated and adult directed activities, including individual and small group activities.</p>	<p><i>Prior to classes beginning</i>, <b>Teaching Staff</b> develop a classroom schedule. <b>Area Supervisors</b> review and approve the schedule. <b>Teaching Staff</b> posts both a written and a daily picture schedule, which reflects a balanced, flexible routine, providing for short blocks of time for group activity and a large block of time for child initiated work, during which children make choices of activities and materials. During this time teachers observe, interact, and give individual attention to children in expanding play, to encourage decision-making and discovery. Head Start families are encouraged to volunteer giving them an opportunity to identify learning they can extend to the home.</p>

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1304.21(a)(1)(v)	To allow and enable children to independently use toilet facilities when it is developmentally appropriate or to assist them due to a developmental delay.	<b>Center Staff</b> keeps restrooms clean and well stocked with hand dryers or paper towels and liquid soap. Children are supervised when using restrooms. Children are encouraged to take care of their own needs, but given assistance if needed. Children are free to go to the restroom at any time throughout the day. Head Start families are informed if their child has a toileting concern. <b>Teaching Staff</b> notates any concerns in the child's file.
1304.21(a)(2)(i)(ii)	To include Head Start families and volunteers in curriculum planning and become resources for the classroom.	<b>Center staff</b> will provide training to Head Start families and volunteers in the area of child development through workshops, in-service, and Head Start family meetings. <b>Teaching staff</b> conducts two educational home visits and two parent teacher conferences that include information regarding observations, appropriate goal setting, and related activities.
1304.21(a)(2)(iii)	Encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education. To encourage parents to participate in Home Visits and Parent Teacher Conferencing to discuss their Child's Development and Education	<b>Teaching staff</b> will conduct two home visits and two Head Start family/parent-teacher conferences to allow Head Start families and teachers to discuss child's progress and areas of concern. <b>Teaching staff</b> make every effort to schedule the home visit and family/parent-teacher conferences at a time convenient to all. Any cancellations and subsequent attempts will be documented in the individual child's case notes file by the <b>Teaching staff</b> . Ongoing communication may include but not limited to: phone calls, unscheduled visits, written correspondence, and face to face interaction as parents pick up or drop off their children, this communication is between Head Start families and <b>all center staff</b> .
1304.21(a)(3)(i)(A-E-E) 1304.21(a)(3)(ii) 1304.21(a)(3)(i)(B-E)	Provide a supportive, social and emotionally developmental climate for all children through building trust, fostering independence, encouraging self-control, encouraging respect for the feelings and rights of others, providing routines and transitions that occur	<b>Teaching staff</b> provide a safe positive learning environment thru consistency and predictably. <b>Teaching staff</b> plan many socially interactive activities daily they include but are not limited to: small and large groups, child initiated and adult directed activities. Children are assigned a cubby with their name printed on it. Study Units on "self" and "family" will be introduced within the first four weeks of program year. The Second Step anti violence program is included in the weekly lesson plan. <b>Teaching staff</b> interacts with children at the child's eye level. <b>Teaching staff</b> indicate a transition from learning center activities to other activities with a <i>five-minute</i> indicator, allowing children time to prepare for the change. <b>Teaching staff</b> provide time for one on one activities and conversations with children. <b>Teaching staff</b> encourage the development of self-help skills, such as brushing teeth, washing hands, wiping spills, setting the table, serve food family style, and putting toys and materials away when finished using them. <b>Teaching staff</b> model good hygiene by covering their mouth when coughing, and using tissue when necessary. <b>Teaching</b>

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	<p>in a timely, predictable manner and to incorporate home language and diverse culture throughout the curriculum.</p>	<p><b>staff</b> encourages and provides for use of developmental language and problem solving skills by asking open-ended questions. <b>Teaching staff</b> provide opportunities for choice and decision-making through appropriate activities. <b>Teaching staff</b> provide consistent and clear rules and consequences. <b>All staff</b> use positive techniques such as modeling acceptable behavior, redirecting children to acceptable activities, and intervening for unacceptable or harmful behavior. <b>Teaching staff</b> assist children to problem solve by guiding them through the use of books, stories, and puppets to reinforce positive social behaviors. <b>Teaching staff</b> communicate with Head Start families about practices concerning behaviors that is supportive to the child and brings consistency to home and program. The <u>Positive Discipline Policy</u> is accessible for review.</p> <p>A feelings chart is implemented in each classroom that aids the child in identifying his/her emotion. <b>Teaching staff</b> encourages the expression of feelings through dramatic play, modeling, language skills, art, and active listening. <b>Teaching staff</b> model respect for others, adult to adult as well as adult to children. <b>Teaching staff</b> individualize their approach to children by anticipating changes in behavior and intervening as necessary. Head Start families are the primary resource for the classroom, especially in the area of heritage and cultural activities. <b>Teaching staff</b> provide a multi-cultural approach through language, books, posters, nutrition activities, music, dance, adaptive materials, clothing, diverse literature, dolls, and games that reflect various cultures. The <b>center's staff invites</b> the families to share their heritage and traditions. <b>Center staff</b> work closely with Head Start families and the community to obtain an interpreter for non-English speaking children as needed.</p>
1304.21 (a)(4)(i-iv)	<p>Cognitive and language development are encouraged through the exposure of signs, symbols, numbers and letters in a print rich environment, providing children opportunities to express themselves with diverse media.</p>	<p>The curriculum focuses on individual development. <b>Teaching staff</b> plan activities according to the developmental level of all children. <b>Teaching staff</b> will provide opportunities for children to talk about their feelings and help them to find acceptable ways to express themselves. <b>Teaching staff</b> use puppets, appropriate language, telephones, songs, books, and other resource material that allows hands on, no fail experiences.</p> <p>The arrangement of the classroom aids the children in making choices and acting on them. <b>Teaching staff</b> divide the classroom into well-defined work areas: creative activities, dramatic play, library, blocks, writing center, and science. The material provided in the classroom are organized and labeled, providing diverse selection of creative materials, avoiding patterns and displaying a child's creative product in a meaningful way.</p> <p>Children are provided with opportunities of verbal classification of objects, labeling objects, child's names, stories dictated by children and written by staff, and journals, which encourage writing skills. Other modes of communication may be used for children with disabilities. <b>Teaching staff</b> may contact the <b>Director of Health Services</b> for assistance (i.e. sign language, augmenter, communication board, determined by a child's IEP). <b>Teaching staff</b> introduce letters and their sounds through books, which contain rhythm, repetition, and play with words. <b>Teaching staff</b> introduce letters and their sounds through music by singing silly songs that help children learn more about rhyming words. <b>Teaching staff</b> will draw attention to the sound of words during daily activities. <b>Teaching staff</b> will encourage a child to express his/her creativity in ways other than art (i.e. building a block tower, writing stories or doing a flower arrangement). Writing material and activities that encourage writing are available daily. Stories are dictated by children and written by <b>Teaching staff</b>. <b>The Education Specialist</b> provides support at the classroom level through various modes to support teaching staff in developmentally sound</p>

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		instruction of Head Start children. Those modes include but are not limited to: classroom observation assessment and action plan, one on one mentoring, cluster classes, in-service pre-service training, and CDA instruction.
1304.21 (a)(5)(i-iii)	To promote physical growth and development for all children.	<b>Teaching staff</b> develop a daily routine, which allows for activities to promote physical growth that includes both gross and fine motor skills, sufficient indoor and outdoor space, equipment and material. Facilities meet the ADA requirements. 75 sq feet per child outside play space and 35 sq feet indoor play space is provided. <b>Teaching staff</b> provides equipment and materials to give children opportunities to develop motor skills. Rhythm/movement activities, spatial awareness activities, lacing cards, various sized blocks, balls, puzzles, obstacle courses, records and instruments are provided in each center. <b>Teaching staff</b> may obtain special materials and equipment to assist children with disabilities by contacting the <b>Director of Health Services</b>
1304.21(c)(1)	To provide a curriculum in collaboration with the parents that supports each child's individual pattern of development and learning.	<b>Teaching staff</b> will conduct two home visits and family/parent-teacher conferences within the <span style="border: 1px solid red; padding: 2px;">Formatted: Tab stops: Not at 4"</span> in the development of appropriate goals. The use of screenings, assessments, observations, parent input, lesson planning, and staff interaction with the child are all ongoing and contribute to the individualization of each child's Head Start experience. Creative Curriculum and the Second Step anti violence program are utilized in the weekly lesson planning. <b>Teaching staff</b> encourage Head Start families to contribute to the curriculum by assisting in the development of weekly lesson plans, curriculum home activities logs, participating in the literacy program Ready Set Read and volunteering where needed.
1304.21(c)(1)(i)	To provide a curriculum that is responsive to each child's individual needs.	<b>Teaching staff</b> implement a curriculum that provides opportunities for each child to work alone or with other children. <b>Teaching staff</b> recognize each child has individual interests and learning styles and plans activities that enable the children to develop new skills and practice existing skills. Individual needs are met through parent involvement, screenings, assessments, and observations.
1304.21(c)(1)(ii)	To provide for the development of cognitive skills by encouraging each child to organize his or her experiences to understand concepts and to develop age appropriate literacy, numeracy, reasoning problem solving and decision-making skills. That will form a foundation for school readiness and later school success.	<b>Teaching staff</b> provide an environment and learning opportunities for each child's developmental level through the Creative Curriculum continuum. <b>Teaching staff</b> provide a learning climate that encourages children to solve problems, explore experiences, question and gain mastery through learning by doing. <b>Teaching staff</b> will foster cognitive functions, understanding, reasoning, and conceptualizing through scaffolding.

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1304.21(c)(1)(iii)	To provide health, nutrition, and mental health activities.	Teaching staff implement <i>daily</i> activities about health and nutrition in lesson plans. A unit on “self” is completed <i>within the first four weeks</i> of school as well as <i>ongoing</i> activities pertaining to mental health awareness. Healthy habits and nutrition activities are incorporated through resources available. Specific <i>monthly</i> lessons on Health & Nutrition are noted.
1304.21(c)(1)(iv)	To help children develop emotional security in social relationships.	The child is made to feel good about participation with others through individualization and the implementation of Creative Curriculum and the Second Step anti-violence prevention program. <b>Center staff</b> greets each child by name, <b>Center staff</b> work together to create a warm and friendly atmosphere in the center. <b>Teaching staff</b> provide opportunities for children to talk about their feelings and helps them to express their feelings in an acceptable way. <b>Center staff</b> model appropriate social relationships by being polite and courteous to children and adults. <b>Center staff</b> will treat all volunteers and parents without prejudice and respect differences.
1304.21(c)(1)(v)	To enhance self-awareness through individual and group activities.	<b>Teaching staff</b> post both a written and a daily picture schedule, which reflects a balanced flexible routine, providing for short blocks of time for group activity, a large block of time for child initiated work, during which time children make choices of activities and materials. Personal items are labeled, such as cubbies and artwork. <b>Center staff</b> greets children by name and while being addressed during the day. A unit on “self” and “family” respecting cultural differences is completed and <i>ongoing</i> . Individualization is fostered through Creative Curriculum and the Second Step anti-violence prevention program.
1304.21(c)(1)(vi)	To provide each child with the opportunity to succeed and feel confident in his or her abilities and develop positive attitudes towards learning.	Children are encouraged by <b>Teaching staff</b> to do as much for them as they can through scaffolding.
1304.21(c)(1)(vii)	To provide individual and small group activities, inside and outside.	<b>Teaching staff</b> schedules indoor and outdoor play <i>daily</i> on developmentally appropriate equipment and through age appropriate activities in small, individual, and large group activities. <b>Teaching staff</b> extends indoor activities and theme related activities outdoors.
1304.21(c)(2)	To promote and support children’s learning and development progress based on observation and ongoing assessment of each child.	<b>Teaching staff</b> promotes children’s progress through Head Start family involvement, observations, ongoing assessments, individualization, and through the environment. <b>Teaching staff</b> document <i>ongoing</i> developmental progress on a weekly basis through observation, and appropriate activities. The reporting process is documented in the Creative Curriculum Continuum on a weekly basis. Reports generated assist teaching staff with goals achieved and those in need of achieving.
1304.22(a)(1-4) Child Health and Safety	To provide staff with a means of dealing with emergency situations.	1. Each center will have the following items posted on the First Aid Emergency Board: Emergency Handbook, Dental Poster, Choking Poster, Emergency Medical Response Policy, Local Emergency Numbers, CAN Reporting Procedures, Emergency Drill Procedures, Floor Plan Escape Routes. A First Aid kit is available to all staff. First

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<p>[Exposure/Accident Incident Policy]</p> <p>[Personnel Manual]</p> <p>[Safety Manual]</p> <p>[Outdoor Play Policy]</p>		<p>Aid and infant/child CPR training is required for <b>teaching and transportation staff</b>. Parents/Guardians complete <u>State Child Enrollment Form</u> that gives consent for emergency treatment and emergency contacts <i>prior to the child starting class</i>. This information is kept in the child's file for use in case the information is updated <i>annually and as needed</i>.</p> <p>A copy of the enrollment form is kept on the bus in case of an emergency in route to/from the center and during field trips. Families are requested to inform Head Start staff to update the emergency contact information periodically in order for Head Start files to be current and up to date.</p> <p>2. Phone numbers of physicians, dentists, hospitals, ambulance, poison control, and fire departments are posted at every phone in each center. These are updated annually and as needed.</p> <p>3. Each <b>Teacher Director</b> is required to show a fire exit plan of their center, post it in the center, and make sure volunteers and visitors to the center are aware of the plan. <i>Monthly</i> drills (i.e. fire, tornado, earthquake, and bus) are conducted and recorded so that children, staff, and volunteers are familiar with this emergency plan.</p> <p>4. Parents are contacted in every emergency situation. In the event the parent cannot be reached, the emergency contacts identified at <i>parent orientation</i> will then be called (in order listed) in an attempt to notify parents. In situations where neither parents nor emergency contacts can be reached, the <b>classroom teacher</b> in charge will transport the child to the Emergency Room or physicians' office as directed by parent of the <u>Child Enrollment Form</u>. The <b>Teacher Assistant</b> or <b>Family Advocate</b> remaining at the center will continue to attempt to contact parent and/or emergency contact. In life threatening situations, staff will call "911" or their local emergency medical services. The parent will be notified as soon as possible after the emergency call.</p> <p>An <u>Accident/Incident/Exposure</u> report is completed after all incidents/accidents and given to the <b>Site/Teacher Director</b> within <i>24 hours</i>. The <b>Director of Health Services</b> or <b>Program Director</b> must be notified as soon as possible after an incident that requires medical attention.</p> <p>Employee accident must be reported to the agency <b>Administrative Assistant</b> within <i>eight (8) hours</i> by phone. A <u>written report</u> must be completed and sent to the <b>Administrative Assistant</b> by the <i>next working day</i>. Any incident occurring after 4:30PM on Friday must be reported by 8:15AM the following Monday.</p>
<p>1304.22(a)(5) Child Abuse and Neglect</p>	<p>To protect every child from intentional injury or harm.</p>	<p>When <b>Center staff</b> observes and/or suspect child neglect, the <b>Program Director</b> and the <b>Director of Health Services</b> are <i>notified after</i> making the hotline call. In life threatening situations, the <b>Program Director and the Director of Health Services</b> are <i>notified immediately after</i> the call has been placed. A written <u>Child Abuse/Neglect report</u> is completed and sent to the <b>Program Director, Director of Health Services</b> within <i>24 hours</i> of the call or incident. A brief non-descriptive summary of incident is written in the child's file, with no mention of report or hotline call. <b>Staff</b> will receive <i>annual</i> training on Child Abuse and Neglect.</p>
<p>1304.22(b)(1) [Caring for the ill child policy]</p>	<p>To ensure all children are protected against communicable diseases and/or illness.</p>	<p>Head Start families are requested at <i>orientation</i> not to send their child to class when the child has a temperature of 100.1(children should be 98.6 before returning to the classroom). Vomiting, diarrhea, unusual spots or rashes, discharge from the eyes, head lice or scabies, headache, and/or children who exhibit any of these symptoms while in the Head Start classroom are isolated from the other children <i>immediately</i> and a phone call is placed to the parent</p>

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		and/or emergency contact to pick the child up. Parents are encouraged to take the child to their physician to ensure the child is not contagious and poses no threat of illness to the children and/or staff at the center. <b>Teaching staff</b> or <b>Family Advocates</b> contact the parent the <i>following day</i> if the child does not attend classes. The child’s symptoms and result of contact with the family is documented in child’s file.
1304.22(b)(2-3)	To provide continuity of services for all children regardless of health care needs or medication requirements in order that the child receives the full extent of Head Start services.	When a child’s health care needs and/or medical requirements pose a significant risk to the health or safety of the child or anyone in contact with the child and the program cannot reduce the risk or eliminate it, the child will be excluded until such risk is eliminated or reduced. The <b>Head Start Director</b> will modify policies, practices, procedures, and/or provide appropriate auxiliary aides on an individual basis in order to enable the child to participate in the program. Documentation from Medical Provider may be required. <b>Teaching staff/Family Advocates</b> requests parents to inform them of any health and/or safety needs of their child that staff may be required to address prior to the child starting class. Information is shared with appropriate staff on a “need to know” basis, in accordance with the <u>confidentiality policy</u> .
1304.22(c)(1-6) 1308.18(c)(d)	To ensure Head Start children received prescribed medication during operating hours when the child is away from home	Parents are encouraged to give medication at home unless the physician prescribes the medicine at a specific time. Head Start staff cannot administer medication without a doctor’s prescription this includes “over the counter” medications and written directions from the Physician. The Director of Health must be notified before any medication is administered. <u>Permission to Administer Medication</u> form is completed, signed, and dated by parent <i>prior</i> to any medication being given by the Head Start staff. All <b>teaching staff</b> must complete Medication Administration training by Missouri Department of Health or appropriate personnel. <b>Staff</b> must be able to demonstrate proper techniques for administration of medication. Each center has a reference book of frequently used medications to refer to as needed for possible side effects. Parent volunteers will not administer any medication to Head Start children other than their own child. A <u>medication log</u> is completed for every dose administered <i>after</i> giving the medication and signed by the <b>Teacher</b> . Completed <u>medication logs</u> are placed in child’s file. One <u>medication log</u> is used for each medication. If changes in the child’s normal behavior are noticed, families and Director of Health will be notified. <b>Staff</b> will document in <u>observation log</u> . <b>Staff</b> will be available to assist the family in communicating with a physician. All medication must be in the original container with the child’s name, name of medication, dosage of medication to be given, the prescribing physician’s name, and expiration date (of applicable). Staff, volunteer, and children’s medications are stored in a locked cabinet, or box. Dosage on the bottle must match the dosage physician indicated on written directions and also on <u>Permission to Administer Medication</u> . If there is a discrepancy, the physician will be called and a new prescription verified. A locked box is provided to store refrigerated medications, and on the bus for transporting medicine to and from the center.
1304.22(d)(1) Injury Prevention	To ensure staff and volunteers can demonstrate safety practices.	<b>Staff</b> receives standard first aid training and teaching and transportation staff receives infant/child CPR. This training can be made available to parents through in-service training, parent workshops, and cluster classes. Adult CPR is offered but not required. All regular volunteers receive safety and emergency procedure information at volunteer training.

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1304.22(d)(2)	To foster safety awareness among parents and children.	<b>Teachers</b> include in their <u>lesson plan, on a monthly basis</u> , health topics such as the importance of ears and eyes, dental health, immunization, poison prevention, water safety, “911”, stranger safety, fire safety, kitchen safety, outdoor safety, bus rules, fingerprinting, and various other health education topics. Parent workshops may be presented throughout the year on safety practices.
1304.22(e)(1-6) [Universal Precautions Guidelines Policy]	To help reduce health risks to children and adults, staff and volunteers will use proper hygiene, sanitation, and disinfections procedures.	<b>All staff and volunteers</b> will use soap and running water when washing their hands. All surfaces, including backs of hands, wrists, between fingers, and under fingernails will be washed thoroughly by vigorously rubbing hands together. Hand-washing will be completed by staff, volunteers, and children after diapering or toilet use, before food preparation, handling, consumption, or any food-related activity, whenever contaminated with blood or body fluids, after handling pets or animals, before and after administering medication, and before and after treating a wound (regardless if gloves are worn). When/where sinks are not available, antiseptic towelettes are available. Hands need to be washed as soon as possible after using the antiseptic towelettes. Picture instructions for proper hand-washing procedures will be posted for children. Gloves are available throughout the centers. <b>Center staff and volunteers</b> carry at least one pair with them at all times. Fanny packs contain pairs of gloves. Gloves will be worn when staff is in contact with blood or body fluids. Surfaces are disinfected (one part chlorine bleach to 10 parts water) after contamination by blood or body fluids. Contaminated materials are placed in containers that are closeable and constructed to contain all contents, or double bagged and disposed of properly. Mats are used for diapering. After diapering, mats are cleansed with disinfectant and allowed to air dry. Contaminated materials (i.e. diaper, wipe) are placed in trashcan with a lid. Potty chairs are emptied in the commode and flushed after each use. They are then cleaned and disinfected.
1304.22(f)(1-2)	To provide well supplies first aid kits.	<b>The Health Advisory Committee</b> on a <i>yearly</i> basis approves <u>First Aid Supply list</u> . Every center and bus has a first aid kit, which is checked <i>every month</i> by the <b>safety captain</b> and restocked as needed. Fanny packs are supplied with first aid supplies and carried to the playground and on field trips. First aid kits and fanny packs are replenished as needed between checks by <u>requisition</u> . Kits are located in easily accessible areas in the center.
1304.23(a)(1-2) Child Nutrition	To identify the nutritional needs and problems of the children in the Head Start program and their families.	The <u>Nutritional Assessment</u> is completed by the <b>parent/guardian during family orientation</b> . Heights and weights are measured <i>three times a year (within first 45 days, January, and April)</i> . <u>Diet prescriptions</u> are received from PCP on all children with special diet needs. Director of Health is also notified of all prescription diet plans or other special needs diets.
1304.23(a)(4)	To stay informed of major community nutritional needs.	<b>Family Advocates/ Director of Health Services</b> will develop collaborations with local health organizations to receive ongoing information concerning community nutritional needs. Information is forwarded to parents on an <i>as needed</i> basis.

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1304.23(b)(1)(i-iii)	To ensure every child in a part day program will receive a quantity of food that provides at least on third of the daily nutritional requirements. Children in full day program will receive one-half to two-thirds of their daily nutritional requirement.	Each part day program serves breakfast and lunch or lunch and snack, menus are planned to meet CACFP and USDA requirements. Each full day program serves breakfast, lunch, and snack every day. CACFP is the primary source of reimbursement for Head Start meals.
1304.23(b)(1)(v-vii)	To ensure every child enrolled in Head Start receives the daily recommended serving sizes, meal pattern, and nutritional requirements; high in nutrients and low in fats, sugar, and salt. To ensure all meals and snack periods during Head Start meet children's individual needs.	<b>Cooks</b> receive CACFP training <i>annually</i> . Training includes completing <u>Production Records</u> , meal patterns, and credible foods. Menus are reviewed <i>annually</i> and changes are made <i>once a year</i> by a committee, consisting of <b>cooks, Director of Health and Nutrition and Nutrition Consultant</b> to assure all requirements are being met. Planned meals are high in nutrients and low in fats, sugar, and salt. All meals and snacks are prepared on site by <b>Head Start staff</b> . Meals are prepared on site and transported in approved containers for meal service for field trips which require children be away from the center during meal/snack times. Meals are scheduled, yet adapted to the needs of the child. Meal components are inclusive of children's diet, medical, cultural, religious, and ethnicity preferences.
1304.23(b)(3)	To promote effective dental hygiene among children in conjunction with meals.	Tooth brushing with a pea-sized amount of toothpaste is completed <i>after a meal</i> . <b>Teaching staff supervises</b> the children in brushing their teeth <i>after</i> the children eat.
1304.23(b)(4)	To involve parents and community agencies in planning, implementing, and evaluating nutrition services.	Community nutrition agencies are utilized for training and serving on Health Advisory Committee. A nutritionist is contracted to review menus, and provide training and technical assistance. Parents and community volunteers participate in food service activities by: attending workshops, participating in home nutrition activities, volunteering in the kitchen, cooking cultural foods in the center, and reviewing the nutrition program. A Pre-Nutrition Assessment is completed on each enrolled child by the parents.
1304.23(c)(1)	To ensure children's food experience is broadened and cultural and ethnic	The first month of menus will start with foods children are familiar with to make the child comfortable and to promote good self-concept. New foods are introduced gradually.

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	preferences are considered and included in menu planning. Nutrition activities are planned to introduce new foods.	A variety of multi-cultural nutrition activities are planned in order for the children to broaden their food experiences. Multi-cultural meals appear on the menu at least <i>once a month</i> .
1304.23(c)(2)	Children are encouraged to taste all food. Center staff attempts to make meal time a pleasant experience.	Children are encouraged to taste all food. <b>Center staff</b> attempts to make meal time a pleasant experience. Food is not used as a punishment or reward.
1304.23(c)(3)	To allow sufficient time for each child to eat.	Mealtime is scheduled for <i>30 minutes</i> . When children are finished they leave the table and clean their area. Slow eaters are allowed time to finish their meal.
1304.23(c)(4)	To ensure that mealtime is a shared meal between children and adults that provides a social interactive experience.	<b>Children and staff, including volunteers</b> , eat together sharing the same menu and a socializing experience in a relaxed atmosphere. Small groups of 5-7 people are conducive to good conversation and interaction. Meals are served family style with the child taking an active role in serving, clean up, and conversation. Interesting and pleasant table conversation centered on the children's total experience (not limited to food and nutrition) is encouraged. Talk of personal dislikes of food is discouraged. Teachers and other adults set a good example by their attitude toward acceptance of the food served. If anyone at the table must be on a special diet and cannot eat the same foods as others, this should be explained.
1304.23(c)(6)	To ensure special or medically based diets are accommodated.	Each child has a <u>Nutrition Assessment</u> completed prior to beginning classes. Special diets are recognized and accommodated by center staff. This assessment alerts staff to give parents a <u>Diet Prescription</u> to be completed by their family physician. <u>Diet Prescriptions</u> must be completed and signed by a physician, and Nutrition counseling may be provided as needed for children.
1304.23(c)(7)	To ensure children are involved in food related activities.	Children set their table <i>daily</i> . They serve themselves during mealtime and clean up after themselves. Children participate in nutrition activities <i>once a month</i> . <b>Center staff</b> uses the <i>weekly</i> study units, to coordinate with mealtime and food related activities providing nutrition education for children. Teachers include the monthly nutrition activity in their <u>lesson plan</u> and the children are encouraged to participate in the nutrition activity which may include assisting in the activities food preparation. Appropriate nutrition education materials are available in each classroom.  Families receive education in the selection and preparation of foods to meet their family's needs through parent workshops, referrals, sample menus, and literature available in the center's parent corner.
1304.23(d)	To provide education in the area of nutrition to Head Start families.	<b>Family Advocates</b> schedule Parent Education Opportunities in the area of Nutrition. Nutrition educational materials, (i.e. pamphlets, booklets, etc.) are available in the parent corner. Parents who wish to volunteer in the kitchen are trained on food preparation and sanitation guidelines. The <u>Parent Education Log</u> and training information can be found in the <u>Procedure's Manual</u> .

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1304.23(e)(1)	To ensure Food Safety and Sanitation standards are met.	Inspections by local health and safety departments are conducted <i>annually</i> and posted in each center. A copy is sent to the Director of Nutrition. All <b>food service staff</b> is required to have a <i>yearly</i> physical examination prior to starting work. An <i>annual</i> TB test is required, chest x-rays are required every <i>five years</i> . CACFP monitoring is conducted <i>3 times per year</i> . Training concerning food safety and sanitation is provided <i>throughout the year</i> for all staff.
1304.24(a)(1)(i)	Provided families opportunities to provide information, observations, and concerns about their child's mental health.	The application process, orientation, and first home visit are opportunities for staff to obtain information about the child's temperament and concerns about the child's mental health. <b>Family Advocates, Site Director, and Teaching staff</b> will continue communication with families <i>throughout the year</i> concerning the child's mental health, behaviors, and development during teacher/parent conferences, home visits, and other opportunities as the need arises. <b>Center staff</b> should remember that mental health issues are sensitive and should be treated as such by being respectful following the <u>confidentiality policy</u> . <b>Site Directors</b> can obtain assistance from the <b>Director of Health Services</b> , if necessary.
1304.24(a)(1)(ii-v) 1304.24(a)(3)(ii)	To share with families observations about the child's temperament, behavior, and development addressing mental health and parenting issues such as: separation and attachment; responses to behavior; how to strengthen nurturing, supportive environments and relationships; and better understanding of mental health issues.	<b>Teaching staff, Family Advocates, or Site Director</b> will discuss with families any concerns about a child's behavior or development <i>as the need arises</i> . <b>Teaching staff and Family Advocates</b> will share parenting and mental health information at Parent/Teacher conferences; home visits, parenting workshops, etc. By providing a stable, nurturing, and supportive center environment, Head Start will provide a role model for families to learn parenting skills. <b>All center staff</b> will model appropriate nurturing skills with the children, so to service as role models for families. <b>Site Directors</b> can obtain assistance from the <b>Director of Health Services</b> if further assistance is needed.
1304.24(a)(1)(vi) 1304.24(a)(3)(iv)	To support families' participation in any needed mental health interventions.	Each center will have a list of mental health providers in their area. This list will be updated at the <i>beginning of each program year</i> and maintained <i>throughout the program year</i> . <b>Teachers, Family Advocates, or Site Directors</b> will make referrals for families to mental health providers following the <u>referral procedures</u> . <b>Teachers, Family Advocates, or Site Directors</b> will make contact with the family or mental health provider to verify that the family has received the service. When mental health services are secured, <b>Teachers, Family Advocate, or Site Directors</b> will work with the family concerning communication and collaboration with the mental health professional. With parents/guardians permission ( <u>Records Release</u> signed), <b>Teachers or Site Directors</b> will share Head Start documentation (observations etc.) with the mental health professional. If any barriers exist for the family to secure

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		mental health services, such as transportation or childcare, <b>Teachers, Family Advocates, or Site Directors</b> will assist the family in overcoming those barriers.
1304.24(a)(2)	To provide regular scheduled on-site mental health observations and consultations by a mental health professional to assist with identification of and intervention in families and staff concerns about a child's mental health.	A Mental Health Professional will make observations of all classrooms. <b>Center Staff</b> will follow the <u>Mental Health Procedures/Guidance</u> for instruction of how to have a child screened, assessed, and evaluated. <b>Teachers or Site Directors</b> will consult with families prior to a child being assessed and have the <u>Developmental Assessment Permit</u> form signed if the parent wishes for assessment be completed. <b>Teachers or Site Directors</b> will share the results of the assessment with the family and if needed referrals for further evaluations will be made based on the Mental Health Professional recommendation and families' wishes. Family's comments and concerns will be documented on the M/H Observation Report and the Parent/Guardians signature will be obtained at the time of the conference. <b>Teachers or Site Directors</b> will have families sign the <u>PROMIS Authorizations, and Releases</u> form prior to the first Mental Health Observation agreeing to have their child present in the Fall and Spring for the general classroom observation. <b>Site Directors</b> will notify families at a minimum of <i>one week prior to the date</i> when mental health/disabilities observation will occur. Families will also be informed that they may meet with the <b>Mental Health Professional</b> on the day of the observation regarding the assessment or general mental health questions. If a concern arises, <b>center staff</b> should consult with the <b>Site Director</b> and the <b>Site Director</b> request assistance from the <b>Director of Health Services</b> .
1304.24(a)(3)(iii)	Provide mental health assistance to staff and families for children with a typical behavior or development.	The <b>Teacher or Site Director</b> will consult with the family and ask them to participate in the development of an intervention plan. A core team including the <b>Family, Teacher, Site Director, Director of Health Services,</b> and possibly the <b>Family Advocate</b> will develop the intervention plan. If the family is receiving counseling services, then that mental health professional will be invited to participate in the development of the intervention plan.
1304.24(a)(3)(i)	To ensure that program design and implementation is conducive to identifying behavioral and mental health concerns of a child or group of children.	The <b>Director of Health Services</b> will be available to provide assistance and advisement for program design and implementation. The <b>Director of Health Services</b> will work collaboratively with <b>Director of Education and Professional Development, Area Supervisor(s), Mentors, other Content Area Specialists,</b> and <b>Site Directors</b> to ensure that concerns are identified and addressed as well as consult about training needs. The <b>Director of Health Services</b> will assist in arranging training for all staff through pre-service, in-service, and at other times as needed.
1304.40(a)(1-2) Family Partnerships	To establish collaborative partnerships with parents to develop trust, and to identify goals, strengths, and services.	<b>Family Advocates</b> will complete at least one visit per family, <i>within 60 days of enrollment</i> , at which time an <u>Individualized Family Partnership Agreement</u> will be started. The application will be used to assess the family's circumstances, strengths, and needs. <u>Family Goal Plans</u> can be written. <u>Referrals</u> will be made to accomplish goals, and follow-up will be completed.
1304.40(a)(3)	To avoid duplication & coordinate with other	A <u>Release of Information</u> form will be obtained from families who are already working with other agencies at <i>Family Orientation</i> or on the <i>first FA visit</i> to give staff permission to work collaboratively with those agencies.

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	agencies to accomplish goals of families.	<u>Referrals</u> will be made to local community resources. A new <u>Individualized Family Partnership Agreement</u> will not be completed with these families, unless they wish to do so.
1304.40(a)(4-5) See[1304.40(a)(1-2)]	To provide opportunities for staff and families to interact throughout the year, being respectful of each family's diversity, cultural, and ethnic background.	<i>At time of enrollment</i> all parents become members of the center Parent Committee. The Center Parent Committee meets on a regular basis <i>throughout the year</i> and works in conjunction with the staff to plan center activities, events, and workshops. <b>Center Staff</b> and parents are involved in <u>Home Visits &amp; Parent Teacher Conferences</u> <i>throughout the year</i> . Scheduling is done at the convenience of the family <i>whenever possible</i> . Attempts will be made to include Fathers/Father Figures in all home visits, exchange of information and Parent activities. Centers are provided with information that introduces cultural differences <i>as needed</i> . Parents are invited to share their cultural backgrounds in the classroom & parent activities.
1304.40(b)(1)	To work collaboratively with community resources in order to provide parents with needed services, resources, and referrals.	At <i>Family Orientation</i> each family receives a <u>Head Start Family Handbook</u> , which lists some resources in their area. Each center has a <u>Community Resource Manual</u> as well as access to the <u>Resource Manual in the PROMIS computer program</u> . <b>Family Advocates</b> attend <i>monthly</i> Interagency Meetings to work with and keep informed of local resources and service providers.
1304.40(b)(1)(i)	To provide either directly or through referral emergency crisis assistance.	<b>Family Advocates</b> and <b>Center Staff</b> use the resource manual tools in their centers to refer families who are in crisis situations. Family Advocates receive training on the topic of crisis intervention. Head Start staff continues to support families throughout the crisis situation.
1304.40(b)(1)(ii)	To provide education and other appropriate intervention for at risk families.	Information and Family workshops will be offered to staff and families on topics such as Mental Health issues and Child Abuse & Neglect. A <u>Resource Manual</u> is available for accessing services for at risk families. A variety of pamphlets and Resource Guide are available in the parent corner at each center.
1304.40(b)(1)(iii)	To assist families in securing access to continuing education, training, and employment opportunities.	<b>Family Advocates</b> and <b>Center staff</b> is knowledgeable of local services available for continuing education, job training, ABE/GED classes, etc. <u>Referrals</u> are made to agencies and follow-up is tracked <i>monthly</i> . Information on training is posted in the parent corner on local training's, ABE/GED classes, etc. when received. A stipend is offered to families to help eliminate barriers.
1304.40(b)(2)	To determine the quality of services received through Head Start referrals.	<b>Family Advocates/Center staff</b> follow-up with families to ensure services met the family's needs, and their level satisfaction. Follow-up is documented in PROMIS.
1304.40(d)(1-3) Parent Involvement	To determine individual and group goals in order to ensure appropriate parent and parent	Parents are given the opportunity to complete a <u>Family, Strength and Interest Record</u> at the <i>beginning of each school year</i> . A review of the assessment is completed and a <u>Workshop Schedule</u> for the school year is developed. Families may also receive information on an individual basis for topics that will not be presented during the year. Special emphasis will be placed on involving the Father/Father figures in all Parent Involvement Activities.

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	<p>education activity needs are met.</p> <p>To provide appropriate training and resources needed.</p> <p>To welcome and encourage families to participate in all areas of the Head Start program as often as possible.</p> <p>To provide opportunities for parents to participate in the program as employees or as volunteers.</p>	<p>Family and individual goals are discussed at the <i>first visit</i>. Goals are listed and an <u>Individualized Family Partnership Agreement</u> is initiated, reviewed, and updated <i>as needed</i>. [1304.40(a)(1-2),(b)(1)]</p> <p>Volunteer opportunities are first discussed with the family at <i>family orientation</i>. Families are encouraged to participate during home visits, center activities, and through the <b>Parent Committee</b>. Invitations and flyers with activities are sent home to the families.</p> <p>Parent volunteers perform duties similar to that of paid staff. Job Descriptions for volunteer positions are available to all volunteers. All regular volunteers receive a volunteer orientation and training. Parents are invited to all trainings provided by MOCA. Job vacancies are posted at all Head Start sites.</p>
1304.40(e)(1)	Parents will be given the opportunity to assist in the development of the curriculum.	In all program options, curriculum planning will be offered to parents through parent meetings, workshops, and/or sub-committee meetings. Parents will be considered a primary resource for the classroom especially in cultural activities. Activities may include celebration of a native country, preparing cultural foods, recommending books, records, or other materials for games, songs, or art projects which reflect their cultures.
1304.40(e)(2-3)	To provide experiences and activities to parents which lead to enhancing the development of parenting skills in fostering an environment allowing their children to develop to full potential.	Parents will be briefed at <i>orientation</i> on the need for and existence of center committees and philosophy of Head Start. Parents are offered opportunities to enhance their parenting skills through: involvement in Parent Committees, Parent Workshops, Newsletters, and Staff Modeling... <u>Referrals</u> are made to outside agencies on an <i>as needed</i> basis.
1304.40(e)(4)(i-ii)	To enhance family participation in literacy related services.	All families have the opportunity to participate in the <u>Ready, Set, Read Head Start Family Reading Program</u> . Each center has a <b>Literacy Coordinator</b> that is in charge of the program. <u>Referrals</u> are made to outside agencies to assist parents with adult literacy needs.
1304.40(e)(5)	To enhance the family's knowledge and understanding, in the progress of their child's	A minimum of two home visits to each family and two parent/teacher conferences will be completed. Teachers will discuss and explain the results of the <u>assessment tool(s)</u> used. <u>Screening results</u> will be discussed along with any special concerns. <b>Teaching staff</b> will work with the family to set goals for the child and "at home" activities may be suggested to further enhance the child's learning in the classroom.

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	abilities.	<u>Home Activity Logs</u> sent home <i>bi-weekly</i> aide in extending the learning to the home.
1304.40(f)(1)	To ensure information is provided on medical, dental, nutrition, and mental health to staff and parents.	At least one parent workshop will be provided on health, mental health, and nutrition. <b>Staff</b> will receive these training topics through in-service, cluster classes, or local trainings.
1304.40(f)(2)(i-iii)	To assist families in becoming more aware of basic health care systems and the services available to them.	Parents will be given information regarding available resources in their community providing family health care. Parents accompany their children to health care appointments. Staff will assist with minimizing barriers that would inhibit parental attendance. The staff model healthy behaviors through good nutrition habits, dental care, movement activities, etc. Workshops and information are available pertaining to health care issues are offered to families. [1304.20(e)(1)]
1304.40(f)(3)(i-ii)	To provide Nutrition education and ensure parents are informed of the nutritional status of their child.	Information will be provided on the selection and preparation of foods including food budgeting. During the <u>Nutritional Assessment</u> a child's food allergies and eating habits are discussed. Ongoing eating habits/concerns may be identified in the <u>child's case notes</u> . Literature on nutrition is sent home <i>as needed</i> .
1304.40(f)(4)(i - iii)	To provide opportunities for parents to discuss issues related to Mental Health and be involved in the planning and implementing of any mental health interventions.	Information and/or a workshop on the topic of Mental Health will be provided to families. Families have <i>daily</i> opportunities to discuss with staff any mental health issues. <b>Center staff</b> and/or <b>Director of Health Services</b> will meet with parents concerning any mental health concerns <i>prior</i> to any intervention being initiated.
1304.40(g)(1-2) Community Advocacy	To provide opportunities for families to become involved in their community.	At <i>orientation</i> parents are given the <u>MOCA Head Start Family Handbook</u> . Parents may also be asked to serve on various Committees. Parent Committees will be encouraged to become involved in local community projects.
1304.40(h)(1-4) 1308.21	Assist families as they enter the program by providing information, gathering information, and assessing families' needs and strengths.	<i>At application</i> —the <b>Family Advocate</b> will review with family the different components of the Head Start program using the <u>Head Start Pamphlet</u> as a guide for the conversation. The <b>Family Advocate</b> may make <u>referrals</u> to community service providers based on families' needs including public schools for children identified or suspected disabilities. The <b>Family Advocate</b> obtains information regarding children with disabilities (identified) including copy of the IEP. <b>Family Advocate</b> or <b>Site Director</b> contacts the <b>Director of Health Services</b> if a child with significant disabilities applies for the program so possible advance preparation for child's enrollment can be made. <i>During orientation period</i> — <b>Center staff</b> conducts orientation meetings with families as described in the <u>Family</u>

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		<u>Orientation Procedures</u> . <b>Teaching staff</b> review this form with families at the <i>first home visit</i> with the family. If the child is suspected or identified as having a disability, then <b>Center Staff</b> will follow the <u>Disabilities and Transition Guidance/Procedures</u> .
1304.40(i)(1-3) Home Visits	To explain to the parent the advantages of home visits and to provide at least 2 home visits a year by the child's teacher and other staff as needed.	Parents are informed at <u>Family Orientation</u> the importance of home visits. The child's <b>teacher</b> visits the home <i>twice a year</i> and completes two parent/teacher conferences. <b>Family Advocates</b> may accompany the teacher on home visits and make additional visits as needed. Home visits are scheduled at convenient times for the family. [1304.21(a)(2)(iii)]
1304.40(i)(4)(5)	To allow flexibility in allowing required home visits to be conducted outside the home.	If the parent requests or the <b>staff</b> feels there is a significant safety hazard, the Home Visit may be conducted at an alternate site. <b>Staff</b> will make every effort to conduct Home Visits in the home unless there are exceptional circumstances.
1304.41(a)(1) Community Partnerships	To develop partnerships with community agencies throughout the service area to provide a continuum of quality family services for shared responsibility of healthy development of children and families.	<b>Head Start Family Advocates</b> will attend and participate in <i>monthly</i> interagency committee meetings in their community. Notes will be available from the meetings and attendance can be recorded on the <u>Interagency / Coalition Report Form</u> . <u>Release of Information</u> will be obtained when information must be exchanged with other agencies. A <u>Resource Manual</u> with specific information about other agencies will be used to identify local community resources to improve services to families.
1304.41(a)(2)(i-ix)	To establish on-going collaborative relationships with community agencies for families to have access to services.	Formal and informal agreements are established with community agencies to strengthen the relationship of the partnership. Staff will establish informal partnerships with their local community agencies and formal (written) agreements are prepared by the <b>Director of Family and Community Partnerships or other Content Area Specialists</b> .
1304.41(a)(3)	To encourage individuals from the community to volunteer at Head Start.	<b>Family Advocates</b> will speak to various community groups to request volunteers. Radio, newspaper, and flyers will be used to recruit volunteers. During <i>Parent Meetings and workshops</i> , staff will train parents as advocates to recruit volunteers.
1304.41(a)(4) {1308.4}	Develop agreements with local education agencies to allow participation of children with disabilities.	<u>Memorandum of Agreements</u> for each school district (LEA) in the 8 county area are customized by the <b>Director of Health Services</b> . See Disability Plan 1308.4

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1304.41(b)	Establish and maintain a Health Services Advisory Committee and other service advisory committees as deemed appropriate.	MOCA Head Start will have a Health Advisory Committee that meets at least once a year. Agendas and Minutes will be kept from meetings. The <b>Health Advisory Committee</b> will assist in the planning of the Head Start program in the area of health and nutrition for staff and children.
1304.41(c)(1) Transition { 1308.4(g) }	To establish and maintain transition procedures to support successful transitions for enrolled children and families.	Transition resources are available to staff (i.e. books, activities, outings, etc.). Transition activities will be documented on the <u>lesson plan</u> and in the <u>observation log</u> . Trainings will be provided to families on transition and will be documented through the Parent Workshop Notebook. <u>See Head Start Calendar &amp; Transition Policy and Procedure.</u>
1304.41(c)(1)(i)	To ensure timely transfer of relevant records to school or next placement.	<u>Upon request</u> Head Start records will be forwarded to the appropriate place after the parent signs a <u>Release of Information</u> . Children with disabilities will be transitioned through a review of their IEP.
1304.40(h)(1-4) 1304.41(c)(1)(iii) 1308.21(b),(c)	Assist families as they exit the program by providing information and advocacy to help them prepare for their child's new child care/education experience and life situation.	<p><b>Planned Exits</b>—<b>Family Advocate</b> or <b>teaching staff</b> may meet with the family <i>at least once</i> as the family leaves the program. The <b>Family Advocate</b> or <b>teaching staff</b> will give the family an exit packet, which may include a copy of developmental progress and immunizations. When a family requires assistance in transitioning into a new situation the <b>Family Advocate</b> or <b>teaching staff</b> provides assistance or referrals, using the referral process and forwards any information to another community resource provider at the request of the family. If the family is moving to another community, the <b>Family Advocate</b> or <b>teaching staff</b> may locate the address, phone number, and contact person of the Head Start in that community. When a child has an IEP, then <b>Family Advocate</b> or <b>teaching staff</b> will collaborate with the school district and family to ensure that the child has a continuation of services. <b>Family Advocate</b> or <b>teaching staff</b> will provide a copy of the child's developmental progress and pertinent observations/information. The <b>Site Director</b> or <b>designated center staff</b> will contact the <b>Director of Health Services</b> for any assistance.</p> <p><b>Abrupt Exits</b>—<b>Family Advocate, teaching staff, or Site Director</b> make a minimum of two attempts to meet with the family to do activities covered above under Planned Exits. Contacts need to be documented in the <u>Observation Log</u>.</p> <p><b>Transition into Kindergarten</b>—<b>Teaching staff</b> or <b>other designated center staff</b> need to copy the child's developmental progress and immunization record, and provide it to the family or school district. <b>Teaching staff</b> has constant communication with parents at parent meetings about the child's progress and preparation for kindergarten. <b>Teaching staff</b> will discuss kindergarten expectations. <b>Teaching staff</b> will talk to the family about their current or past experiences with public schools. <b>Teaching staff</b> should encourage families to be involved in their children's education. Each center should also work with their public school districts to coordinate transition services. Refer to <u>Transition Procedures/Guidance</u> for further information.</p>

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1304.41(c)(1)(i-iv)	Provide families support as they experience different life transitions while in the program by linking them to community resources and teaching basic life skills.	Through all activities of the program, <b>all center staff</b> develops a working relationship with families. <b>Center staff</b> needs to maintain confidentiality, with families as defined in MOCA <u>Confidentiality Policy</u> so that families feel comfortable with asking for assistance during the transition events in their lives. <b>Family Advocates</b> and <b>Teachers</b> make referrals as needed based on families' needs <i>following referral procedures</i> .
1304.41(c)(1)(i-iv)	Head Start and community service providers will work collaboratively to assist families with various transitions.	<b>Site Directors</b> and <b>Family Advocates</b> work with different community service providers, to develop working relationships to ease transitions. <b>Site Directors</b> and <b>Family Advocates</b> work with the school districts, to develop a process for transitioning children into kindergarten; exchange of information and educating families on what to expect from kindergarten. <b>Director of Health Services</b> and <b>Site Directors</b> work together to develop collaboration with school districts regarding children with disabilities and making referrals of children that are suspected of having a disability. Centers have working relationships with various community service providers to assist families with the various transition events that family's experience. If a center is working very closely with a community service provider, then a <u>cooperative agreement</u> can be developed. The <b>Director of Family and Community Partnerships</b> should be consulted when a <u>cooperative agreement</u> is needed.
1304.41(c)(2)	To ensure the most appropriate placement and services for children following participation Head Start.	Head Start will collaborate with other agencies and make appropriate referrals to ensure proper placement and needed services are available to families. See Disabilities Plan 1304.20(f)(2)(iii)
1304.41(c)(3)	See 45 CFR 1304.40(h) for additional requirements related to parental participation in transitions.	See 45 CFR 1304.40(h)
1304.50(a)(1)(i)(iii) Program Governance	To provide parents and community representatives with the authority and opportunity to participate in shared decision-making.	Parent and Community representatives are elected during the <i>first parent meeting</i> to serve as their centers representative to the Policy Council. Both groups have by-laws identifying their role. Training is provided to Policy Council members beginning in October and throughout the year, each member receives a <u>Policy Council Handbook</u> .
1304.50(a)(2)	To ensure the Parent Committee is made up of parents of Children currently enrolled.	The Parents are informed at <i>orientation</i> of their membership to the Parent Committee. Only parents of enrolled children are allowed to vote on issues decided upon by the Parent Committee. Business meetings and workshops are designed and held at <i>convenient times</i> for the parents.

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1304.50(a)(3)	To establish Parent Committees and Policy Councils as early as possible.	<b>Family Advocates</b> organize the first Parent Meeting in <i>September</i> . Policy Council members are elected at the <i>September parent meeting</i> and attend their first Policy Council meeting in <i>September</i> . The Council remains in effect until the new council is seated.
1304.50(a)(5)	To identify roles of the governing body and Policy Council.	The <u>Policy Council By-laws</u> identify the functions of the group. The MOCA Board of Director's and Policy Council are both provided with training on their roles and responsibilities.
1304.50(b)(1-7)	To establish procedures for electing Policy Council members and to provide guidelines for membership.	The <u>Policy Council By-laws</u> discuss the representation per classroom for each Head Start center. The council is comprised of parents of currently enrolled children and community representatives. Parent Committees elect both their parent and community representatives <i>annually</i> to the council. The <u>Policy Council By-laws</u> limit any individual to (3) <i>terms</i> on the council.
1304.50(c),(d)	To establish responsibilities of the Policy Council and formal systems of communication and training to develop effective working partnerships among the key management staff governing body, and Policy Council.	<p>The <b>Policy Council</b> is trained in <i>September</i> on their roles and responsibilities to the Head Start Program. Each member of the council receives a manual that includes <u>Policy Council By-laws, Grant information, Parent Committee Guide, Program Governance</u> section of the Performance Standards.</p> <p>The Policy Council Calendar as follows:</p> <p><b>September</b> Training     Budget, Policy Council Handbook, Officers, Committees,     Liaison to the Board</p> <p>New Business     PIR Results</p> <p><b>October</b> Training     Grant process     Personnel Committee Process</p> <p>New Business     Grant Approval/Recommendation to Board</p> <p><b>November</b> Training     In-Kind</p> <p>New Business     Service Plan/Approval     By-Laws Approval</p> <p><b>December</b> All Agency Meeting</p>

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		<p><b>January</b> Training     Self Assessment New Business     Self Assessment committee assignments</p> <p><b>February</b> Joint meeting with the Board Training     Selection Criteria New Business     ERSEA procedures/ Selection Criteria Approval</p> <p><b>March</b> Training     Community Assessment New Business     Community Assessment committee assignments</p> <p><b>April</b> Training     Program Governance New Business     Job Description Approval</p> <p><b>May</b> Training     Program Philosophy, Long Range Goals and Objectives New Business     TBA</p> <p><b>June</b> TBA</p> <p><b>July</b> TBA</p> <p><b>August</b> Joint meeting with the Board Training     Policy &amp; Procedures New Business PC Election Criteria</p>
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		Shared Governance Procedures are in place and include concurrent membership of selected individual on both Board & Policy Council groups. The two groups share minutes of their meetings and twice a year they meet jointly. The Council may review Community Complaints that are not resolved by the Director.
1304.50(d)(2)(iii)	To provide funding and assistance in planning and coordinating Parent activities.	Parent Activity funds are distributed on a per child, per center basis. <u>Parent Activity Procedures</u> identify acceptable use of the funds.
1304.50(e)(1)(2)(3)	To establish responsibilities of the Parent Committee	The <b>Parent Committees</b> have by-laws established per center. The <b>Family Advocate</b> works with the <b>Parent Committee</b> to provide guidance in planning and implementing activities. The <u>Parent Committee Guide</u> is available in the <u>Procedure's Manual</u> to assist the group in understanding their responsibilities.
1304.50(f)	To reduce expenses for attending the Policy Council meetings.	<b>Policy Council</b> members will be reimbursed for mileage and child care expenses while attending the <i>monthly</i> meetings. Members will be required to complete the <u>Policy Council Mileage Reimbursement</u> form and submit to Central Office for reimbursement.
1304.50(g)	To identify the responsibilities of the governing body.	See <u>MOCA Board By-Laws</u> and <u>procedures manual</u> .
1304.50(h)	Internal Dispute Resolution	See <u>Policy Council By-Laws</u>
1304.51(a)(a)(i-iii)	To conduct program planning utilizing staff, community members, parents, and Policy Council.	A <u>Community Needs Assessment</u> is conducted, identifying strengths and needs of the community. <b>Staff</b> attends interagency meetings to discuss needs of the area and services provided. <u>Work Plans</u> and <u>Strategic Plans</u> are completed and updated <i>as needed</i> .
1304.51(a)(2)	To introduce staff and policy group members to program plans.	<u>Written plans</u> are reviewed and approved by the <b>Policy Council</b> <i>annually</i> .
1304.51(b)(c)(1),(2)	To establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff and the general community.	<b>Staff</b> will participate in interagency councils sharing information with other community agencies. An ongoing family partnership agreement is completed with each family. Two home visits and two parent teacher conferences are completed. Orientation is completed with all new families. <u>Home activity logs</u> are provided <i>biweekly</i> to parents to correlate with <u>center lesson plan</u> . Newsletter, meeting minutes, notes, etc. is forwarded to parents <i>as needed</i> . Parents are surveyed to ensure communication provided met their needs. Every effort is made to make all communication in the home language of the families.

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1304.51(d)(1-4)	To establish ongoing communication and provide training to Policy Council and governing bodies.	<b>Policy council</b> members are given a <u>training guide</u> and provided workshops on the role and functions of the council. A member of the <b>Policy council</b> will attend the MOCA Board meeting as a liaison for the council. <i>Each month</i> a packet is mailed prior to the Policy Council meeting with financial info, minutes from the previous meeting, and business to be discussed at the upcoming meeting. There will be one MOCA Board member to serve as a liaison to Policy Council. The Board and Policy Council will hold <u>joint meetings in February and August</u> .
1304.51(e)	To have an ongoing exchange of information among staff.	<i>Weekly staff</i> meetings are held at the center level with full participation of all <b>staff</b> . Information or concerns may be brought to the Management staff meetings, <i>as needed</i> . <b>Staff</b> members share their ideas by serving on various committees, i.e. Quality of Work Life, Safety, and Health Advisory Committee. <b>Staff</b> members are to complete a Professional Development plan to assist in planning training to meet their needs. All centers are equipped with e-mail, fax machines and telephones for two way communication.
1304.51(g) 1304.51(h)(1),(2)	To maintain a system to effectively record, report and monitor program information.	The <u>Procedures Manual</u> is available to each center with forms, instructions, and policies through the MOCA website at <a href="http://www.moca-caa.org">www.moca-caa.org</a> . The <u>confidentiality policy</u> appears in the <u>Personnel Policy Manual</u> . Confidentiality is also discussed in the <u>Head Start Family Handbook</u> . Reports are created using PROMIS, i.e. PIR, USDA/CACFP reimbursement, In-kind, Fiscal, enrollment reports, etc. The <b>Policy Council</b> reviews applicable reports.
1304.51(i)(1)(2)(3)	To measure the quality of the program and implement ongoing monitoring.	An <i>Annual Self-Assessment</i> is completed <i>using the OHS Monitoring Tool</i> . A <u>safety checklist</u> and <u>Parent Survey</u> is completed <i>twice a year</i> . Ongoing monitoring by the <b>Area Supervisors, Content Area Specialist and Early Childhood Specialist</b> is conducted to assure quality. Monthly reports of program activity are made by each program content area to the Program Director. Shortcomings are corrected as encountered.
1304.52(a)(1) (2)(i)(ii)(iii)	To establish an organization structure to support program mission & goals.	A multiple level management structure has been established and an organization structure maintained that addresses and supports the functions of the program. The program currently employs a Program Director for the Head Start Program. Director of Education and Professional Development, Director of Health Services, Director of Family and Community Partnerships, Education Specialist, Language and Diversity Coordinator, and Area Supervisors are on staff. <u>Mental Health and Nutritional Consultation</u> services are contracted from vendors within the service area.
1304.52(b)(1 – 4)	To ensure staff are qualified & provide quality services.	Each position within the agency has a “Job Description” that details the knowledge, skills, and experience required for each position. Applicants are screened to ensure they possess the minimum qualifications for each position. Qualified applicants are interviewed by a team of middle and senior management staff members. Recommendations for employment are made to the Policy Council. Applicants who are current or former Head Start parents are given preferential consideration for employment vacancies for which they are qualified. As much as possible, staff and program consultants employed by MOCA Head Start are familiar with the multi-cultural and multi-ethnic nature of our program and the limited proficiency in English of some of our students. Training is provided in respecting and understanding of family culture and values.

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1304.52(c)	To ensure Head Start Director provides leadership and management skills to oversee operation of program.	The Head Start Director has demonstrated skills and abilities in the management and organizations providing services to children and families.
1304.52(d)(1-8)	To ensure Content Area Experts are knowledgeable, skilled and experienced.	<b>Content Area Specialists</b> are to provide support and expertise in the area of their specialty. Education and child development service staff has qualification and experience in the theory and principles of child development and meet the required qualification of the Head Start Act section 648A. Nutrition Services component is supported, through contract of a Registered Dietitian with experience in pediatric nutrition. <b>Health and Disabilities</b> are supported through Pediatric RN with experience in maternal and child health, child development, family and community services. <b>Mental Health</b> Screenings are done by qualified <b>Mental Health Professionals</b> . Professionals are contracted through local community Mental Health agencies. Family and Community Partnership services are provided by staff with training and experience in providing social and family services. <b>Family Advocates</b> have experience and training in child and family advocacy, parenting and family needs assessment and goal setting. Fiscal Officer is employed as regular full-time MOCA Staff.
1304.52(g)(2)	To provide staff for children who speak a language other than English.	When a majority of the children on a single classroom or center speak a language other than English a translator or regular staff will be contracted to work with the children and families who are enrolled in the Head Start Program.
1304.52(g)(3)	To maintain appropriate ratio in the classroom.	No less than two teaching staff is assigned to each Head Start classroom. Other Center staff members are utilized in the classroom in the event of absences. Temporary or substitute employees are utilized when the ratio cannot be maintained.
1304.52(g)(5)	Ensure safety in outdoor and indoor play areas.	Written & Picture scheduled are made to identify time specified for free play indoor and outdoor play. The <b>safety captain</b> at each facility is responsible to inspect playground <i>daily</i> prior to children being allowed to enter outdoor play area. <b>Head Start staff</b> interacts and supervise children during outdoor play.
1304.52(h)(1)(i-iv)	To provide in writing standards of conduct.	The Agency Personnel Policy Manual provides staff with Written Standards of Conduct and guidance on all Agency Policies and Procedures including confidentiality. New staff receives their personnel manual and discuss confidentiality at <i>New Employee Orientation</i> . Volunteers receive information on confidentiality during Volunteer Training. No less than two teaching staff are assigned to each Head Start classroom, children are always supervised by Head Start staff. Consultants are made aware of Head Start policies during an orientation prior to providing services.

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1304.52(i)	To provide feedback through performance appraisals	<i>Annual</i> Performance Appraisals are done for all <b>Head Start staff</b> . Performance Appraisals are a part of the development of training for individual staff members.
1304.52(j)(1)(2)	To ensure a safe and healthy environment for children, staff, and volunteers.	All regular employees who are newly hired receive a physical, TB Test, and Drug Screening within <i>30 days</i> of their orientation. <i>Annual</i> physicals will be conducted on all cooks and drivers. All other employee physicals are completed every three years. PPD is given <i>annually</i> by the Head Start <b>Director of Health Services</b> or Health personnel of the employee's choice. Staff that return with a positive response to the Mantoux will require a chest x-ray & every <i>5 years</i> thereafter. Drug Screens are completed on all staff according to MOCA's Drug and Alcohol Substance Abuse Policy. All records are kept on file at Central Office. <b>Temporary or Substitute staff</b> and <b>volunteers</b> must complete a <u>Health Questionnaire</u> and receive a TB test <i>annually</i> . These results are kept on file at the Head Start Center and with the MOCA Administrative Office.
1304.52(J)(3)	To provide mental health & wellness information to staff.	Training is provided on motivational topics and topics about dealing with stress. Wellness programs are available at the employee's request and presented by various community members and the <b>Director of Health Services</b> .
1304.52(k) Training and Development 1304.52(k)(1)	To provide new staff with information, policies, philosophy, and goals of the agency.	All <b>new employees</b> receive an <i>orientation</i> , which covers Personnel Policies, Confidentiality, Fraud/Abuse, Substance Abuse, Benefit Package, and goals of the agency.
1304.52(k)(2)(3)	To provide adequate ongoing training to meet the individual needs of staff and increase their knowledge and skills needed to fulfill job requirements.	All <b>staff</b> will complete a professional development plan. The <b>Director of Education and Professional Development</b> with assistance of other <b>Content Area Specialists, and Area Supervisors</b> will review the information and assist in the development of the training plan for the Head Start staff. Training will be developed for pre-service, in-service, and cluster classes. Mandatory training will be offered for Transition, Child Abuse and Neglect, First Aid, CPR, Medication Administration, Blood borne Pathogens and Hazardous Materials, and Child Development. Funds may be available to staff for approved outside agency training.
1304.52(k)(3)(i)	To ensure all staff know the method for identifying and reporting child abuse and neglect.	All <b>staff</b> will receive training on Child Abuse and neglect <i>annually</i> and work with the appropriate agencies when the need arises. A <u>Child Abuse and Neglect Procedure</u> is available in all Head Start Centers.
1304.52(k)(3)(ii)	To provide a variety of activities for successful transition.	Family Orientation and /or Open House is provided to familiarize families with Head Start. LEA personnel are invited to attend meetings at the Head Start center. Field trips are planned to local area kindergarten classes. Ongoing communication with Head Start families continues throughout the year.
1304.52(k)(4)	To ensure members of the Policy Council receive training about the Head Start program.	Each <b>Policy Council</b> member received a <u>Policy Council Training Manual and Guide</u> . Training is provided on the Policy Council's role and responsibility, the agency's history, philosophy, and organizational structure. <b>Policy council</b> members are invited to Head Start trainings.

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1304.53(a)(1) [1308.4(o)(6)]	To provide a physical environment and facilities that is conducive to learning and reflective of the different stages of development of each child.	Developmentally appropriate indoor and outdoor environment are safe, clean, and attractive. Floor coverings are soft, area rugs or circle rugs are provided. Learning centers are identified and allow for individual or group activities. All furniture is child sized. Outdoor learning activities provide a variety of activities, such as: riding, climbing, balancing, diggings, both in small groups and individually.
1304.53(a)(2),(3)	To provide an organized space for children that allows for individual activities and social interactions.	Classrooms are divided into functional areas, using child sized, age appropriate shelving, walls, mats, etc. Active areas are separated from inactive, quiet areas. Activities are placed near necessary resources (i.e. art near water); indoor traffic areas are designed to reduce running. Playground provides separate space for throwing, kicking, climbing, etc. and is designed to avoid crowding.
1304.53(a)(5)	To allow for adequate space, indoor and outdoor for children's activities.	All centers have at least 35 square feet of indoor space available per child and at least 75 square feet outdoor play space per child.
1304.53(a)(6)	To ensure all facilities are licensed.	All facilities are licensed; their license certificate is posted in the centers. A licensing file is kept up to date on each facility with a copy of the certificate on file at Central Office.
1304.53(a)(7)	To provide maintenance, repair, safety, and security of facilities, materials, and equipment.	All facilities and equipment within the facility are checked annually by the <b>Site Director</b> , or <b>Teacher Director</b> , a checklist is completed and any concerns are noted and followed up on. Landlords are contacted to repair any concerns with the facilities. Alarm systems are installed at all facilities. Maintenance personnel are on staff to handle any repairs that are needed promptly.
1304.53(a)(8)	To provide an environment that is free to toxins.	A <u>non-smoking policy</u> is posted in all facilities that prohibit smoking in areas where children are or will be present. Information of the harmful effects of smoking appears in the Parent Corner. No harmful chemicals are used during the presence of children. Also not to be used in class room are potpourri or aromatic sprays.
1304.53(a)(9)	To provide safety to children during outdoor play.	All playgrounds are fenced and free from traffic. When children are required to cross the street, traffic is stopped. Fall zones are constructed.
1304.53(a)(10)	To provide and conduct a safety inspection annually.	A <u>Facility Checklist</u> is completed <i>annually</i> . Licensing, Sanitation, Fire and Safety inspections are completed as needed. These inspections include: playground, fire prevention, heating, electrical, storage of medication, sewage and waste disposal, meal service, etc.
1304.53(a)(10)(ii)	Ensure centers are safe and use cautions to prevent the cause of fires.	Fire hazards are a part of the <u>facility checklist</u> . <b>Staff</b> is advised to limit the use of paper and mobiles used for decoration, and to properly store highly flammable items.

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1304.53(a)(10)(iii)	To reduce safety risks for children.	Cleaning materials, medications, and other harmful chemicals are kept in a locked cabinet. A “Healthy House” workshop is offered on the <u>Family Interest Record</u> .
1304.53(a)(10)(iv)	To ensure rooms are well lit and provide emergency lighting in case of emergency.	All lighting is inspected <i>annually</i> on the <u>Facility Checklist</u> . <b>Staff</b> assesses room lighting daily. Lit exit signs and emergency lighting is installed in all centers.
1304.53(a)(10)(v)(vi)	To support fire prevention.	A Fire and Safety Inspection is completed <i>annually</i> . Fire extinguishers are serviced <i>annually</i> . All MOCA vehicles have a fire extinguisher on them. Fire drills are done <i>monthly</i> . Smoke detectors are placed in centers as required. Batteries are changed <i>annually</i> . A Fire Alarm System is installed in all centers.
1304.53(a)(10)(vii)	To ensure a safe evacuation from a facility.	Exit signs are lit and clearly visible at all facilities. An <u>evacuation route</u> is posted. Emergency drills are completed <i>weekly</i> and recorded. Extinguishers and detectors are inspected and recorded monthly
1304.53(a)(10)(x)-(xii) [1304.4(o)(6)]	To minimize injury to children.	The playground is inspected <i>daily</i> for broken glass, or dangerous debris. Playgrounds are designed following requirements from the Consumer Product Safety Commission Guidelines for Playgrounds.
1304.53(a)(10)(xiii)-(xv) [1304.4(o)(6)]	To ensure all waste is stored and disposed of properly.	All garbage and trashcans are plastic-lined, tightly covered, and inaccessible to children. Bags are provided to hold soiled clothes.
1304.53(a)(10)(xvii) [1308.4(o)(4)] [1308.4(o)(6)] 1308.2(a)(c)]	To provide facilities, material, equipment for children with disabilities to ensure their safety, comfort, and participation.	All facilities are ADA accessible. Accommodations are made for special diets and feeding. Activities and materials are planned according to the <u>Individual Education Plan</u> .
1304.53(b)(1)(i),(ii),(iii)	To provide equipment, toys, materials, and furniture which meets the needs of children, supports educational objectives and is supportive of the cultural and ethnic backgrounds of children, and provides a safe environment.	A variety of appropriate toys, equipment, and furniture are provided in all learning centers. Materials and equipment are age appropriate and child sized and demonstrate acceptance of each child’s gender, race, and culture. Materials are inspected for safety each <i>week</i> by <b>center staff</b> and <i>annually</i> during completion of the <u>Facility Checklist</u> . Outdoor equipment is provided for climbing, riding, pushing, pulling, etc. Adaptations are made, if needed for children with disabilities.

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1304.53(b)(iv)(v)(vi) [1308.40(4)]	To ensure materials provided are accessible, attractive, safe and inviting to children allowing them to experiment and explore learning experiences.	Materials are provided on shelves, tables, etc. on the child's level. Materials will be provided which possess interesting shapes, textures, and colors that invite play, exploration and learning and also allow children to make choices. Classroom furniture does not have sharp edges and cannot be lifted or turned over by children.
1304.53(b)(1)(vii)	To provide safe and orderly storage for materials when not in use.	Storage spaces are provided for both indoor and outdoor equipment. Storage areas will be kept clean and free from clutter. Adult scissors, staplers, electrical appliance, knives are stored in an area inaccessible to children.
1305	Eligibility, recruitment, selection, enrollment, and attendance in Head Start.	See Recruitment, selection, enrollment and transfer procedure.
1305.3 (a-g)	To ensure that all aspects of a community strengths and needs assessment is completed.	A community strengths and needs assessment is conducted internally or through outside contract every year. The data collected is used to determine short and long term planning goals for the program, program options, program locations and other programmatic decisions. The recruitment area and criteria for selection is determined from community assessment data.
1305.4 (a-e)	To ensure the correct determination of a child's eligibility based on age and income.	Head Start uses the date of July 31 as determined by the public school, to ensure children will be at least 3 but not yet kindergarten entry age at time of enrollment. Parents must also provide proof of income for the last calendar year or the 12 months prior to the application. Families falling below the poverty guideline are given priority for vacancies. Head Start staff taking the application, sign and initial verifying all information that it contains. Applications are then forwarded to the <b>ERSEA Specialist</b> for final verification. All verification information is kept in a locked cabinet in Central Office. The <b>ERSEA Specialist</b> will run monthly reports to ensure that no more than 10% of over-income families are enrolled in the program.
1305.5 (a-c)	To ensure that appropriate recruitment strategies are implemented in order to maintain full enrollment levels.	<i>Annually</i> a recruitment meeting is held to formulate recruitment strategies and develop a recruitment plan. Many different strategies are used to inform the local community of our recruitment effort. Applications are taken <i>continuously</i> throughout the year to gain as many applications as possible to help assist in gaining a number of applications that are greater than our enrollment opportunities. <b>Head Start staff</b> will assist families in completing the application process in any way necessary. See current MOCA Head Start Recruitment Plan.
1305.6	To ensure a formal process is in place for selecting children for the program.	All children who have a waitlist status are eligible for selection. Waitlist children who are not selected remain on the waitlist until they are no longer age eligible or their parents request the withdrawal of their application. The <b>Director of Family and Community Partnership, and the ERSEA Specialist</b> work in conjunction with the <b>Family Advocates</b> and the <b>Selection Criteria Committee members from Policy Council</b> to develop selection criteria annually. The Policy Council approves the completed criteria annually. The <u>Selection Criteria</u> is based on

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		<p>a point system that ranks children by need according to their application information.</p> <p>When a vacancy occurs, the <b>Family Advocate</b> notifies the <b>ERSEA Specialist</b> to receive the next name on the list, at that time the new child enters the enrollment process.</p>
1305.7 (a-c)	To ensure compliance for enrollment and under enrollment.	<p>MOCA Head Start will automatically re-enroll any child that completes the proceeding year and is age eligible to return the succeeding year.</p> <p>Income of enrolled children is verified during the initial application process and is not changed, unless the family has a significant decline in income, resulting in an over-income family becoming eligible or some other compelling reason to reassess the family's eligibility.</p> <p>Re-verification of income will be accomplished at "recruitment time" for those families with age eligible children who were on the current year waitlist but were not selected and wish to be considered for enrollment in the next program year.</p> <p>Centers have <i>30 calendar days</i> to fill a vacancy when the program determines one exists. Staff then has <i>30 days</i> to begin the enrollment process of a new child.</p> <p>See also: Transition Plan and ERSEA Procedures.</p>
1305.8	To maintain appropriate attendance.	<p>Attendance guidelines are discussed <i>during Family Orientation</i> and described in the <u>Head Start Family Handbook</u>. Staff will indicate the reason a child is absent on the <u>Attendance/Meal Count</u>. Monthly reports are generated by the <b>ERSEA Specialist</b> to analyze attendance. Follow-up is initiated when the ADA falls below 85%. The MOCA Head Start Attendance Policy outlines specific steps that will be taken when absenteeism becomes excessive. A child that misses <i>three consecutive days</i> will receive a home visit from the <b>Family Advocate</b>.</p> <p><b>The Area Supervisor</b> will review the average daily attendance rate and strategize with the individual Head Start center on ways to encourage regular attendance.</p>
1305.9	To ensure that no fee is charged for Head Start core services.	<p>Head Start cannot and will not charge a family for any services received during Head Start core hours. If a family volunteers to pay part or all of the costs, we will accept the payment and record it as program income. This voluntary payment will not be encouraged or solicited in any manner.</p>
1305.10	To ensure total compliance with each requirement in section 1305.	<p>Management staff will continually monitor all current systems and any updated requirements to ensure full compliance within 1305.</p>
1308.5(a)(f) 1305(Cross Reference)	To ensure that recruitment of children with disabilities is ongoing and active, working collaboratively with LEA's and other community resource providers as well as using	<p><u>LEA Cooperative Agreements</u> allow for collaboration of efforts for recruitment activities for children with disabilities and determining if Head Start is an appropriate placement according to a child's IEP. <b>Site Directors</b> with the assistance of the <b>Director of Health Services</b> will work with each LEA to ensure that children that would benefit from Head Start services are identified. Head Start will act as a Child Find agency for the LEA making referrals to the LEA of children suspected or identified as having a disability. Head Start recruitment process information is provided through participation in interagency community meeting by the <b>Family Advocate</b>. See the <u>Recruitment, Selection, Enrollment, and Transfer Procedures</u> for agency procedures for recruitment of all children.</p>

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	program recruitment materials and strategies.	
1308.5(b)-(e)	To ensure that children with disabilities are considered for selection and enrollment without discrimination of their disability.	Head Start will use their selection criteria outlined in the <u>Recruitment, Selection, Enrollment, and Transfer Procedures</u> to determine a child's eligibility. The <b>Director of Health Services</b> will train staff regarding the federal regulations of nondiscrimination and Americans with Disabilities Act.
1308.6(a)(2)(3) 1308.6(d) 1308.6(e)(1) 1308.6(e)(3-5) 1308.19(b)(c) 1308.21	To ensure that any child with a concern based on the screening information and on-going assessment is identified and appropriate steps are taken to have the child evaluated by the LEA.	<i>Any time</i> a concern is noted about a child's development from screenings or on-going assessment, the <b>Teacher</b> contacts the <b>Teacher/Site Director</b> and <b>Area Supervisor</b> . Through a collaborative effort, a determination will be made if further evaluation is warranted. If a referral is indicated the <b>Teacher/Site Director</b> contacts the parent/guardian and review documentation of noted concern. <b>Teacher/Site Director</b> notifies the <b>Director of Health Services</b> and a referral to the LEA will be written. In the event the parent/guardian chooses not to have their child assessed or evaluated further, the <b>Teacher/Site Director</b> will contact the <b>Director of Health Services</b> . A Head Start representative may be requested to attend the IEP meeting as an advocate for a Head Start family.
1308.6(a)(3) 1308.6(e)(2-5) 1308.7 to 1308.17 (Including all subtopics) 1308.19(a)-(k) 1308.21	To ensure that children suspected of a disability is evaluated when the LEA does not evaluate the child.	If the LEA does not evaluate a child suspected of a disability, then the <b>Director of Health Services</b> and/or <b>Site Director</b> consult with the parent/guardian. If the need still exists and the child has not made progress after intervention strategies have been implemented. The <b>Director of Health Services</b> will make arrangements for the needed evaluations and develop a multidisciplinary team with the assistance of the <b>Site Director</b> . The <b>Director of Health Services</b> will invite the LEA to be a part of the multidisciplinary team. The <b>Director of Health Services</b> will utilize both agency and community resources consulting with the <b>Program Director</b> as needed. Once the evaluations are completed, the <b>multidisciplinary team</b> and parents will determine the child's eligibility for special education services. The <b>Director of Health Services</b> will develop the IEP from the input from the multidisciplinary team and parents taking into account of the child and families strengths and uniqueness also outlining: the child's level of functioning, annual and short-term goals, service provision plan by all involved program components and other providers, duration of services, measurement criteria used to evaluation goal attainment, and family goals for the child. Refer to <u>Disabilities Procedures/Guidance</u> for further information.
1308.18(a) 1308.20(a-d)	To ensure coordination between the Health/Nutrition and Disabilities Coordinators during the assessment process, follow up, and service provision that the health and nutrition	The Director of Health Services provides assessment and follow-up of health and nutrition needs of each child with disabilities.

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	needs of each child with disabilities are met.	
1310.10 General (a)-(c)	To assist as many families as possible who need transportation in order for their children to attend the program.	<b>Bus Drivers</b> and <b>Site Directors</b> plan a fixed route to transport children whose families have requested transportation. If the route would require any child to be on the bus for more than one hour the route will be adjusted to accommodate the most families and some parents may need to arrange other transportation.
1310.10(d)	To ensure that each vehicle used in providing transportation is equipped the prescribed safety equipment.	Every vehicle is equipped with a cellular phone to call for assistance when necessary. A charged fire extinguisher, first aid kit, and seat belt cutter are properly mounted in each vehicle and are clearly labeled.
1310.10(e)	To ensure that any auxiliary seating is built into the vehicle by the manufacturer and is maintained in proper working order.	All vehicles are designed with permanently mounted seats facing forward and have no auxiliary seating.
1310.10(f)	To ensure that all accidents involving vehicles that transport children are reported in accordance with State requirements.	The <b>Program Director</b> will submit <u>form MO 500-0047, School Bus Accident Report</u> , <i>within 2 working days</i> following an accident where there was a personal injury to anyone or more than \$500 damage to a vehicle involved.
1310.10(g)	To ensure that children are only released to a parent or legal guardian, or other authorized individual.	A child will only be released to a parent, guardian, or person designated in writing by the parent or guardian on the <u>MOCA Head Start Authorized Persons List</u> .
1310.11 Child Restraint Systems	To ensure that vehicles are equipped with appropriate child safety restraint systems.	School buses are equipped with child safety harnesses.
1310.12(b)	To ensure that grant funds are used to purchase a vehicle that is	Bids for new vehicles are exclusively for school buses, which must include integrated child safety restraints and reverse beepers.

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	either a school bus or allowable alternate vehicle.	
1310.13(a)-(c) Maintenance of Vehicles	To ensure that vehicles are maintained in safe operating condition at all times.	Each vehicle must pass a Missouri State Safety Inspection <i>annually</i> . Periodic preventative maintenance is performed at <i>specified intervals</i> . <b>Drivers</b> perform pre- and post-trip inspections on their vehicles <i>daily</i> .
1310.14 Inspection of new vehicles at time of delivery	To ensure that new vehicles are inspected to ensure compliance with bid specifications.	The <b>Program Director</b> inspects each new bus when it is <i>delivered</i> to ensure it is equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with the applicable Federal Motor Vehicle Safety Standards (FMVSS) is included with the vehicle.
1310.15(a) Operation of Vehicles	To ensure that any child weighing 50 pounds or less is secured in a safety restraint system while the vehicle is in motion.	On school buses, children weighing 80 pounds or less are secured in child safety harnesses.
1310.15(b)	To ensure that baggage and other items are properly stored and secured.	Children's backpacks and school projects are stored in a container directly behind the driver's seat, or secured underneath the child's seat with elastic cords or similar devices. Aisles, doors, and emergency exits remain clear at all times.
1310.15(c)	To ensure that at least one bus monitor is on board at all times.	Some centers have <b>bus monitors</b> permanently assigned as an assistant to the <b>driver</b> on their route. <b>Site Directors</b> at other centers will assign a <b>staff</b> member or solicit a <b>parent volunteer</b> to assist the <b>driver</b> on each trip.
1310.15(d)	To ensure that all vehicle occupants are seated and wearing appropriate safety restraints.	<b>Drivers</b> will not place a vehicle in motion unless all passengers are seated and properly secured in their seats. An exception would be when the <b>bus monitor</b> must assist a child while the vehicle is in motion.
1310.16(a),(b) Driver Qualifications	To ensure that bus drivers have a valid Commercial Driver's License and meet physical, mental, and other requirements as necessary.	All <b>bus drivers</b> must obtain a Missouri CDL and School Bus Operator Permit in which the process screens <b>drivers</b> for medical conditions, driving history, and criminal history.

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1310.17(a-f) Driver and Monitor Training	To ensure that drivers and monitors receive required training.	<b>Drivers</b> receive pre-service and in-service training as required. New <b>drivers</b> will receive required training prior to transporting children. <i>Annual</i> refresher training is conducted at pre-service training. Classroom and behind the wheel instruction is conducted at in-service training. <b>Drivers</b> provide required training to their monitors <i>prior to beginning</i> their duties. <b>Site Directors</b> and <b>Management Personnel</b> conduct an on board observation of <b>drivers</b> for <i>annual</i> evaluations.
1310.20(a)(b) Trip Routing	To ensure that the safety of the children being transported is the primary consideration when planning fixed routes.	Routes are planned so that vehicles are properly loaded to limit the time any child spends on the bus to one hour, that backing the bus and making U-turns is kept to a minimum, stops are located to minimize traffic disruptions, and children enter and exit the bus from the curb side. <b>Drivers</b> and <b>Site Directors</b> have established alternate routes to use in case of hazardous conditions.
1310.21(a)-(d) Safety Education	To ensure that bus and pedestrian safety training is provided for parents and children.	<b>Drivers</b> meet with parents during Parent Orientation at the <i>beginning</i> of the school year to emphasize the importance of escorting their children to and from the bus. A Parent Orientation video ‘Transporting Your Child Safely’ is shown which explains school bus safety. <b>Drivers</b> instruct the children on safe riding practices, loading and unloading, and other bus safety issues. Children participate in <i>monthly</i> bus evacuation drills.
1310.21(e)	To ensure activities are developed to remind children of safety procedures.	<b>Teachers, drivers, and monitors</b> utilize games, songs, and other activities that teach children safety. Activities may continue on the bus ride as appropriate.
1310.22(a)-(c) Children with Disabilities	To ensure that school buses or allowable alternate vehicles adapted or designed to transport children with disabilities are available.	MOCA Head Start has two school busses that are equipped with a wheelchair lift. Transportation may be contracted or other arrangements made if additional needs arise.
1310.23(a) and (b) Coordinate Transportation	To ensure that reasonable efforts are made to coordinate transportation resources with other human services agencies.	When desirable conditions exist with other agencies transportation is coordinated to eliminate or minimize duplicate routes or other undesirable situations.