

Rutland County Head Start

2013-2014

Programming and Service Plan



Community Care Network

Rutland Community Programs



Rutland County Head Start 2013-2014

Program Plan/Disabilities Plan/E.R.S.E.A. Plan/ Transportation Plan/Child Outcomes

Glossary of Acronyms

CACFP	Child & Adult Care Food Program	IDEA	Individuals with Disabilities Education Act
CFR	Code of Federal Regulations	IEP	Individualized Education Program
CUPs	Children's Upstream Services	IHP	Individualized Health Plan
DCF	VT Department for Children & Families	IPGP	Individual Positive Guidance Plan
DECA	Devereux Early Childhood Assessment	LEA	Local Education Agency
EDPM	Education & Disabilities Program Manager	MSDS	Materials Safety Data Sheets
EEE	Early Essential Education	NAEYC	National Association for the Education of Young Children
EPSDT	Early Periodic Screening, Diagnosis & Treatment	PIR	Program Information Report
ERSEA	Eligibility, Recruitment, Selection, Enrollment, & Attendance	RCHS	Rutland County Head Start
ESIR	Early Screening Inventory-Revised	RCP	Rutland Community Programs
FSS	Family Support Specialists	RMHS	Rutland Mental Health Services
FITP	Family Infant & Toddler Project	TAs	Teacher Assistants
FSPM	Family Services Program Manager	WIC	Special Supplemental Nutrition Program for Women, Infants & Children
HPM	Health/Mental Health Program Manager		

Table of Contents

Programming and Service Plan

1304.20	Child Health and Developmental Service	5
1304.21	Education and Early Childhood Development	10
1304.22	Child Health and Safety	14
1304.23	Child Nutrition	19
1304.24	Child Mental Health	23
1304.40	Family Partnerships	24
1304.41	Community Partnerships	32
1304.50	Program Governance	34
1304.51	Management Systems and Procedures	40
1304.52	Human Resources Management	44
1304.53	Facilities, Materials and Equipment	50

Disabilities Plan

1308.4	Purpose and Scope of Disabilities Service Plan	55
1308.5	Recruitment and Enrollment of Children with Disabilities	61
1308.6	Assessment of Children	63
1308.7	Eligibility Criteria: Health Impairment	65
1308.8	Eligibility Criteria: Emotional/Behavioral Disorders	65
1308.9	Eligibility Criteria: Speech or Language Impairments	66
1308.10	Eligibility Criteria: Mental Retardation	66
1308.11	Eligibility Criteria: Hearing Impairment Including Deafness	67
1308.12	Eligibility Criteria: Orthopedic Impairment	67
1308.13	Eligibility Criteria: Visual Impairment Including Blindness	68
1308.14	Eligibility Criteria: Learning Disabilities	68
1308.15	Eligibility Criteria: Autism	69
1308.16	Eligibility Criteria: Traumatic Brain Injury	69
1308.17	Eligibility Criteria: Other Impairments	69
1308.18	Disabilities/Health Services Coordination	70
1308.19	Developing Individualized Education Program	70
1308.20	Nutrition Services	71
1308.21	Parent Participation and Transition of Children	71

Eligibility, Recruitment, Selection, Enrollment, Attendance (E.R.S.E.A.)

1305.3	Determining Community Strengths and Needs	73
1305.4	Age of Children and Family Income Eligibility	75
1305.5	Recruitment of Children	77
1305.6	Selection Process	77
1305.7	Enrollment and Re-enrollment	78
1305.8	Attendance	79
1305.9	Policy on Fees	80
1305.10	Compliance	80

Transportation Plan

1310.10	General	82
1310.11	Child Restraint Systems	83
1310.12	Required Use of School Buses-Allowable Alternative Vehicles	83
1310.13	Maintenance of Vehicles	84
1310.14	Inspection of New Vehicles at the Time of Delivery	84
1310.15	Operation of Vehicles	84
1310.16	Driver Qualifications	85
1310.17	Driver and Bus Monitor Training	86
1310.20	Trip Routing	88
1310.21	Safety Education	89
1310.22	Children with Disabilities	90
1310.33	Coordinated Transportation	91

Child Outcomes		93
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PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>Subpart A – General 1304.1 Purpose and Scope 1304.2 Effective date 1304.3 Definitions Subpart B – Early Childhood Development and Health Services 1304.20 Child Health and Developmental Services. (a) Determining child health status. (1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child’s entry into the program (for purposes of 45 CFR 1304.20 (b)(1), “entry” means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must: (i) Make a determination as to whether or not each child has an ongoing source of continuous health care, grantee and delegate agencies must assist the parents in accessing a source of care; (ii) Obtain from a health care professional a determination as to whether the child is up to date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by Early and Periodic Screening, Diagnosis, and Treatment, (EPSDT) program of the Medicaid agency of the state in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems: 1304.20(a)(1)(ii)(A) For children who are not up to date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist the parent in making necessary arrangement to bring the child up to date. 1304.20 (a) (1)(ii) (B) For children who are up-to date on an age appropriate schedule, grantee must ensure they continue to follow the recommended schedule of well child care; and 1304.20(a)(1)(ii) (C) Grantee and delegate agencies must establish procedures to track the provision of health care services.</p>	<p>No strategies required for this section, see 45 CFR for details.</p> <p>The process of ensuring that children receive health care begins at the recruitment visit. Child’s last physical (including an immunization record), dental, lead and hemoglobin screening documentation will be obtained and reviewed. Documents will be compared to the State of Vermont EPSDT Guidelines.</p> <p>(i) For families who do not have health care services for their children, staff will talk with the parents about the importance of their child receiving preventative screenings and supply with a list of area providers. Parents will sign a release form for their child’s doctor, dentist and any other providers so that staff may contact these health care providers for determination status. All information from the health forms and immunization forms will be entered into a database system. All completed health related forms will be documented in the child’s health file.</p> <p>(ii) Parents will complete a health history and provide information regarding the child’s ongoing source of continuous health care. Health records will be monitored to ensure that all health problems receive attention and that children are up to date based on State of Vermont EPSDT Standards. Staff will offer resources i.e. public transportation, RCHS transportation and reminders to families as needed to assist them in keeping appointments.</p> <p>(ii) Children’s immunizations are based on Vermont State EPSDT schedule and must be up to date for children to attend. A State of Vermont exempt form must be completed before any waivers are considered.</p> <p>Family Service staff will obtain lead and hemoglobin results within 45 days. (B)Preventative family health care information is provided at: - recruitment/registration -home visits - classrooms -parent trainings/workshops (C)Health Tracking Instruments: - Family Development Questionnaire -Physical Forms - Dental Forms -Initial Bi-weekly Conferencing Form - Lead/Hemoglobin Screenings - Nutrition history - Hearing Screenings -Vision/Hearing Screening - Individual Health Plans -Individualized Education Program - Height/Weight/BMI -Web-based Database - Health History -Immunization Records - ESI-R Parent Questionnaire -Disabilities - Oral Health Survey Asthma Action Plans</p>	<p>Family Service Workers</p> <p>FSS HPM</p> <p>FSS</p> <p>HPM FSS</p> <p>FSS</p> <p>FSS</p> <p>Teachers/TAs FSS Leadership Team</p>	<p>Recruitment visit and as needed throughout program year</p> <p>Registration & updated as needed throughout the program year</p> <p>Recruitment visit Ongoing</p> <p>At registration within 90 days</p> <p>Within 45 days of enrollment</p> <p>Recruitment Registration Program Year</p> <p>Program Year</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE										
<p>1304.20(a)(1)(iii) & (iv) (iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and (iv) Develop and implement a follow up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.</p> <p>1304.20(a)(2) (2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child’s entry into the program. 1304.20(b)(1)</p> <p>(b) Screening for developmental, sensory and behavioral concerns. (1) In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically, age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral motor, language, social, cognitive, perceptual and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to cultural background. (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs. (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior.</p>	<p>(iii) If a health or developmental concern is noted through the use of the above health tracking instruments or observations by staff/parent observation, managers or consultants, the following will occur:</p> <ol style="list-style-type: none"> 1. A meeting will be held with the parent to discuss the concern. Meeting may consist of EDPM, HPM and/or Medical Consultant as appropriate. 2. Internal or External Referrals made as appropriate 3. Parents will be assisted in finding and maintaining an appropriate service provider. 4. Staff will make use of RCHS phones to make appointments etc. 5. Teachers/TAs will assist families in obtaining transportation internally and externally, if necessary. 6. Teachers/TAs or appropriate management staff will follow-up with the family to discuss the outcomes of the appointment and treatments needed. 7. IHP will be completed by a physician as needed and ongoing communication with physician will occur as needed. IEP’s will be developed by LEA as needed. 8. Continuous monitoring, via web based system, comprehensive case management, team meetings, classroom observations, and home visits. <p>(2) RCHS does not operate a program for less than 90 days.</p> <p>(b) Release form is signed, at recruitment and/or registration.</p> <p>(1) Children will be screened within 45 days of entering the program using the following tools such as the ESIR, Devereaux Early Childhood Assessment (DECA-Social-Emotional screening), hearing screenings, vision screenings, height and weight measurements will be conducted.</p> <p>(2) RCHS Staff make referrals to local LEA’s and Mental Health Consultant to obtain further guidance. (2) Mental Health Consultant and LEA’s are available for all families enrolled in the program. Staff will work together with families to access needed services. RMHS Case Managers work together with parents and staff on any mental health services and participate in comprehensive case management meetings as appropriate.</p> <p>(3) Parents give input through:</p> <table border="0"> <tr> <td>Home Visit</td> <td>ESI-R Parent Questionnaire</td> </tr> <tr> <td>EEE Referral Forms</td> <td>Parent Teacher Conference</td> </tr> <tr> <td>Health & Nutrition History</td> <td>DECA Parent Assessment</td> </tr> <tr> <td>Parent Education Survey</td> <td>Family Conferencing</td> </tr> <tr> <td>Informal contacts with staff (telephone calls, notes)</td> <td>Observation Notes</td> </tr> </table>	Home Visit	ESI-R Parent Questionnaire	EEE Referral Forms	Parent Teacher Conference	Health & Nutrition History	DECA Parent Assessment	Parent Education Survey	Family Conferencing	Informal contacts with staff (telephone calls, notes)	Observation Notes	<p>Teachers/TAs Managers</p> <p>Teachers/TAs Managers/Supervisors</p> <p>Teachers/TAs Program Managers</p>	<p>Program Year within 45 days of enrollment</p> <p>Recruitment/Registration within 45 days of enrollment and as needed for follow-up</p> <p>Program Year</p>
Home Visit	ESI-R Parent Questionnaire												
EEE Referral Forms	Parent Teacher Conference												
Health & Nutrition History	DECA Parent Assessment												
Parent Education Survey	Family Conferencing												
Informal contacts with staff (telephone calls, notes)	Observation Notes												

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.20c(1)& (2) (c) Extended follow-up and treatment. (1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan. (2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.</p> <p>1304.20(c)(3)(i) &(ii) (3) Dental follow-up and treatment must include: (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.</p> <p>1304.20(c) (4) (4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Plan (IEP) and the Individualized Family Service Plan, (IFSP). 1304.20(c)(5) (5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.</p> <p>(d) Ongoing Care. In addition to assuring children’s participation in a schedule of well child care, as described in 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, or individual children’s developmental progress, changed in physical appearance (e.g. signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.</p>	<p>RCHS establishes ongoing communication with families through: Parent /Teacher Conferences, Home Visits, Daily interactions. (1)Follow up occurs through: web-based database, family conferencing, home visit and on-going monitoring of Individual Health Plans. (1) As physicians identify children with special health concerns and complete an Individual Health Plan, the physician will outline treatment needs to be followed by program staff. (2)Program shall utilize the RCHS medical and dental consultants and Vermont Department of Health for assistance re: issues of availability of medications, aids or equipment for medical and dental conditions. (2) Staff work with parents in locating funding sources, access to resources, obtaining advocacy skills and working with health professionals</p> <p>(3)-Oral health education is provided to families. -Staff provide a list to families of towns which have fluoride treatment. Program staff will also inform families of how to obtain fluoride treatments as necessary. -Oral Health Surveys are completed and reviewed by the Tooth Tutor. -Tooth Tutor reviews records and consults with staff and families regarding concern or treatment needed.</p> <p>(4) Staff is trained annually in identification, referral and implementation of any health, mental health and developmental concerns which need to be addressed by an IHP, IPGP, IEP or Mental Health Plan.</p> <p>(5) Cases are referred to Internal Comprehensive Case Management at which time it would be determined by case management team to ensure all funding sources have been exhausted through documentation review (internal case management referral forms, meeting minutes and family development file).</p> <p>(d) Web-based database will be audited periodically for accuracy. - Assessments are completed 3 times per program year. -Observations are completed by program staff. -Daily communication with families. -Mental Health Observations are conducted 3 times per year by Mental Health Consultants, -Observations are completed by Medical, Nutrition & Dental Consultants and LEAs, as needed. -RMHS Individual Plans of Care are part of Head Start children’s files and utilized in planning for children.</p>	<p>Teachers/TAs HPM Teachers/TAs, Teachers/TAs Teachers/TAs FSPM & HPM Teachers/TAs Teachers/TAs Program Managers Site/Center Staff Parents EDPM HPM FSPM Teachers/TAs</p>	<p>Enrollment and Program Year Program Year Program Year Program Year Program Year Program Year Program Year Program Year Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.20(e)(1) (e) Involving parents. In conducting the process, as described in 1304.20(a), (b) and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:</p> <p>(1) Consult with parents immediately when child health or developmental problems are suspected or identified;</p> <p>1304.20(e)(2) (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;</p> <p>1304.20(e)(3) (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;</p> <p>1304.20(e)(4) (4) Assist parents in accordance with 45 CFR 1304.40 (f) (2) (i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children’s health care process; and</p> <p>1304.20(e)(5) (5) If a parent or other legal responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.</p>	<p>(1) Parents are provided with results of screenings and observations that RCHS completes. If those screenings or observations indicate the need for follow up, parents are supported and assisted in obtaining the services and information needed. Parents are encouraged to consult with their primary care physician to obtain any further support needed.</p> <p>(2) Parents/Guardians give advance consent via Registration Form</p> <ol style="list-style-type: none"> 1. Recruitment/Registration 2. Home Visits 3. Parent Meetings 4. Parent Teacher Conferences 5. Trainings/Workshops <p>(3) Parents are provided guidance through discussion about screenings at the time of a child’s enrollment and ongoing thereafter. A screening fact sheet is provided to families during registration, which outlines the required screenings and their purpose.</p> <p>(4) Parents are provided information and resources on the importance of preventative health for all family members based on VT EPSDT guidelines. Parents are encouraged to participate in the RCHS Health Advisory Committee.</p> <p>(5) Parent’s refusals will be documented in the child’s health file. When families refuse treatment for health services that have been identified with basic life functioning as referred by a health professional, DCF will be contacted.</p>	<p>Teachers/TAs</p> <p>Teachers, FSS</p> <p>Teachers/TAs</p> <p>FSS Program Managers</p> <p>Teachers/TAs Supervisors Program Managers</p>	<p>Program Year</p> <p>Program Year</p> <p>Program Year</p> <p>Program Year</p> <p>Program Year</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.20(f)(1) (f) Individualization of the program. (1) Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.</p> <p>1304.20(f)(2)(i) (2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that: (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government (ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of a IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program; (iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and (iv) They participate in the development and implementation of the Individualized Education Plan (IEP) for preschool aged children with disabilities, consistent with the requirements of 45 CFR 1308.19.</p>	<p>(1)Information from screenings, assessments, observations & medical evaluations which are reviewed and discussed during family conferencing and will be used in:</p> <ul style="list-style-type: none"> - classroom plans - developing individual child goals - home visit planning - individualized health plans - individualized education program - individualized positive guidance plans - parent/teacher conferences - team meetings - child progress & planning reports <p>(2)Refer to Disabilities Plan for details on Individual Education Programs (IEP's)</p> <p>N/A</p> <p>(ii)When program staff are working with Head Start enrolled families and a younger sibling of that same family is suspected of having a disability, referrals are generated to the Children's Integrated Services Team or appropriate agencies.</p> <p>Follow-up on the referral</p> <p>(iii) RCHS is represented on the Children's Integrated Services Team. (iii) When children are referred to RCHS from CIS, an initial transition meeting with both agencies and the family will occur and a plan will be implemented. (iv) Service Coordination: RCHS program staff and families attend the initial creation of the IEP. -Implementation: RCHS offers transportation and provides support to attend IEP meetings. -Individual IEP goals are reflected in the classroom plans. -RCHS has signed collaborative agreements with local LEA's. -Through collaboration with LEA's, staff receive ideas and strategies for implementing the IEP into the classroom.</p>	<p>Teachers/TAs Supervisors HPM EDPM</p> <p>Teachers/TAs</p> <p>Teachers/TAs EDPM HPM</p> <p>FSPM,EDPM, HPM Teachers/TAs</p> <p>Teachers/TAs EDPM</p> <p>HPM/FSPM EDPM/FSPM</p> <p>Teachers/TAs EDPM</p> <p>EDPM</p>	<p>As needed</p> <p>3 times yearly As needed according to schedule</p> <p>As needed</p> <p>As needed</p> <p>As needed</p> <p>Ongoing Ongoing</p> <p>Ongoing Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.21 Education and Early Childhood Development (a) Child development and education approach for all children. (1) In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must;</p> <p>(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;</p> <p>(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) (see 45 CFR 1308.19);</p> <p>(iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;</p> <p>(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and</p> <p>v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents.</p>	<p>The configuration of Head Start Child Development and Early Learning Framework, Vermont Early Learning Standards and Teaching Strategies Gold Objectives for Development & Learning provides opportunities for alignment of program goals and school readiness goals. Through the utilization of Creative Curriculum for Preschool, Classroom Assessment Scoring System (CLASS), engaging interactions and environments, highly individualized teaching & learning and ongoing child assessment, we maintain a framework for effective practice that supports development as well as school readiness for all children.</p> <p>(i) Teaching Staff use Creative Curriculum and DECA as basis for curriculum planning, behavior intervention & setting up environment to support children's play universally and individually. Creative Curriculum/ Teaching Strategies GOLD Fidelity Tool is utilized annually. If English is a second language, a translator would be utilized.</p> <p>(ii) Participation in Team Meetings Teachers attend IEP meetings to support children. Support is offered from EEE staff as needed throughout the year. Individual child goals are included in lesson plans.</p> <p>(iii) Diversity: RCHS celebrates family diversity and culture through parent input into the curriculum. Materials in the classroom represent children's culture, families and background. -Parent input into the curriculum and parent volunteers in the classroom, parent involvement surveys, home visits, CLASS, DECA, CSEFEL, Educational Questionnaire-respecting diversity. -Each classroom promotes second languages through labeling of materials in more than one language, singing songs, etc. if secondary languages are present.</p> <p>(iv) RCHS provides hands on, open-ended learning activities and a balanced daily schedule. Use of weekly lesson plans containing a balance of child centered and teacher directed activities. During home visits, RCHS encourages families to work with their child in identifying learning opportunities.</p> <p>(v) Rutland County Head Start does not deny enrollment to a child on the basis of toileting skills regardless of whether or not that child has a disability. See also IDEA Part B.</p> <p>Teaching staff ensure continuity between home and Head Start in toilet training by providing ongoing communication, support, and educational resources.</p>	<p>Teachers/TAs</p> <p>Teachers/TAs EDPM Supervisors</p> <p>All Staff</p> <p>EDPM Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p>	<p>Ongoing</p> <p>Ongoing As scheduled during program year</p> <p>Daily</p> <p>As needed to address individual situations</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(2) Parent must be:</p> <p>(i) Invited to become integrally involved in the development of the program’s curriculum and approach to child development and education;</p> <p>(ii) Provided opportunities to increase their child observation skills and to share assessment with staff that will help plan the learning experiences; and</p> <p>(iii) Encouraged to participate in staff-parent conferences and home visits to discuss their child’s development and education (see 45 CFR 1304.40 (e) (4) and 45 CFR 1304.40 (i) (2)).</p> <p>(3) Grantee and delegate agencies must support social and emotional development by:</p> <p>(i) Encouraging development which enhances each child’s development by:</p> <p>(A) Building trust;</p> <p>(B) Fostering independence;</p> <p>(C) Encouraging self-control by setting clear, consistent limits and having realistic expectations;</p> <p>(D) Encouraging respect for the feelings and rights of other;</p> <p>(E) Supporting and respecting the home language, culture, and family composition of each child in ways that support the child’s health and well-being; and</p> <p>(ii) Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child’s needs.</p> <p>(4) Grantee and delegate agencies must provide for the development of each child’s cognitive and language skills by:</p> <p>(i) Supporting each child’s learning, using various strategies including experimentation, inquiry, observation, play and exploration;</p> <p>(ii) Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;</p>	<p>(i)RCHS provides opportunities for parents to participate in planning curriculum:</p> <ul style="list-style-type: none"> - Home Visits - Parent Committee Meetings - Policies & Procedures - Self Assessment Sub-Committee - Policy Council <p>(2) Parents are encouraged to share their observations at: Home Visits, IEP Meetings, Parent/Teacher Conferences.</p> <p>Parents are also encouraged to develop their skills through attending parent meetings, Trainings and Workshops, and Classroom Volunteering.</p> <p>(3) Parent Teacher Conferences and Home Visits are offered 2 times per year for center-based options.</p> <p>(i)RCHS utilizes the DECA Social & Emotional Program, CSEFEL and Second Step. RCHS has adopted the FLIP It Approach to teach feelings, and coping skills to transform challenging behavior (it is 4 steps to building supportive relationships that encourage emotional awareness and control in children).</p> <p>Parent Involvement.</p> <p>Mental Health Observations.</p> <p>RCHS provides developmentally appropriate classrooms which are rich in materials that foster independence, exploration and experimentation.</p> <p>Staff is respectful and supportive of children.</p> <p>(ii) All classrooms post a daily schedule and weekly planning form.</p> <p>(4) Through the Head Start and Child Development Early Learning Framework, the eleven domains of learning are addressed through the use of Creative Curriculum and parent input.</p> <p>(i) Learning centers are designed to support individual child learning.</p> <p>(ii) Staff implement curriculum strategies such as specialized initiatives like music and art. (Arts Partnership Program).</p>	<p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Winter and Spring</p> <p>Ongoing</p> <p>Ongoing</p> <p>Daily Updated Weekly</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(iii) Promoting interaction and language use among children and between children and adults; and</p> <p>(iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.</p> <p>(5) In center based settings, grantee and delegate agencies must promote each child's physical development by:</p> <p>(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills:</p> <p>(ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and</p> <p>(iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.</p> <p>(6) In home based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.</p> <p>(b) Child development and education approach for infants and toddlers.</p>	<p>(iii) Adults model active listening and provide open-ended questions thru frequent conversations with children.</p> <p>RCHS collaborates with Foster Grandparent program to provide opportunities to enhance literacy within the classroom.</p> <p>Classroom meal times and sharing times.</p> <p>(iv) Provide print rich environment with labeled materials and learning centers in English and other languages.</p> <p>Written charts of songs and fingerplays.</p> <p>(5)(i) Staff will provide a balance of indoor and outdoor activities on a daily basis. This will occur indoors when weather does not permit outdoor activity.</p> <p>As outlined in the I am Moving, I am Learning approach for addressing childhood obesity: RCHS plans activities to increase the quality of time spent in moderate to vigorous physical activity (MVPA) during the daily routine to meet national guidelines for physical activity. In addition, RCHS plans activities to improve the quality of structured movement experiences intentionally facilitated by teachers and adults. Children will accumulate at least 60 minutes of daily, structured physical activity, as well as 60 minutes of daily, unstructured physical activity; children show individual progress in their ability to move with more intensity for longer periods of time.</p> <p>(ii) Fine Motor activities will include:</p> <ul style="list-style-type: none"> - Manipulative Toys - Lacing, buttoning - Tools which promote fine motor development: Writing Utensils; Scissors - Writing Centers - Play Dough <p>(iii) Individualized interventions when needed.</p> <p>(iv) CLASS and CSEFEL observations look at environment and climate of each classroom.</p> <p>(v) Posters and pictures of children and families are displayed.</p> <p>(vi) DECA and 2nd STEP.</p> <p>(iii) IEP's will be used as a tool in planning activities for children with special needs. See 45 CFR 1308.19 for details.</p> <p>Modifications of activities or materials are made when needed.</p> <p>(6) N/A</p> <p>(b) N/A</p>	<p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs EDPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.21(c) (1) (c) Child development and education approach for preschoolers. (1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum (see 45 CFR 1304.3 (a) (5)) that: (i) Supports each child’s individual pattern of development and learning;</p> <p>(ii) Provides 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 which form a foundation for school readiness and later school success;</p> <p>(iii) Integrates all educational aspects of the health, nutrition and mental health services into program activities;</p> <p>(iv) Ensures that the program environment helps children develop emotional security and facility in social relationships;</p> <p>(v) Enhances each child’s understanding of self as an individual and as a member of a group; (vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and (vii) Provides individual and small group experiences both indoors and outdoors.</p>	<p>(c)Curriculum will be planned through use of :</p> <ul style="list-style-type: none"> - Home Visit Reports - IEP’s/IHP’s/PBS’s/IPC’s - Observations - Team Meetings - Child Assessment Tool – TSG Child Assessment - Weekly Planning Forms - Early Childhood Program Licensing Regulations - Parent Input - NAEYC Accreditation Standards - DECA Screenings - Creative Curriculum - STARS Quality Recognition System <p>(ii) RCHS utilizes Creative Curriculum, CLASS and Teaching Strategies GOLD supports development by the following: -Visual daily schedule will be posted at the children’s eye level. -Open ended questions, (how, what if, why), will be asked to encourage children’s thought process. -2nd Step Solution Cards will be used to help children problem solve.</p> <p>(iii)Classrooms perform weekly health, safety and monthly Nutrition activities. -Hand washing practices are implemented in accordance with VT Early Childhood Licensing Regulations. - Tooth brushing takes place daily after breakfast or lunch.</p> <p>(iv)General observation of the environment and climate of each classroom to include both oral and written feedback by RCHS Managers and Mental Health Consultants.</p> <p>(v)Self-esteem, team building activities. (v)Poster and pictures of the children displayed. (vi)The use of the DECA to promote social & emotional wellbeing universally & individually and the use of the Flip It Approach to build supportive relationships that encourage emotional awareness & control in children. (vii)Use of a strength-based model. Family style meals. Large and small group activities. Child initiated group activities. Case Management</p>	<p>Teachers Leadership Team</p> <p>Teachers/TAs</p> <p>Teachers/TAs Program Managers Site Supervisors</p> <p>Teachers/TAs EDPM HPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Weekly Monthly Program Year Two times per program year</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(2) Staff must use a variety of strategies to promote and support children’s learning and developmental progress based on the observations and ongoing assessment of each child (see 45 CFR 1304.20 (b), 1304.20 (d), and 1304.20 (e)).</p> <p>1304.22 Child Health and Safety. (a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include: (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention; (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for each child must be readily available; (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g. fire or weather related) which are practiced regularly (see 45 CFR 1304.53 for additional information); (4) Method of notifying parents in the event of an emergency involving their child; and (5) Established methods for handling cases of suspected or know child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.</p>	<p>(2)Individual observations are completed for Teaching Strategies Gold Assessment. Assessments help determine development and learning, and what supports are needed for individual children.</p> <p>(1)All staff are trained in infant/child CPR and First Aid in accordance with American Red Cross standards. Each classroom has a designated safety board where emergency response plans are posted (medical conditions list, dental emergency poster, child choking poster, first aid and CPR Skills Cards). Food allergies are posted at program sites’ classrooms and kitchens.</p> <p>(2)Emergency telephone numbers and directions to sites are posted by each phone including instructions on how to access an outside telephone line. Children’s Authorization and Consent forms, including 2 current emergency contact numbers, Registration Forms, IHP/Asthma Action Plan and current restraining order information is up to date and on a clipboard in each classroom.</p> <p>(3)Monthly emergency drills are conducted and documented. Emergency Response Manual and Materials Safety Data Sheet Manuals are available at each site. Fire evacuation charts are posted in each room (child photo route posted at eye level and adult evacuation plans are posted).</p> <p>(4)Parents are contacted in case of emergency or incident via phone call or in-person home visit. In the event that families are not able to be contacted, staff utilizes children’s authorization and consent forms to contact emergency contact individuals. Upon registration of any child, authorization is received from parent/guardian to provide emergency transportation to emergency medical care.</p> <p>5) RCHS policy states that all staff are mandated reporters of child abuse and neglect. Staff are required to report any suspicion of abuse and/or neglect to DCF within 24 hours. An internal RCHS event report must also be completed within 24 hours. If staff witness an incident of inappropriate guidance/discipline or other serious licensing violation, staff will either contact the VT Child Care Licensing office directly or report to a supervisor who will telephone this report to Child Care Licensing. An internal event report will be completed within 24 hours.</p>	<p>Teachers/TAs</p> <p>HPM Site Staff</p> <p>Site Supervisors</p> <p>Teachers/TAs HPM</p> <p>Teachers/TAs</p> <p>All staff</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Registration and updated through program year as needed</p> <p>Monthly</p> <p>As needed/Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(b) Conditions of short-term exclusion and admittance.</p> <p>(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury and/or acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child;</p> <p>(2) Grantee and delegate agencies must not deny program admission to any child, not exclude any enrolled child from program participation for long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.</p> <p>(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.</p>	<p>(1)(2)RCHS has adopted the State of VT Child Care Program Licensing Regulations policies for short term exclusion and admittance. A complete listing of these guidelines can be found in the licensing regulations and RCHS Policy and Procedure Manual. The exclusion list is also outlined in the Parent Handbook.</p> <p>RCHS works with local Health Professionals and families to develop Individual Health Plans/Asthma Action Plans for enrolled children.</p> <p>Individualized Education Plans (IEP) are developed by local LEA's.</p> <p>Health History and VT. Dept. of Health releases are completed during recruitment with parents by Teachers/TAs.</p> <p>Nutrition History and Oral Health History Forms are completed during the first home visit with the family by Teachers/TAs.</p> <p>RCHS staff conduct morning health checks as each child arrives at the center for the day.</p> <p>(3)Information is shared at Family Conferencing and Team Meetings and through the development and monitoring of Individual Health Plans (IHP).</p> <p>Families are informed of program Confidentiality Policy during recruitment, orientation and the policy is in parent handbook.</p>	<p>Teachers/TAs EDPM HPM</p> <p>Family Service Workers</p> <p>All Staff</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such law as are consistent with Federal laws.</p> <p>(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;</p> <p>(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;</p> <p>(3) Obtaining physicians' instructions and written parent or guardian authorization for all medications administered by staff;</p> <p>(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;</p> <p>(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child;</p> <p>(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.</p>	<p>RGHS adheres to and maintains written procedures for medication administration. Medication administration forms and Individual Health Plans/Asthma Action Plans are completed by the physician and signed by the parent.</p> <p>(1)All classrooms are supplied with backpacks for medication storage. Lock boxes for refrigerated medications are kept in the kitchens or in classroom refrigerators. Rescue medications such as asthma inhalers and epi -pens must be easily accessible and not under lock and key, but stored in the classroom backpack/first aid kit, out of the reach of children at all times. Rescue medications accompany children whenever they leave the site (i.e. field trips, playground, walks). Each classroom maintains a medical conditions list which is reviewed and updated monthly as children enroll, dis-enroll and/or medications change.</p> <p>(2)Staff are trained in medication administration which includes handling and storage procedures.</p> <p>(3)Medication administration forms and Individual Health Plans/Asthma Action Plans are completed by the physician and signed by the parent.</p> <p>(4)RGHS maintains an individual medication log for each child receiving medication which is accompanied by the IHP or Asthma Action Plan and/or the medication consent form.</p> <p>(5)Observations or reactions are documented on the individual medication administration record and communicated to the parent on a daily basis through written or verbal content. All parent communication regarding medication administration observation shall be documented in the medication administration log.</p> <p>(6)HPM conducts annual medication administration training and provides ongoing support and/or training throughout the program year. Medical consultant provides specific training regarding equipment and/or medical needs as needed by site.</p>	<p>HPM Teachers/TAs</p> <p>HPM Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>HPM</p>	<p>Upon Enrollment and as needed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(d) Injury prevention. Grantee and delegate agencies must:</p> <p>(1) Ensure that staff and volunteers can demonstrate safety practices; and</p> <p>(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.</p> <p>(e) Hygiene</p> <p>(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times;</p> <p>(i) After diapering or toilet use.</p> <p>(ii) Before food preparation, handling, consumption or any other food-related activity (i.e. setting the table);</p> <p>(iii) Whenever hands are contaminated with blood or other bodily fluids; and</p> <p>(iv) After handling pets or other animals.</p> <p>(2) Staff and volunteers must also wash their hands with soap and running water:</p> <p>(i) Before and after giving medications;</p> <p>(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and</p> <p>(iii) After assisting a child with toilet use.</p> <p>(3) Non porous (e.g. vinyl) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.</p>	<p>(1)RCHS staff are certified in first aid & infant/child CPR.</p> <p>Monthly Emergency Drills and monthly first aid kit inventories are conducted.</p> <p>Daily classroom safety and playground safety checklists are conducted.</p> <p>(2)Bus evacuation training and drills are conducted during field trips.</p> <p>Classrooms conduct a monthly basic safety and injury prevention lesson.</p> <p>FSS conduct safety activities in the home with families.</p> <p>FSPM trains FSS's on home visitor safety and safety awareness for families.</p> <p>A safety checklist is completed with families re: safety in the home environment during the first FSS home visit. FSS educate families on fire escape routes, lead, gun safety, first aid kits, etc.</p> <p>(e)RCHS adheres to universal precautions. Staff receive training during first aid and CPR certification regarding universal precautions, blood-borne pathogens, red bio hazard containers, bags, and gloving procedures.</p> <p>Gloves, soap, and paper towels are available in all bathroom and sink areas.</p> <p>Glove dispensers are also available in all classrooms.</p> <p>All classrooms are equipped with a sink.</p> <p>All classrooms are equipped with hand sanitizer that can be utilized as a precautionary measure until staff can wash hands with soap and running water.</p> <p>Hand washing procedures are posted by all sinks.</p> <p>Diapering procedures are posted at all sites.</p>	<p>All Staff HPM</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>FSS</p> <p>FSPM</p> <p>FSS</p> <p>All Staff</p>	<p>Upon employment Updated as needed.</p> <p>Monthly</p> <p>Daily</p> <p>During each field trip</p> <p>Monthly</p> <p>Ongoing</p> <p>Annually</p> <p>1st Home Visit</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(4) Spills of bodily fluids (e.g. urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g. standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.</p> <p>(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.</p> <p>(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink use for this purpose.</p> <p>(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.</p> <p>(f) First Aid Kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of reach of children.</p> <p>(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.</p>	<p>(4)OSHA Regulations followed, including blood-borne pathogens. Staff and volunteers are trained in these regulations, and the use of universal precautions.</p> <p>RCHS utilizes red bio-hazard bags which are picked up by an outside service for disposal. All first aid kits contain bio-hazard bags and vinyl gloves. RCHS uses a premixed hospital grade sanitizer to sanitize/disinfect contaminated areas. Gloves are also available in all classrooms.</p> <p>(5)Designated diapering area provided and indicated at all sites. Appropriate disposal and sanitizing materials are made available. Diapering Procedure posted by each diapering station. RCHS exceed VT Early Childhood Licensing Regulations Guidelines for Diapering by requiring staff to wear gloves when gloves when diapering or changing children.</p> <p>(6)N/A – Potties are not utilized at RCHS sites. Special accommodations are made for children with special needs.</p> <p>(7)N/A</p> <p>(1)First Aid kits are located out of children’s reach in each classroom and kitchen.</p> <p>Staff are required to bring first aid kits (including any rescue medication and supporting paperwork) whenever they leave the center (playground, field trips, etc.) First aid kits are kept out of reach of the children at all times.</p> <p>(2)First aid kits are inventoried monthly and paperwork is submitted to request needed items.</p>	<p>All Staff</p> <p>All Staff</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p>	<p>RMHS Orientation Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Monthly</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.23 Child Nutrition. (a) Identification of nutritional needs. Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning: (1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20 (a)</p> <p>(2) Information about family eating patterns, including cultural preferences, special, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers for each child with disabilities (see 45 CFR 1308.20)</p> <p>3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new food introduces; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and</p> <p>(4) Information about major community nutritional issues, as identified through the community assessment or by the Health Services Advisory Committee or the local health department.</p>	<p>(1)Health Histories are completed at registration. Lead and hemoglobin levels are obtained from either the Vermont Health Department or the child's physician. If a child's level is abnormal, FSS follow up with the child's physician to access follow up plans. Heights/Weights are obtained 2 times per year and entered into the database which generates a body mass index.</p> <p>(2)Medical condition lists are posted in classrooms, and any pertinent information about allergies or intolerances are posted in the kitchen and taken into consideration during menu planning.</p> <p>Nutrition Histories are completed on the 1st FSS home visits and updated annually.</p> <p>Monthly nutrition activities are conducted in the classrooms.</p> <p>Nutrition activities can also be completed on home visits.</p> <p>Menus are provided to parents on a monthly basis.</p> <p>RCHS supports a family style meal environment.</p> <p>N/A. 1304.23a3</p> <p>(4)RCHS has adopted the "I am Moving, I am Learning" proactive approach for addressing childhood obesity.</p>	<p>HPM FSS</p> <p>Teachers/TAs Food Service Staff</p> <p>FSS</p> <p>Teachers/TAs</p> <p>FSS</p> <p>Food Service Staff Teachers/TAs</p> <p>Food Service Staff Teachers/TAs</p> <p>N/A</p> <p>HPM</p>	<p>Within 45 days of enrollment</p> <p>Within 45 days of enrollment/ongoing</p> <p>Upon enrollment & Updated Monthly and/or as changes occur in children's medications or if children dis-enroll.</p> <p>First FSS Home Visit</p> <p>Monthly</p> <p>Ongoing</p> <p>Monthly</p> <p>Daily</p> <p>N/A</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(b) Nutrition services. (1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs of and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience.</p> <p>(i) All Early Head Start and Head Start grantee and delegate agencies must use funds from the USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA. (ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day. (iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast. (iv) Pertinent only to Early Head Start see CFR 45 1304.23 for details. (v) For 3-5 year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.</p>	<p>RCCHS participates in the USDA Child and Adult Care Food Program.</p> <p>(1) A dietary modification and/or an IHP outlining special dietary needs must be completed by the child's physician.</p> <p>All staff and families have access to medical and nutrition consultants as medical or dietary concerns for children arise. The following documents are referred to when planning nutrition services: - CACFP Guidelines - Nutrition history: food preferences, parent input regarding the menu - Physical forms, dietary modification forms and/or IHPs</p> <p>(i) Child & Adult Care Food Program Funds are used as a primary source of funding.</p> <p>(ii) Children receive 2 meals per day. CACFP guidelines are used to provide a base for component guidelines. Collaborative partners participate in the school lunch program.</p> <p>(iii) A nutritious breakfast or alternative snack is offered to all children regardless of the time they arrive at school.</p> <p>(iv) N/A</p> <p>(v) USDA guidelines followed as set forth by CACFP component requirements. Nutrition Consultant pre-approves all menus.</p>	<p>FSS</p> <p>HPM Teachers/TAs FSS</p> <p>HPM Administrative Assistant</p> <p>Food Service Staff Teachers/TAs</p> <p>Food Service Staff Teachers/TAs</p> <p>HPM Food Service Staff</p>	<p>Upon Enrollment</p> <p>Ongoing</p> <p>Monthly</p> <p>Daily</p> <p>Daily</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(vi) For 3-5 year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.</p> <p>(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals.</p> <p>(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).</p> <p>(3) Staff must promote effective dental hygiene among children in conjunction with meals.</p> <p>(4) Parents and appropriate community agencies must be involved in planning, implementing and evaluating the agencies’ nutritional services.</p>	<p>(vi)RCHS follows USDA Guidelines as set forth by CACFP guidelines. Nutrition Consultant reviews menus prior to approval.</p> <p>(vii)RCHS follows State of Vermont Early Childhood Program Licensing Regulations. Children attending full day programs receive 2 meals and a snack per day. Children attending part day programs receive 2 meals per day.</p> <p>(2)N/A</p> <p>(3)Children brush teeth daily in conjunction with a meal. Oral Health Consultant provides parents and staff with technical assistance regarding tooth brushing.</p> <p>(4)The Health Advisory Committee, which includes parents and community agencies, review pertinent nutrition planning issues. Parents have the opportunity to give input into menu planning and nutritional activities in the classroom through Parent Committee Meetings. Monthly menus are sent home with children.</p>	<p>HPM Food Service Staff Teachers/TAs</p> <p>HPM Food Service Staff Teachers/TAs</p> <p>HPM Teachers/TAs</p> <p>HPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Daily/Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c) Meal Service. Grantee and delegate agencies must ensure that nutritional services in center-based setting contribute to the development and socialization of enrolled children by providing that:</p> <p>(1) A variety of food is served which broadens each child's food experiences;</p> <p>(2) Food is not used as a punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;</p> <p>(3) Sufficient time is allowed for each child to eat;</p> <p>(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;</p> <p>(5) Infants are held while being fed and are not laid down to sleep with a bottle;</p> <p>(6) Medically-based diets or other dietary requirements are accommodated; and</p> <p>(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.</p> <p>(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual opportunities to assist individual families with food preparation and nutritional skills.</p>	<p>(c)RCHS participates in the CACFP Food Program. RCHS has also adopted the "I am Moving, I am Learning" proactive approach for addressing childhood obesity.</p> <p>(1)Menus are developed using a variety of fresh fruits and vegetables and whole grains. Teachers encourage children to try new foods and facilitate discussions during meal time to entice children in attempting to try new foods.</p> <p>(2)Staff are trained in the use of other techniques such as positive discipline which does not include utilizing food as a punishment or discipline.</p> <p>(3)Children are allowed sufficient time for non-hurried meals. Children who are finished first, usually can enjoy a quiet activity allowing other children a pleasant environment to continue eating.</p> <p>(4)Classroom staff sit and eat with children during each meal time.</p> <p>(5)N/A</p> <p>(6)Children on IHPs, special diet modifications and/or with allergies, are taken into consideration when planning and implementing food service.</p> <p>(7)Foods are served family style which allows children the opportunity to develop social skills, motor skills, make their own food choices, discuss nutrition and view staff as role models. Children and families can participate in nutritional and classroom cooking activities during classroom time and on home visits.</p> <p>(d)RCHS provides opportunities to assist families with food preparation and nutritional skills through the use of but not limited to: Home visits Trainings and workshops Nutritional Activities (classrooms) Classroom planning</p> <ul style="list-style-type: none"> - Menu planning - Observations - Individual consultation 	<p>HPM Food Service Staff</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>HPM Food Service Staff FSS Teachers/TAs</p> <p>Teachers/TAs</p> <p>FSS Teachers/TAs</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(e) Food safety and sanitation. (1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws.</p>	<p>State of Vermont “EARLY CHILDHOOD PROGRAM LICENSING REGULATIONS” and CACFP regulations are adhered to. (1)The HPM and Nutrition Consultant conduct announced and unannounced meal observations, which includes observation of food safety and sanitation in the classroom and in the kitchen. RCHS obtains food service vendor health certificate annually. All RCHS employees are required to obtain a complete physical every 2 years which includes a physician risk determination for TB.</p>	<p>HPM Food Service Staff Teachers/TAs</p>	<p>Ongoing</p>
<p>(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.</p>	<p>(2)N/A</p>		
<p>1304.24 Child Mental Health. (a) Mental health services.</p>			
<p>(1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by:</p>	<p>(1)RCHS supports mental health services for children and families. RCHS has a collaborative agreement to utilize therapeutic case management, clinical services and therapeutic support staff provided by Rutland Mental Health Services, Early Childhood Team. RCHS has adopted the DECA Social and Emotional Screening and Assessment ,FLIP It Approach to addressing challenging behaviors, Second Step and CSEFEL tools. Families have the opportunity to discuss child issues with staff on an on-going basis.</p>	<p>HPM Teachers/TAs EDPM</p>	<p>Ongoing</p>
<p>(i) Soliciting parental information, observation, and concerns about their child’s mental health;</p>	<p>(i) Child information is gathered during recruitment visits and compiled using parent information on applications, physical forms, Protective Factor Survey and ESIR Parent Questionnaires and My Teacher Wants to Know.</p>	<p>FSS Teachers/TAs</p>	<p>Recruitment Ongoing</p>
<p>(ii) Sharing staff observations of their child and discussion and anticipating with parents their child’s behavior and development, including separation and attachment issues</p>	<p>(ii) Staff complete a social and emotional screening (DECA) on all children. These results are shared with parents. Parents may also be given the opportunity to complete a DECA Assessment on their child in the home setting to utilize as a comparison.</p>	<p>Teachers/TAs</p>	<p>Within 45 Days</p>
<p>(iii) Discussing and identifying with parents appropriate responses to their child’s behaviors; (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;</p>	<p>(iii)(iv) Staff utilize the FLIP It Approach to Challenging Behaviors and the tools and strategies provided within the DECA Social and Emotional Kit and CSEFEL to discuss appropriate responses to the child’s behavior as identified by parent and/or screening tool. Further support can be acquired through referral to RMHS Therapeutic Case Management.</p>	<p>HPM Teachers/TAs FSS</p>	<p>Ongoing</p>
<p>(v) Helping parents to better understand mental health issues; (vi) Supporting parents’ participation in any needed mental health interventions.</p>	<p>(v, vi) A Mental Health Parent Questionnaire and release form are completed when a parent requests an observation by the RMHS Mental Health Consultant. The Mental Health Consultant provides a written report for each individual observation and includes recommendations.</p>	<p>HPM Teachers/TAs FSS</p>	<p>As Requested</p>
<p>(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely intervention in family and staff concerns about a child’s mental health; and</p>	<p>(2) RCHS has a contract with the RMHS Early Childhood Team to provide mental health consultation to staff and families on an ongoing basis. MH Consultants conduct 3 general classroom mental health observations annually.</p>	<p>HPM</p>	<p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:</p> <p>(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;</p> <p>(ii) Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues;</p> <p>(iii) Assist in providing special help for children with atypical behavior or development; and</p> <p>(iv) Utilize other community mental health resources, as needed.</p> <p>Subpart C – Family and Community Partnerships 1304.40 Family Partnerships. (a) Family goal setting. (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family’s readiness and willingness to participate in the process.</p> <p>(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities,</p>	<p>(3)Classrooms are supported by general, Classroom Mental Health Observations. These observations are conducted at the Head Start site or collaborative classroom. The Mental Health Consultant provides a written report of their observation which includes recommendations for implementation within the classrooms.</p> <p>(i) RCHS uses the DECA Social and Emotional tools, CSEFEL and the FLIP It Approach to Challenging Behaviors. In addition, classrooms refer children to an internal behavioral concerns team.</p> <p>(ii) RCHS offers Mental Health discussions/workshops regarding various child mental health issues, on an as needed basis. These are provided by a Mental Health Consultant.</p> <p>(iii)The internal behavior process is utilized. A multidisciplinary team is formed to assess information about a child’s atypical behavior and a coordinated plan is developed.</p> <p>(iv) Staff attend EEE meetings for children who have an Individualized Education Plan (IEP). Staff assist families in the IEP process and to access advocates when needed. RCHS and parents work together in creating IPGPs (utilizing the DECA Guidelines) for children who do not meet the criteria for a standardized plan. When other interventions fail, strategies such as; modifying the child’s classroom plan, or providing therapeutic support staff services, etc. will occur.</p> <p>RCHS works in partnership with families to support growth in identifying family goals, strengths and services. The building of trusting collaborative relationships between parents and staff allows them to share and learn from one another. All families are offered the opportunity to develop family partnership agreements that are individualized and strength based. The partnership process may be a verbal agreement. (a)(1) Family service staff are trained in family support principles (reference: Family Services Manual, Section 4) Parent/Staff Agreement is reviewed and signed by both staff and parent(s).</p> <p>(a)(2) In partnership with families, the Protective Factors Survey is completed with each family. Staff utilize the Protective Factors Survey as a basis to provide opportunities for families to set individualized goals with timetables, responsibilities and strategies for achieving them.</p>	<p>HPM Teachers/TAs</p> <p>HPM FSS Teachers/TAs</p> <p>HPM</p> <p>Teachers/TAs HPM FSS</p> <p>FSPM</p> <p>FSPM FSS FSS</p> <p>FSS</p>	<p>Ongoing</p> <p>Ongoing</p> <p>As needed</p> <p>As needed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Registration 1st Home Visit- Individualized</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>timetables and strategies for achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).</p> <p>(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the Family Partnership Agreement must take into account, and build upon as appropriate, information obtained from family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible with families and other agencies to support the accomplishment of goals in the preexisting plans.</p> <p>(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.</p> <p>(5) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.</p> <p>(b) Accessing community services and resources. (1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:</p> <p>(i) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;</p> <p>(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling</p>	<p>(a)(3) Parents who identify pre-existing family plans with other agencies and programs complete a RCHS Release Form for a copy of the family plan to be shared with RCHS. Team meetings will occur between RCHS and the other agency/program with the parent to discuss the pre-existing family plan and the sharing of responsibilities of service delivery.</p> <p>(a)(4) RCHS provides families the opportunities to participate in Parent Committee Meetings, home visits, parent/teacher conferences, workshops, family events (i.e. Dad & Me, Family Reading Camp, Family Open House). Staff utilize the Parent Workshop and Protective Factors Survey with families to identify current supports and needed resources. Appropriate referrals are made internally and externally.</p> <p>(a)(5) Family Services staff receive training in diversity and cultural sensitivities. The Protective Factors Survey and the Parent Education Questionnaires are utilized by staff to provide information on the family's diversity and cultural and ethnic background.</p> <p>Cultural Competency/Diversity training is required annually by Rutland Community Programs, Inc.</p> <p>(b)(1) Through the family partnership process, staff refer families to the appropriate community services and resources. The following resource materials are provided to families: -The VT Home Companion as a Resource Guide -United Way 211 Guide</p> <p>(b)(1)(i) Staff conduct monthly family conferencing team meetings on each child and family enrolled in order to provide appropriate and timely services. Staff will determine the service level needs of each child and family based upon the Comprehensive Case Management and Resource Guide at family conferencing. Staff will submit a Case Management Meeting Request Form for all children and families whose status suggests the highest level of needs according to the criteria listed in the Comprehensive Case Management Policy of the Policies and Procedures Manual. If the family is in a crisis situation, staff will immediately refer families to the appropriate services and resources. Staff follow up with family and agency within 24 hours of the referral made.</p> <p>(b)(ii) Families receive information on RMHS Therapeutic Case Management Services at Recruitment, Registration, Parent Orientation and as needed throughout the year. Referrals are made to RMHS Therapeutic Case Management when families are at risk of possible</p>	<p>FSS</p> <p>FSPM FSS Teachers/TAs</p> <p>FSPM FSS Teachers/TAs</p> <p>Leadership Team</p> <p>FSPM FSS</p> <p>FSPM Teachers FSS</p> <p>FSS</p> <p>FSPM HPM FSS</p>	<p>Enrollment</p> <p>Ongoing</p> <p>Ongoing 1st Family Services Home Visit 1st Education Home Visit</p> <p>Annually</p> <p>Ongoing</p> <p>Schedule Developed Beginning of Program Year</p> <p>Crisis-24 hours</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>programs or to receive information on mental health issues that place families at risk, such as substance abuse, child.abuse and neglect, and domestic violence;</p> <p>(iii) Opportunities for continuing education and employment services through formal and informal networks in the community</p> <p>(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timelines of the services received through referrals meet the families' expectations and circumstances.</p> <p>45 CFR 1304.40(c)(1)(i),(ii),(iii) (2),(3) Pertinent only to Early Head Start Programs</p> <p>(d) Parent Involvement – general</p> <p>(1) In addition to involving parents in program policy making and operations (see 45 CRF 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs.</p> <p>(2) Early Head Start or Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment.</p> <p>(3) Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers (see 45 CFR 1304.52 (b) (3) for additional requirements)</p>	<p>mental health issues.</p> <p>RCCHS staff are mandated reporters of suspected child abuse and neglect (reference: Child Abuse and Neglect Policy in the Policies and Procedures Manual). Mental Health information is provided to families through brochures and family or classroom bulletin boards, and resource guides provided to families (see (b)(1)).</p> <p>(b)(iii) When families have identified family literacy and/or continuing adult education as a need, they are referred to the Vermont Adult Learning Program, or the Vermont Department of Employment and Training. RCCHS works with DCF, Economic Services and Vermont Adult Learning as a community services worksite. Parents are encouraged to volunteer in the kitchen, classroom, or other areas of the program.</p> <p>Staff follow up with families to determine if the referral made meets their expectation and needs. Follow up on referrals in a crisis situation will occur within 24 hours. Staff may accompany families to referrals if requested by family. Follow up may occur in the following ways:</p> <ul style="list-style-type: none"> -Home visit -Parent conference -Phone contact. -Agency contact (with release). <p>RCCHS recognizes and supports that parents are their child's primary nurturer and educator. Parent involvement is the foundation for a child's success in school and beyond.</p> <p>(d)(1) During Parent Committee Meetings, parents have the opportunity to plan group activities, trainings and individual classroom activities. Staff and parents use this information to identify resources and trainings that are desired for their families. RCCHS works in partnership with various community agencies to plan workshops or trainings.</p> <p>(2)Parents are welcomed and encouraged to visit and/or volunteer in the classroom or other areas of the program. Parents complete the Classroom Volunteer Survey and the Parent Involvement Survey. Staff educate parents on the benefits of engaging in their child's pre-school experience in all aspects of the program as it relates to their child's success in Head Start and beyond.</p> <p>(3)Parents are provided with information on volunteering and subbing (reference: Policies and Procedures Manual). Parents are given preference for employment if they meet job requirements and successfully pass all required background checks. Employment notices are posted for parents on bulletin boards.</p>	<p>Teachers/TAs</p> <p>All Staff</p> <p>FSS</p> <p>FSS Teachers/TAs</p> <p>FSPM Teachers/TAs</p> <p>FSPM FSS</p> <p>Teachers/TAs FSS</p> <p>Leadership Team</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Home Visits Parent-Teacher Conferences Ongoing</p> <p>4 Times per year</p> <p>Ongoing Registration</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(e) Parent involvement in child development and education. (1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.3 (a) (5) for a definition of curriculum).</p> <p>(2) Grantees and delegate agencies operating home-based options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.</p> <p>(3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see CFR 1304.21 for additional requirements related to parent involvement).</p> <p>(4) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:</p> <p>(i) Increasing family access to materials, services and essential to family literacy development; and</p> <p>(ii) Assisting parents as adult learners to recognize and address their own literacy goals.</p>	<p>Parents have the opportunity to have input in classroom planning through both formal and informal contact with staff: Educational and Family Services Home Visits Parent Meetings Parent/Teacher Conferences Policy Council Meetings</p> <p>(2)N/A</p> <p>(3)Parents have the opportunity to increase parenting skills through classroom participation, home visits, workshops and parent/teacher conferences. Parents are provided information on child development, which includes Positive Solutions, parenting skills and age appropriate activities to do at home.</p> <p>The program offers a six week parenting training (Positive Solutions).</p> <p>Family Support Specialists engage families in promoting their children's educational goals established with the classroom teacher, in the home environment. A variety of educational materials is provided.</p> <p>RCHS supports family literacy services through the following: Family Literacy Nights Children's Literacy Foundation (book distribution and parent training) First Book Distribution</p> <p>(4)(i)Resources are provided to families who have identified a need for family literacy services. Families are referred to appropriate agencies.</p> <p>(4)(ii)Through the completion of the Parent Workshop Survey, staff work in partnership with parents to identify their own literacy goals and support and refer parents to appropriate programs, as needed.</p>	<p>Teachers/TAs FSS/Teachers</p> <p>EDPM FSPM Teachers/TAs FSS</p> <p>FSPM</p> <p>FSPM FSS</p> <p>FSPM</p> <p>FSS FSPM</p> <p>FSS</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Home Visits</p> <p>Ongoing</p> <p>Ongoing</p> <p>Home Visits</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(5) In addition to the two home visits, teachers in center-based programs must conduct staff /parent conferences, as needed, but not less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see 45 CFR 1304.21 (a) (2) (iii) and 45 CFR 1304.40 (i) for additional requirements about staff-parent conferences and home visits).</p> <p>(f) Parent involvement in health nutrition, and mental health education. (1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families. (2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:</p> <p>(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care. (ii) Encourages parents to become active partners in their children’s medical and dental health care process and to accompany their child to medical and dental examinations and appointment; and (iii) Provided parents with the opportunity to learn the principles of preventative medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in general topics (e.g. maternal and child health and prevention of Sudden Infant Death Syndrome), information specific to the health needs of individual children must also be made available to the extent possible</p>	<p>(5)Parents are given the opportunity to participate in a minimum of 2 parent/teacher conferences and a minimum of 2 teacher home visits and 4 family services home visits.</p> <p>(f)(1)(2)Staff receive training in medication administration, universal precautions, nutrition, and mental health. Head Start supports parents in dental and medical health at a minimum by:</p> <ol style="list-style-type: none"> 1. Referrals and assisting parents in securing needed services (i.e. accessing a phone, transportation). 2. Parent education through home visits, workshops etc. 3. Individual consultation 4. Health and Safety checklist done at home with FSS 5. Tooth Tutor Program <p>(f)(i)(ii)Parents are provided information on state health insurance programs. Staff educate parents on the importance of having a primary medical and dental home. Parents are provided with medical and dental providers who accept the parent’s primary insurance. The Head Start medical and dental consultants are available to provide support to both parents and staff on securing services.</p> <p>(f)(iii)Parents receive information on preventative medical, dental, and safety practices. When a child has identified special health needs, parents receive support and information specific to the individual child. Staff obtain medical information from the child’s primary care physician and/or specialist to support the child’s health needs such as an Individual Health Plan and/or Asthma Action Plan.</p>	<p>Teachers FSS</p> <p>HPM FSS</p> <p>FSS HPM FSPM</p> <p>FSS HPM</p>	<p>As scheduled</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(3) Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:</p> <p>(i) Nutrition education in the selection and preparation of foods to meet family needs in the management of food budgets;</p> <p>(ii) Parent discussions with program staff about the nutritional status of their child.</p> <p>(4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):</p> <p>(i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health:</p> <p>(ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and</p> <p>(iii) The active involvement of parents in planning and implementing any mental health interventions for their children.</p> <p>(g) Parent involvement in community advocacy.</p> <p>(1) Grantee and delegate agencies must:</p> <p>(i) Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and</p> <p>(ii) Establish procedures to provide families with comprehensive information about community resources (see 45 CFR 1304.41 (a) (2) for additional requirements).</p> <p>(2) Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.</p>	<p>Head Start supports nutrition by:</p> <ul style="list-style-type: none"> - Parent requested workshops - Individual consultation with consultants - Home Visits - Classroom Activities - Nutrition History Screening - Observations <p>(3)(i)(ii)Parents complete the Child Nutrition History.</p> <p>When parents or staff have concerns about a child and/or family’s nutrition, they refer that family to the Nutrition Consultant.</p> <p>(4)(i)RCHS conducts parent committee meetings, at which time requested trainings can be offered and/or discussed.</p> <p>(4)(ii)(iii)RCHS Mental Health Consultant is available to meet with parents on individual child or family mental health concerns. The Mental Health Consultant is available to conduct individual child observations. Parents must complete RCHS Release of Information Form. The program utilizes the DECA Social & Emotional Screening and Assessment Tool to identify children’s total protective factors. This screening is reviewed with parents at which time strategies, concerns and referrals are recommended. In addition, parents can complete a DECA screening in the home for comparison. The individual child observations are shared with staff and parents. Parents, staff and Mental Health Consultant develop mental health strategies for the child.</p> <p>(g)(1)(i)Parents are provided information on strengthening advocacy skills in both formal and informal ways.</p> <p>(i)Parents are encouraged to be involved in community organizations in their neighborhoods such as Rutland United Neighborhood.</p> <p>(ii)Parents receive Vermont Home Companion Booklet and United Way 211. Community resources are also posted on Parent Bulletin Boards at sites.</p> <p>(g)(2)Parents are encouraged to participate on Parent Committees, Policy Council, Health Advisory Committee, and other community organizations.</p>	<p>FSPM HPM FSS Teachers/TAs</p> <p>FSS</p> <p>FSPM HPM FSS</p> <p>FSPM Teachers/TAs</p> <p>FSS</p> <p>FSS FSPM</p>	<p>Ongoing</p> <p>1st Family Services home visit</p> <p>Quarterly</p> <p>Ongoing</p> <p>1st Family Services Home Visit/Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(h) Parent Involvement in transition activities.</p> <p>(1) Grantee and delegate agencies must assist parents in becoming their children’s advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting.</p> <p>(2) Staff must work to prepare parents to become their children’s advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child’s participation in the program to enable parents to understand the child’s progress while enrolled in Head Start.</p> <p>(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:</p> <p>(i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and</p> <p>(ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children’s education.</p> <p>(4) See 45 CRF 1304.41 for additional standards related to children’ transition to and from Early Head Start or Head Start.</p>	<p>(h)(1)RCHS works with CIS Early Intervention and local LEAs to ensure the successful transition of Head Start children. See RCHS’s Transition Policy in the Policies and Procedures Manual for transition into Head Start, Head Start to child care, and Head Start to Kindergarten.</p> <p>(2)Parent-Teacher Conferences Home Visits Kindergarten Transition Packets</p> <p>(3)(i)Through participation in home visits and parent-teacher conferences, staff educate families on the importance of involvement in their child’s education. Parent education is offered and parents receive the Off to Kindergarten Booklets.</p> <p>(ii)Individual information is provided to parents, as identified. RCHS staff attend IEP meetings to support parents in the role of advocating for their child. Staff meet with school personnel to review child’s portfolio.</p>	<p>FSPM EDPM FSS Teachers/TAs</p> <p>FSPM EDPM Teachers/TAs FSS</p> <p>FSS Teachers/TAs</p> <p>FSS Teachers/TAs FSPM EDPM</p>	<p>Upon enrollment/ As scheduled</p> <p>February</p> <p>Ongoing</p> <p>February/May</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(i) Parent involvement in home visits.</p> <p>(1) Grantee and delegate agencies must not require that parents permit home visits as a condition of the child's participation in Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.</p> <p>(2) The child's teacher in center-based programs must make not less than two home visits per program year to the home of each child unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32 (b) (8). Other staff working with the family must make or join home visits, as appropriate.</p> <p>(3) Grantee and delegate agencies must schedule home visits at times that are convenient for the parents or primary caregivers and staff.</p> <p>(4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family's home. (see 45 CFR 1306.33 regarding the home-based program option).</p> <p>(5) In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33 (a) (1) regarding home visits.</p> <p>(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and child.</p>	<p>(1) Staff provide parents with information on the advantages of home visits through both formal and informal contacts.</p> <p>(2) Teachers complete 2 home visits and 2 parent-teacher conferences. Family Support Specialists complete, at a minimum, 4 home visits per family. Staff document their attempts to schedule home visits in the web-based database.</p> <p>(3) Home visits are scheduled at times convenient for families.</p> <p>(4) Staff are trained in Home Visitor Safety procedures and submit weekly schedules to their supervisor. Accommodations are made to have visits at alternate locations as requested by parent.</p> <p>(5) RCHS does not operate home-based program options. If a child has a modified classroom schedule, home visits are in accordance with 45 CFR 1306.33(a)(1)</p> <p>(6) N/A</p>	<p>FSS Teachers</p> <p>Teachers FSS</p> <p>Teachers/TAs FSS</p> <p>FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Program Year Schedule</p> <p>Ongoing</p> <p>Pre-Service and Throughout Program Year</p> <p>As needed</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.41 Community Partnerships (a) Partnerships (1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency’s confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements). (2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to the community needs including:</p> <p>(i) Health care providers, such as clinics, physicians, dentists and other health professionals;</p> <p>(ii) Mental health providers; (iii) Nutritional service providers;</p> <p>(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CRF 1308.4 for specific service requirements); (v) Family preservation and support services; (vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;</p> <p>(vii) Local elementary schools and other educational and cultural institutions such as libraries and museums, for both children and families; (viii) Providers of child care services and</p> <p>(ix) Any other organization or businesses that may provide support and resources to families.</p>	<p>(a)(1)RCHS participates with the following community agencies: Early Childhood Council Children’s Integrated Services/Family Support Rutland Redevelopment Authority Rutland City School Board Rutland County Housing Coalition Human Services Advisory Board, Stafford Technical Center Department of Children & Families Economic Services Homeless Prevention and Rapid Re-housing Program (2)Staff participate in community planning through involvement on local and statewide committees related to content areas, community planning and community services. RCHS completes Interagency agreements and/or Memorandums of Understanding for agencies they collaborate with.</p> <p>(i)HPM and FSPM conduct outreach visits to physicians and dentists. Outreach is also conducted through meetings through Children’s Integrated Services and Building Bright Futures Council. An ongoing collaborative relationship is maintained with the State of Vermont, local Health Department. (ii)RCHS has a contract with RMHS to provide mental health services to families. (iii)RCHS collaborates with the WIC Dept. through the State of Vermont local Health Dept.</p> <p>(iv)RCHS collaborates with local LEAs and Part C Agencies (FITP).</p> <p>(v) (vi) RCHS collaborates with DCF, Family Services and Children’s Integrated Services to support at risk families and children. DCF, Family Services provides training to staff on signs and symptom of child abuse, sexual abuse and neglect. RCHS provides ACT 1 training to all staff. (vii) RCHS has collaborative agreements with local LEAs. RCHS collaborates with the Vermont Arts Council/Head Start Arts Partnership to provide children and families with cultural experiences. (viii)RCHS provides child care services to Head Start children through state child care subsidies. RCHS works closely with the child care support specialists to assist families in the application process to obtain state child care financial assistance. Joint trainings are held in collaboration with the local resource and referral agency. (ix)Rutland County Head Start works with various businesses and organizations such as: Coats for Kids Week of the Young Child (displaying children’s artwork throughout the community) Retired Seniors Volunteer Program</p>	<p>Director/Leadership Team/FSS</p> <p>Leadership Team Director</p> <p>HPM FSPM</p> <p>FSPM</p> <p>Director EDPM FSPM FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Updated yearly</p> <p>Ongoing</p> <p>Annually/Ongoing</p> <p>Annually</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.</p>	<p>(3)RCHS utilizes volunteers from Department of Children and Families (Reach Up, DET, Voc Rehab), Foster Grandparents Program, Retired Senior Volunteer Program, Stafford Technical Center Human Services Students, Green Mountain College Interns, Castleton State College Interns, College of St. Joseph interns, Rutland City High School, Mount St Joseph Academy.</p>	FSPM	Ongoing
<p>(4) To enable the effective participation of children and their families, grantee and delegate agencies must make specific efforts to develop interagencies with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4 (h) for specific requirements concerning interagency agreements).</p>	<p>(4)Formal interagency agreements are completed with the following LEAs: Rutland City Public Schools Bennington Rutland Supervisory Union Rutland Northeast Supervisory Union Rutland Central Supervisory Union Rutland South Supervisory Union Addison Rutland Supervisory Union Rutland Southwest Supervisory Union</p>	Director	Annually
<p>(b) Advisory committees Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents' professionals and other volunteers from the community. Grantee and delegate agencies must establish and maintain such other service advisory committees as they deem appropriate to address Service issues such as community partnerships and to help agencies respond to community needs.</p>	<p>(b)Health Services Advisory Committee established.</p>	HPM	Once per year
<p>(c) Transition services. (1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or other child care settings. These procedures must include: (i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;</p>	<p>(c) Refer to Policies and Procedure Manual, Transition Policy. (1)RCHS participates in Children's Early Intervention Transition Meetings for children enrolling in Head Start, as needed. Transition Meetings will be held for children transferring into and out of Head Start. (i)(ii)(iii)(iv)Kindergarten portfolios are developed and reviewed with school staff.</p>	<p>FSPM EDPM FSPM Teachers/TAs EDPM FSPM</p>	<p>Ongoing Ongoing Spring</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;</p> <p>(iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and</p> <p>(iv) Initiating joint transition related training for Early Head Start or Head Start staff and school or other child development staff.</p> <p>(2) See Standards for details on transition children enrolled in Early Head Start programs.</p> <p>(3) See 45 CFR 1304.40 (h) for additional requirements related to parental participation in their child’s transition to and from Early Head Start or Head Start.</p> <p>Subpart D – Program Design and Management 1304.50 Program Governance. (a) Policy Council, Policy Committee, and Parent Committee structure.</p> <p>(1) Grantee and delegate agencies must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program. This structure must consist of the following groups, as required:</p> <p>(i) Policy Council. This Council must be established at the grantee level.</p>	<p>(iv) Trainings are offered to collaborative partners.</p> <p>(2)N/A</p> <p> RCHS maintains a strong shared governance model via its Policy Council and Rutland Community Programs Governing Board (RCP). Policy Council meets bi-monthly, except during the summer. The RCP Board meets quarterly. Policy Council by-laws state composition of membership. By-laws are reviewed annually and include requirements for parental and community involvement. (1)See Shared Governance Policy in Policies and Procedures Manual. </p> <p>(i) RCHS has an active Policy Council membership which includes 51% parent membership as well as community members. RCHS Policy Council meets at our Meadow Street location.</p>	<p>EDPM FSPM</p> <p>Governing Board Director Policy Council FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Sept/Oct.</p> <p>Sept/Oct</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(ii) Policy Committee. This Committee must be established at the delegate agency level when the program is administered in whole or in part by such agencies (see 45 CFR 1302.2 for a definition of a delegate agency).</p> <p>(iii) Parent Committee. For center-based program, this Committee must be established at the center level. For other program options, an equivalent Committee must be established at the local program level. When programs operate more than one option from the same site, the Parent Committee membership is combined unless parents choose to have a separate Committee for each option.</p> <p>(2) Parent Committees must be comprised exclusively of the parents of children currently enrolled at the center level for center-based programs or at the equivalent level for other program options (see 45 CFR 1306.3 (h) for a definition of a Head Start parents).</p> <p>(3) All Policy Councils, Policy Committees, and Parent Committees must be established as early in the program year as possible. Grantee Policy Councils and delegate Policy Committees may not be dissolved until successor Councils or Committees are elected and seated.</p> <p>(4) When a grantee has delegated the entire Head Start program to one delegate agency, it is not necessary to have a Policy Committee in addition to a grantee agency Policy Council.</p> <p>(5) The governing body (the group with legal and fiscal responsibility for administering Early Head Start or Head Start program) and the Policy Council or Policy Committee must not have identical memberships and functions.</p> <p>(b) Policy group composition and formation (1) Grantee and delegate agency governing body operating an Early Head Start or Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework of these regulations, the total size of their respective policy groups</p>	<p>(ii) N/A</p> <p>(iii) Parent Committees are grouped as follows: - Meadow St. - Allen St, Forest Park and Rutland City Collaborative</p> <p>(2) Refer to Policy Council By-Laws in the Policies and Procedures Manual. Parents of currently enrolled children are members of their site parent committees.</p> <p>(3) Refer to Policy Council By-Laws in the Policies and Procedures Manual. Parent Committee Meetings occur during the first month of the program year. Parents are elected to Policy Council from their Parent Committees during the first month of the program year or when a vacancy occurs.</p> <p>(4) N/A</p> <p>(5) Rutland Community Programs, Inc. Governing Board and Rutland County Head Start Policy Council are separate. A representative is elected from Policy Council to serve on the RCP Board..</p> <p>(b)(1) See RCHS Policy Council By-Laws for composition of members and selection of members.</p>	<p>FSS</p> <p>FSPM FSS</p> <p>Policy Council</p> <p>Governing Board Policy Council</p> <p>Governing Board Policy Council Director</p>	<p>4 Times Per Year</p> <p>October</p> <p>September/October</p> <p>Ongoing</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(based on the number of centers, classrooms or other program option units, and the number of children served by their Early Head Start or Head Start program), the procedures for the selection of community representatives. These proposals must be approved by the Policy Council or Policy Committee.</p> <p>(2) Policy Councils and Policy Committees must be comprised of two types of representatives; parents of currently enrolled children and community representatives. At least 51% of the members of these policy groups must be the parents of currently enrolled children (see 45 CFR 1306.3 (h) for a definition of a Head Start parent).</p> <p>(3) Community representatives must be drawn from the local community; businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including for example, the parents of formerly enrolled children.</p> <p>(4) All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be must be selected annually.</p> <p>(5) Policy Councils and Policy Committees must limit the number on one-year terms any individual may serve on either body to a combined total of three terms.</p> <p>(6) No grantee or delegate agency staff (or members of their immediate families) may serve on Policy Councils or Policy Committees except parents who occasionally substitute for regular Early Head Start or Head Start staff. In the case of Tribal grantees, this exclusion applies only to Tribal staff who work in areas directly related to or which directly impact upon any Early Head Start or Head Start administrative, fiscal or programmatic issues.</p> <p>(7) Parents of children currently enrolled in all program options must be proportionately represented on established policy groups.</p>	<p>Refer to Policy Council By-Laws – Operating Responsibilities</p> <p>(2)Refer to Policy Council By-Laws Membership</p> <p>(3)Refer to Policy Council By-Laws Membership Community Representatives are selected and approved.</p> <p>(4) RCHS Policy Council members stand for re-election yearly.</p> <p>(5)No member of Policy Council may serve for more than 3 terms (3 years).</p> <p>(6) Voting membership in RCHS Policy Council consists of parent representatives and community representatives. No Grantee or Head Start staff may serve on Policy Council.</p> <p>(7) Each RCHS Program site elects one parent representative to Policy Council as well as one alternate member. Refer to By-Laws regarding composition and regulations.</p>	<p>Governing Board Policy Council Director FSPM</p> <p>Governing Board Policy Council Director FSPM</p> <p>Policy Council</p> <p>Policy Council</p> <p>Policy Council</p> <p>Policy Council</p> <p>Parent Committees Policy Council Representatives FSPM</p>	<p>Updated annually</p> <p>Updated annually</p> <p>October</p> <p>October</p> <p>October</p> <p>Monthly</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c) Policy group Responsibilities – general. At a minimum policy groups must be charged with the responsibilities described in paragraphs (d), (f), (g), and (h) of this section and repeated in Appendix A of this section.</p> <p>(d) The Policy Council or Policy Committee. (1) Policy Councils and Policy Committees must work in partnership with key management staff and the governing body to review, and approve or disapprove the following policies and procedures; (i) All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils); (ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision making; (iii) Procedures for program planning in accordance with this part and the requirements of 45 CFR 1305.3 (iv) The program’s philosophy and long- and short-range program goals and objectives (see 45 CFR 1304.51 (a) and 45 1305.3 for additional requirements regarding program planning); (v) The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively) (see 45 CFR 1301.33 and 45 CFR 1305.3 (a) for additional requirements about delegate agency and service area selection, respectively); (vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen;</p>	<p>(c) See Shared Governance Policy in Policies and Procedures Manual</p> <p>(i) All grants and funding applications are presented to Policy Council for approval in accordance with the Head Start Act of 2007.</p> <p>(ii) See Policy Council By-Laws for description of how RCHS implements shared decision making. Policy Council and Governing Board approve the Shared Governance Policy.</p> <p>(iii) See the Shared Governance Policy of the Policies and Procedures Manual.</p> <p>(iv) Policy Council members have the opportunity to participate in the self assessment process, strategic planning.</p> <p>(v) N/A</p> <p>(vi) RCHS Policy Council By-Laws outline membership and selection.</p>	<p>Director</p> <p>Policy Council Chair</p> <p>Director/Leadership Team Governing Board Policy Council</p> <p>Policy Council Governing Board</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Monthly</p> <p>Annually</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(vii) Criteria for defining recruitment, selection, and enrollment priorities, in accordance with requirements of 45 CFR part 1305;</p> <p>(viii) The annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and finding from the Federal monitoring review (see 45 CFR 1304.51 (i) (1) for additional requirements about the annual self-assessment);</p> <p>(ix) Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers;</p> <p>(x) Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency; and</p> <p>(xi) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee or delegate agency.</p> <p>(2) In addition, Policy Councils and Policy Committees must perform the following functions directly:</p> <p>(i) Serve as a link to the Parent Committees, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve;</p> <p>(ii) Assist parent committees in communicating with parents enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and Head Start and to encourage their participation in the program;</p> <p>(iii) Assist Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities;</p>	<p>(vii) Recruitment criteria for the program is based on the Community Assessment. See Shared Governance Policy in the Policies and Procedures Manual.</p> <p>(viii) RCHS utilizes the most recent OHS Monitoring Tool for completion of its Self Assessment. See Shared Governance Policy in the Policies and Procedures Manual.</p> <p>(ix) RCHS Personnel Policies are reviewed and approved. Each RCHS work site has a set of RMHS/RCP Policy Manuals. RCHS new employees sign confidentiality statements. As part of orientation for new employees, the RMHS/RCP Training Coordinator distributes and reviews the RCHS Personnel Policies Manual with new employees.</p> <p>(x-xi) A RCHS Policy Council representative is invited to interview prospective applicants for job openings. The RCHS Policy Council approval is required on all hiring and terminating of employees consistent with the 2007 Head Start Act. Hiring and terminations are presented for approval monthly at Policy Council meetings and recorded in Policy Council minutes.</p> <p>(2)(i) Parent Policy Council representatives report respectively to Parent Committees and Policy Council. Parent representatives are offered the opportunity to participate in community committees and policy groups as opportunities arise. A Policy Council member is elected to sit on the RCP, Inc. Board of Directors. Policy Council report is presented at Parent Committees. Policy Council minutes are posted for parents to review</p> <p>(ii) Policy Council Parent Representative communicates to Parent Committees any opportunities for participation in the program and/or community. Parent Representatives share concerns and successes with Policy Council.</p> <p>(iii) RCHS has designated funds for parent activities. Policy Council will oversee distribution of funds to Parent Committees.</p>	<p>Policy Council FSPM</p> <p>Leadership Team Policy Council Committee Members Governing Board Director</p> <p>RMHS HR Director RCHS Director Leadership Team Policy Council Governing Board</p> <p>Policy Council Governing Board</p> <p>Policy Council</p> <p>Policy Council</p> <p>Policy Council</p>	<p>May</p> <p>Annually</p> <p>Every 3 years</p> <p>As needed</p> <p>Monthly</p> <p>Monthly</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(iv) Assist in recruiting volunteer services from parents, community residents and community organizations, and assist in the mobilization of community resources to meet identified needs; and</p> <p>(v) Establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program.</p> <p>(e) Parent Committee The Parent Committee must carry out at least the following minimum responsibilities;</p> <p>(1) Advise staff in developing and implementing local program policies, activities and services;</p> <p>(2) Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and</p> <p>(3) Within the guidelines established by the Governing Body, Policy Council, or Policy Committee, participate in the recruitment and screening of the Early Head Start and Head Start employees.</p> <p>(f) Policy Council, Policy Committee and Parent Committee reimbursement. Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members.</p> <p>(g) Governing body responsibilities (1) Grantee and delegate agencies must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program.</p>	<p>Policy Council members solicit volunteer services from parents and community. This occurs at Parent Committee Meetings. Policy Council Community Representatives communicate to organizations the positive effects and need for volunteers at Head Start.</p> <p>See Community complaint procedure in the Policies and Procedures Manual, in the RCHS Parent Handbook, and Parent bulletin boards.</p> <p>(1) During Parent Committee Meetings, parents have the opportunity to plan and coordinate activities that are responsive to the needs of the group.</p> <p>(2) Activities/Special Events are planned within each Parent Committee – i.e. Family Reading Group, Dad & Me, VT Arts Partnership.</p> <p>(3) Policy Council members are invited to interview prospective staff and recommended candidates for hiring approval to Policy Council.</p> <p>(f) On-site child care is available when needed. Children are welcome at all Policy Council and committee meetings in a family-friendly environment. RCHS provides a stipend for parent participants who attend policy council and committee meetings. See Policy Council By-Laws in the Policies and Procedures Manual. Transportation is provided to parents when possible.</p> <p>(g) (1) See Shared Governance Policy and Policy Council By-Laws in Policies and Procedures Manual</p>	<p>Policy Council FSPM</p> <p>Director/Leadership Team Policy Council Governing Board</p> <p>FSPM</p> <p>FSS</p> <p>Director/Leadership Team Policy Council Governing Board</p> <p>FSPM Policy Council Treasurer</p> <p>Governing Board Policy Council</p>	<p>Annually Program year</p> <p>Updated Annually</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(2) Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard Federal funds in accordance with 45 CFR 1301.13.</p> <p>(h) Internal dispute resolution. Each grantee and delegate agency and Policy Council jointly must establish written procedures for resolving internal disputes, including impasse procedures between the governing body and policy group.</p> <p>1304.51 Management Systems and Procedures. (a) Program planning. (1) Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program’s governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:</p> <p>(i) An assessment of community strengths, needs and resources through completion of the Community Assessment, in accordance with the requirements of 45 CFR 1305.3; (ii) The formulation of both multi-year (long-range) program goals and short-term program financial objectives that address the finding of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program’s annual self assessment; and (iii) The development of written plan(s) for implementing services in each of the program areas covered by this part (e.g. Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management). See the requirements of 45 CFR part 1305, 1306, and 1308.</p>	<p>(2)(g) Chief Financial Officer oversees RCHS fiscal operations. The CFO submits monthly financial reports to the Board and Policy Council. CFO offers Budget/Fiscal Training, when needed, as part of budget planning as well as on-going support and technical assistance to Board and Financial Statements are presented to Board and Policy Council by the CFO or Director. RCHS financial, and child records are audited on a yearly basis.</p> <p>(h)See RCHS Impasse Policy (in the Policies and Procedures Manual) which outlines procedure in the event that there are disputes between the RCHS Policy Council and RCP, Inc. Governing Board.</p> <p>(1) (i & ii) Community Assessment compiled using information from:</p> <ul style="list-style-type: none"> - Annual Self Assessment - Vermont Census and Vermont Town Profile Information - Community Profiles by Supervisory Union - Community Assessment Information - Other pertinent data <p>(ii) RCHS prepares an annual self-assessment involving parents, staff, Leadership Team, community members and grantee staff using the Office of Head Start (OHS) Self Assessment Tool and other assessment data. RCHS Leadership Team gathers information from yearly self-assessment to recommend changes for proceeding program year and as needed.</p> <p>(iii)The RCHS Program Plan is revised on a yearly basis to reflect current practice based on the RCHS Performance Standards, VT Early Childhood Licensing Regulations, and other pertinent standards (ex. CACFP, HR Policies, best practices, committee recommendations).</p>	<p>CFO/Controller Director</p> <p>RMHS HR Governing Board</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>January Monthly Monthly Annually</p> <p>Reviewed/Updated Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(2) All written plans for implementing services, and the progress in meeting them, must be reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually and must be revised and updated as needed.</p> <p>(b)Communication-general. Grantee and delegate agencies must establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff and the general community.</p> <p>(c)Communication with families. (1) Grantee and delegate agencies must ensure that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.</p> <p>(2)Communication with parents must be carried out in the parents' primary or preferred language when feasible.</p>	<p>(2)Director reviews and works with Governing Board and Policy Council in reviewing upcoming plans. This document shall serve as Rutland County Head Start's Program Plan. Program Plan is distributed to sites and Policy Council. Program Plan is reviewed with staff and a copy is located in each classroom and Family Support Specialist Office.</p> <p>(b)Teachers communicate with parents on a daily basis during drop-off and pick-up. If parent does not directly drop off child, alternate methods of daily progress are utilized such as daily notebooks, telephone calls. -Notices are sent home to families. Notices are posted on site to alert parents to upcoming meetings and events. -Home visits/Classroom time. -Parent/Teacher Conferences are offered 2 times per year and as needed. -Parent Committees offer parents the opportunity to participate in their child's program in planning programs, policies, hiring staff, etc. -Formal/informal meetings. -All contacts are documented in the web-based database.</p> <p>(c)(1)Teaching staff communicate daily with families during drop off and pick up. If the parent does not directly drop off child, alternate methods of daily progress are utilized such as daily notebooks, telephone calls. In addition, FSS communicate with families on a regular basis. Other regular communication methods are: Home visits Parent/Teacher Conferences Phone contact Bulletin Boards Parent Committees</p> <p>(c)(2)Staff, volunteers who speak a second language are utilized as resources, as needed. "The Language Line" is utilized to assist in communicating with families and as needed.</p>	<p>Director Governing Board</p> <p>Leadership Team Policy Council</p> <p>Teachers/TAs FSS</p> <p>Teachers/TAs FSS Leadership Team Director Site Supervisors</p> <p>Teachers/TAs FSS</p> <p>FSPM</p>	<p>Annually</p> <p>Annually</p> <p>Daily</p> <p>Ongoing</p> <p>Ongoing as Needed</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(d) Communication with governing bodies and policy groups. Grantee and delegate agencies must ensure that the following information is provided regularly to their grantee and delegate governing bodies and to member of their policy groups:</p> <p>(1)Procedures and timetables for program planning;</p> <p>(2)Policies, guidelines, and other communications from HHS;</p> <p>(3)Program and financial reports; and</p> <p>(4) Program plans, policies, procedures, and Early Head Start and Head Start grant applications.</p> <p>(e)Communication among staff. Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.</p> <p>(f)Communication with delegate agencies. Grantees must have a procedure for ensuring that delegate agency governing bodies, Policy Committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.</p>	<p>RCP Board Meetings quarterly and Policy Council Meetings bi-monthly.</p> <p>(1)Director distributes procedures and timetables for program planning, to Policy Council and Grantee. See Shared Governance Policy in the Policies and Procedures Manual.</p> <p>(2)Director distributes Information Memorandums and Program Announcements to Grantee, Leadership Team, supervisory staff, Policy Council members and Governing Board members, as issued.</p> <p>(3) Chief Financial Officer submits budget and monthly financial reports to Governing Board and Policy Council. During Policy Council meetings, the following are reviewed with Policy Council as pertinent: ACF Memos Content Managers reports</p> <p>(4) RCHS Director regularly communicates and works with grantee staff on ongoing program plans, human resources issues, grant applications, policy and procedure issues, etc. -Policy Council members help develop and approve plans, documents, grant applications, policies and procedures. -RCHS Health Advisory Committee advises RCHS Leadership Team on relevant health, safety nutrition policies as well as to develop, review and recommend policies.</p> <p>(e) RCHS utilizes several methods of communicating with program staff on an on-going basis: -Staff Meetings -Team Meetings -E-Mail: Meadow Street, Allen St., Forest Park -Copies of Leadership Team Meeting Minutes posted on Staff Communication Board at Meadow Street.</p> <p>(f)N/A</p>	<p>Director</p> <p>Director</p> <p>Director CFO (RMHS) Program Managers</p> <p>Director CFO (RMHS) Policy Council</p> <p>Program Managers Director Teachers/TAs</p> <p>Director</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Monthly</p> <p>Monthly When Available</p> <p>Monthly As Scheduled</p> <p>Ongoing</p> <p>As Needed</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(g) Record Keeping Systems. Grantee and delegate agencies must establish and maintain efficient and effective record keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.</p> <p>(h)Reporting Systems. Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that: (1)Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, policy groups, and staff of program progress; and (2)Generate official reports for Federal, State, and local authorities, as required by applicable law.</p> <p>(i)Program Self-Assessment and Monitoring. (1)At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.</p> <p>(2)Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of their delegate agencies, to ensure that these operations effectively implement Federal regulations.</p> <p>(3)Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems.</p>	<p>(g)Any family/agency correspondence is documented in the child’s file. Children’s files include all related classroom and family information. Files are kept in a locked file cabinet. Collaboration Meeting Reports are completed for Team Meetings, ongoing monitoring of collaborations for families, etc. Family Conferencing No information is shared with outside agencies without the written consent of the parents. HIPPA Policies are followed as guidelines.</p> <p>(h)(1) Monthly financial reports to Governing Board and Policy Council. Enrollment updates are provided to Governing Board, Policy Council, and Leadership Team. (2)RCHS prepares yearly reports as required by Head Start. -Program Information Report (PIR) -Yearly Budget and Quarterly Financial Reports -Grant Applications and Updates -Annual Public Report -In-Kind Match -Child Outcomes</p> <p>(i)(1)RCHS conducts a yearly self-assessment based on the most recent OHS Monitoring Tool Parent Questionnaire Parent Survey File Reviews Health & Safety Checklist Advisory Committee Meetings Leadership Team Meetings Site/Staff Meetings Child Assessment Data Family Support Specialists Meeting Mental Health Consultant Meeting</p> <p>(i)(2)RCHS has developed ongoing monitoring systems to ensure that programs maintain compliance to Performance Standards, identify areas of concern and recommend improvement.</p> <p>(i)(3)N/A RCHS does not have a delegate agency.</p>	<p>Teachers/TAs EDPM HPM FSPM</p> <p>CFO (RMHS) Director FSPM</p> <p>Leadership Team Director</p> <p>Director Leadership Team</p> <p>Director Leadership Team</p>	<p>Ongoing</p> <p>Monthly</p> <p>Ongoing</p> <p>May</p> <p>Every 3 Years</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.52 RMHS HR Management. (a) Organizational structure. (1) Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.</p> <p>(2) At a minimum, grantee and delegate agencies must ensure that the following program management functions are formally assigned to and adopted by staff within the program: (i) Program management (the Early Head Start or Head Start director); (ii) Management of early childhood development and health services, including child development and education; child medical, dental, and mental health; child nutrition; and services for children with disabilities; and (iii) Management of family and community partnerships, including parent activities.</p>	<p>1) RCHS, as part of the larger Rutland Mental Health Services/Rutland Community Programs, has developed an organizational structure which supports meeting the needs of our families and uses the resources of our management team to provide technical assistance and expertise to our sites in the most efficient manner possible.</p> <p>The program utilizes the following organizational systems: <u>Organizational Charts:</u> RCHS has revised its organizational chart to better serve the needs of our sites. Management Team members provide expertise and support. <u>Personnel Policies:</u> All RCHS staff are given a copy of the Rutland County Head Start RMHS HR Policies Manual as part of the orientation to Rutland Mental Health/Rutland Community Programs in-service, along with a brief overview of these policies by the Grantee RMHS HR staff. <u>Job Descriptions:</u> Each RCHS staff person receives and signs a job description within the first 45 days of initial employment. The site supervisor maintains a copy of this job description in their supervisory file. Original copies of evaluations and job descriptions are kept by RMHS/RCP RMHS HR Department as part of employee's personnel file. The employee is provided a signed copy of the evaluations and job description. <u>45 & 90 Day Evaluations for New Employees.</u> Each new RCHS employee receives an initial 45 & 90 day evaluation to assess performance and set priorities and goals for the coming year. <u>Annual Evaluations</u> are completed on part year employees at the end of the program year (May-June). For full year employees, annual evaluation should be completed as soon as possible after the end of June but not later than the employee's anniversary date. <u>Staff Meetings:</u> Staff meetings generally occur during in-service days and are scheduled in early September according to the previous program years staff assessment results.</p> <p><u>Staff Portfolios</u> consist of:</p> <ul style="list-style-type: none"> - Supervision - Monthly Meeting and Training Report - Individualized Professional Development Plan (IPDP) - 45, 90 day and Annual Evaluation <p>(2) Rutland County Head Start employs a Leadership team comprised of:</p> <ul style="list-style-type: none"> - Program Director - Family Services Program Manager - Health/Mental Health Program Manager - Education/Disabilities Program Manager - Administrative Assistant 	<p>Director RMHS HR</p> <p>Director RMHS HR Supervisor</p> <p>All Staff Site Staff</p> <p>Site Supervisor Supervisors Director</p> <p>Supervisors</p>	<p>Annually</p> <p>Annually</p> <p>Within 2 weeks of employment Quarterly Monthly</p> <p>Annually</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(1) Education and child development services must be supported by staff or consultants with training and experience in areas that include: The theories and principles of child growth and development, early childhood education, and family support. In addition, staff or consultants must meet the qualifications as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.</p>	<p>(1) RCHS Education/Disabilities Manager and Teachers are hired with appropriate credentials according to Head Start Performance Standards, VT Early Childhood Licensing Regulations and NAEYC requirements. RCHS continues to monitor changing VT Child Care Licensing Regulations for increasing professional development credentials and requirements.</p>	<p>Director Hiring Supervisor</p>	<p>Ongoing</p>
<p>(2) Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.</p>	<p>(2) RCHS Health Services are supervised by a Health /Mental Health Program Manager and supported by:</p> <ul style="list-style-type: none"> - Medical Consultant - Oral Health Consultant - Mental Health Consultants - VT State Department of Health 	<p>HPM</p>	<p>Ongoing</p>
<p>(3) Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.</p>	<p>(3) Rutland County Head Start contracts with a Nutritionist.</p>	<p>HPM</p>	<p>Ongoing</p>
<p>(4) Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.</p>	<p>(4) RCHS contracts with Rutland Mental Health Services for Mental Health Consultation and services. RMHS Case Managers, Therapeutic Support Staff and Mental Health Consultants have appropriate credentials for their positions.</p>	<p>HPM</p>	<p>Ongoing</p>
<p>(5) Family and community partnership services must be supported by staff or consultants with training and experience in fields related to social, human, or family services.</p>	<p>(5) RCHS Family Services are supervised by a Family Services Program Manager who receives ongoing training in Family Services, Family Literacy and related services.</p>	<p>FSPM</p>	<p>Ongoing</p>
<p>(6) Parent Involvement services must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.</p>	<p>(6) Parent Involvement Services are supported by FSPM.</p>	<p>FSPM FSS Teachers/TAs</p>	<p>Ongoing</p>
<p>(7) Disabilities services must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.</p>	<p>(7) Disabilities services are supported by an Education/Disabilities Program Manager with appropriate credentials. The EDPM works with Local LEA's, EEE, and EEI programs to ensure children receive appropriate services.</p>	<p>EDPM</p>	<p>Ongoing</p>
<p>(8) Grantee and delegate agencies must secure the regularly scheduled or ongoing services of a qualified fiscal officer.</p>	<p>(8) Chief Financial Officer at Rutland Community Programs, Inc, oversees RCHS fiscal operations.</p>	<p>CFO</p>	<p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(e) Home Visitor qualifications Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services.</p> <p>(f) Address Infant and toddler staff qualifications see 45 CFR 1304.52 for details</p> <p>(g) Classroom staffing and home visitors. (1) Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding classroom staffing.</p> <p>(2) When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language.</p> <p>(3) For center-based programs, the class size requirements specified in 45 CFR 1306.32 must be maintained through the provision of substitutes when regular classroom staff are absent.</p> <p>(4) See 45 CFR 1304.52 for infant and toddler staffing.</p> <p>(5) Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured.</p>	<p>(e) RCHS currently has no home-based options.</p> <p>(f) N/A</p> <p>(g) RCHS employs two paid staff persons per classroom in accordance with 1306.20 & VT Early Childhood Licensing Regulations (I.E (Staff/Child Ratios); Number 4).</p> <p>(2) Most children in each classroom speak English. When enrolled children who speak other languages, RCHS works with Vermont Adult Learning and other community services to provide resources to staff and families.</p> <p>(3) RCHS adheres to the VT State Early Childhood Program Licensing Regulations maintains and/or exceeds staff/child ratios. (3) RCHS maintains an active substitute list. RCHS has a Parent Volunteer to Substitute Program increase the availability of substitutes.</p> <p>(4) N/A</p> <p>5) RCHS maintains staff/child ratios and supervision requirement according to VT State Early Childhood Program Licensing Regulations. RCHS staff provides direct visual supervision of all children at all times.</p> <p>(5) RCHS staff monitor playground safety via the Playground Safety Checklist to assess and record on-going safety issues with both our own playgrounds as well as playgrounds that RCHS children and staff visit on a regular basis.</p>	<p>Director RMHS HR Policy Council</p> <p>EDPM</p> <p>Director Teachers/TAs EDPM FSPM</p> <p>Teachers/TAs Site Supervisors</p> <p>Teachers/TAs HPM</p>	<p>Ongoing</p> <p>As Needed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Daily</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(h) Standards of conduct.</p> <p>(1) Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct, these standards must specify that:</p> <p>(i) They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion or disability;</p> <p>(ii) They will follow program confidentiality policies concerning information about children, families, and other staff members;</p> <p>(iii) No child will be left alone or unsupervised while under their care; and</p> <p>(iv) They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.</p> <p>(2) Grantee and delegate agencies must ensure that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not accept personal gratuities, favors, or anything of significant monetary value contractors.</p> <p>(3) Personnel policies and procedures must include provision of appropriate penalties for violating the standards of conduct.</p> <p>(i) Staff Performance Appraisals. Grantee and delegate agencies must, at a minimum, perform annual performance reviews of each Early Head Start and head start staff member and use the results of these reviews to identify staff training and professional development needs, modify staff performance agreements as necessary, and assist each staff member in improving his or her skills and professional competencies.</p>	<p>(i & ii) All new and returning RCHS staff attend orientation which address the CCN Mission/Core Values as well as diversity training and maintaining confidentiality with the families we serve.</p> <p>All new staff sign:</p> <ul style="list-style-type: none"> - Job Description - Receipt of Personnel Policies - Letter of hire including position acceptance, confidentiality statement and statement of understanding - Code of Conduct - Compliance Statement <p>(iii) RCHS meets Vermont State Early Childhood Program Licensing Regulations which cite that all children shall be directly supervised at all times (Section 1, D 1)</p> <p>(iv) RCHS follows VT Early Childhood Program Licensing regulations which state that staff utilize positive methods of guidance and discipline which promote, self-control, self-esteem, and cooperation (Section I,G2) RCHS has adopted the FLIP It Approach To Transforming Challenging Behaviors (4 Steps to build supportive relationships that encourage emotional awareness and control in children). See Curriculum guidelines for details Staff receive training in guidance and discipline issues, RCHS's Behavior Policy, Restraint Training as well as nutrition training which outlines that food shall not be used as method of discipline.</p> <p>(2) RCHS RMHS HR Policy Manual has a policy which states that no employee may give or accept any gifts or favors to or from anyone with whom such person is negotiating, soliciting or being solicited for business on behalf of Head Start. See Personnel Policies</p> <p>(3) See RCHS RMHS HR Policy Manual for Professional and Personal Behavior Policy.</p> <p>(i) All new staff receive a 45 day, and 90 day performance evaluation. All staff receive an annual performance evaluation.</p>	<p>Supervisor RMHS HR RMHS HR</p> <p>RMHS HR RMHS HR FSPM</p> <p>All Staff</p> <p>All Staff</p> <p>RMHS HR</p> <p>Director Supervisors RMHS HR</p>	<p>within two weeks of hire Fall Fall Fall Prior to beginning volunteering Yearly</p> <p>Ongoing</p> <p>Ongoing</p> <p>Updated Annually Or as needed</p> <p>As Required</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(j) Staff and volunteer health.</p> <p>(1) Grantee and delegate agencies must assure that each staff member has an initial health examination that includes screening for tuberculosis and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws), so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start of Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the American with Disabilities Act and section 504 of the Rehabilitation Act.</p> <p>(2) Regular volunteers must be screened for tuberculosis in accordance with State, Tribal or local laws. In the absence of State, Tribal or local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings (see 45 CFR 1304.3 (20) for a definition of volunteer).</p> <p>(3) Grantee and delegate agencies must make mental health and wellness information available to staff with concerns that may affect their job performance.</p> <p>(k) Training and Development.</p> <p>(1) Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented by the program.</p> <p>(2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships</p>	<p>(1) Staff physicals are required upon hire and every two years thereafter unless another TIMELINE is determined by their physician. A TB risk assessment, conducted by the physician, is included on the physical form.</p> <p>If physician does not conduct the TB risk assessment, RCHS will conduct their own internal TB risk assessment.</p> <p>(2) See above.</p> <p>(3) Grantee Rutland Community Programs offers ongoing Employee Wellness activities which provide opportunities for staff to participate in health, exercise, health/risk assessment and follow up; as well as providing incentives for participation.</p> <p>-RMHS/RCP provides an Employee Assistance Program which is available as a service to all staff. EAP phone number is posted on RCHS phone list for staff.</p> <p>-RMHS Mental Health Consultant is available to meet individually with staff as requested.</p> <p>-RMHS/RCP Education and Wellness Center has a variety of books and resources on wellness and prevention issues.</p> <p>-Grantee offers Employee Assistance Program.</p> <p>(1) RCHS offers a one week orientation to all staff. RCHS supervisory staff complete a new Employee Training Checklist with new staff. All RCHS and RCP staff participate in a 4 Part Agency Orientation as part of the initial hiring process.</p> <p>1) RCHS offers both Parent Volunteer and new substitute training in the fall of each year and as needed throughout the year.</p> <p>(2) RCHS Leadership Team has a Training & Technical Assistance Plan which outlines the planned professional development activities throughout the year. Staff submit certificates of completion for outside trainings or coursework.</p>	<p>HPM</p> <p>HPM</p> <p>RMHS/RCP, Inc. Wellness Committee</p> <p>Leadership Team</p> <p>FSPM EDPM Leadership Team</p>	<p>Upon initial employment and every two years</p> <p>Annually</p> <p>Ongoing</p> <p>Upon Employment</p> <p>Fall</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23.</p> <p>(3) At a minimum, this system must include ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards. This program must also include:</p> <p>(i) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretaker; and</p> <p>(ii) Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.</p> <p>(4) Grantee and delegate agencies must provide training or orientation to Early Head Start and Head Start governing body members. Agencies must also provide orientation and ongoing training to Early Head Start and Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.</p>	<p>2) Training & Technical Assistance funds are available for continuing education, subject to prior approval by supervisor.</p> <p>2) All staff are encouraged to take external trainings in accordance with their professional development plans.</p> <p>(3) Pre-service: RCHS offers an orientation for staff. Staff In-service Days: See Staff In-service/Important Dates Schedule. Rutland County Child Care Support Services provides a Training Calendar of upcoming training and coursework for all Rutland County Early Childhood professionals. Rutland Mental Health Services offers monthly trainings.</p> <p>(i) All RCHS staff are mandated reporters of child abuse and neglect. Possible child abuse and neglect concerns to local Dept. of Children and Families office and follow the Child Abuse Reporting Procedure Staff receive training on Child Abuse & Neglect during Pre-service</p> <p>(ii) <u>RCHS Transition Procedure:</u></p> <ul style="list-style-type: none"> - Transition meeting with Head Start staff and new program staff - Visits to new program/classroom - Discussing transition with family - Team meeting <p>(4) RCHS Policy Council orientation is provided initially to all members of RCHS Policy Council and then regularly scheduled throughout the year. RCHS Director provides quarterly updates to the RCP Board of Directors as well as more formal training once per year.</p>	<p>Director Supervisor</p> <p>Supervisor</p> <p>Leadership Team Supervisor</p> <p>Teachers/TAs FSPM</p> <p>EDPM FSPM</p> <p>Director FSPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Beginning of Program Year</p> <p>Ongoing</p> <p>Fall</p> <p>December</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1304.53 Facilities, Materials, and Equipment. (a) Head Start physical environment and facilities. (1) Grantee and delegate agencies must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child. (2) Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see 45 CFR 1308.4 for specific access requirements for children with disabilities). (3) The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.</p> <p>(4) The indoor and outdoor space in Early Head Start or Head Start centers in use by mobile infants and toddlers must be separated from general walkways and from areas in use by preschoolers. (5) Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e. exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child. (6) Facilities owned or operated by Early Head Start and Head Start grantee or delegate agencies must meet the licensing requirements of 45 CFR 1306.30.</p>	<p>(1) Rutland County Head Start adheres to VT State Early Childhood Program Licensing Regulations and NAEYC for developmentally appropriate environment for young children. RCHS uses the Creative Curriculum which provides guidance as to setting up the classroom environment to support children’s play.</p> <p>(2) All sites are ADA accessible, and are approved for occupancy by the Vermont Department of Labor and Industry and receive a water and waste water permit from the Vermont Department of Environmental Conservation.</p> <p>(3) RCHS classrooms are set up into functional areas according to needs of classroom, children, curriculum design which allows for both child-centered choices as well as group activities (circle, lunch, table top activities). The following checklists are used to monitor classroom environment for developmental appropriateness, adequacy of materials as well as safety issues that may arise: -Daily Classroom Safety Checklist (daily) -Health and Safety Checklist (annually) -Playground Safety Checklist (daily)</p> <p>(3) Child Assessment data are collected, reviewed and analyzed to determine any changes necessary for facilities to assist in designing environments and to procure materials for each RCHS classroom/site. Leadership Team analysis of child assessment data and resulting planning are based on child assessment data along with Self-Assessment, and other available data.</p> <p>(4) N/A</p> <p>(5 & 6) All RCHS classrooms are licensed by the state of Vermont as early childhood classrooms which require interior spaces to have a minimum of 35 square feet of space per child and exterior spaces to be a minimum of 75 square feet per child. Forest Park and Allen Street sites have their own playground space. Meadow Street utilizes public playgrounds maintained by Rutland City Recreation & Parks Department.</p>	<p>EDPM All Staff</p> <p>Director</p> <p>Leadership Team</p> <p>EDPM Site Supervisors All Staff</p> <p>HPM EDPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Daily/monthly/annually</p> <p>Ongoing</p> <p>Upon initial licensure of each site</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(7) Grantee and delegate agencies must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment.</p> <p>(8) Grantee and delegate agencies must provide a center-based environment free of toxins such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Agencies must ensure that no child is present during the spraying of pesticides or herbicides. Children must not return to the affected area until it is safe to do so.</p> <p>(9) Outdoor play areas at center based programs must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Enroute to play areas, children must not be exposed to vehicular traffic without supervision.</p> <p>(10) Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:</p> <p>(i) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns;</p> <p>(ii) No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used;</p> <p>(iii) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children.</p> <p>(iv) Rooms are well lit and provide emergency lighting in the case of power failure;</p> <p>(v) Approved, working fire extinguishers are readily available;</p> <p>(vi) An appropriate number of smoke detectors are installed and tested regularly;</p>	<p>(7) All sites follow requirements of the VT State Early Childhood Program Licensing Regulations Any equipment/maintenance safety concerns are reported via a maintenance request to site supervisors. Site Supervisors submit safety concerns to the RCHS Health Program Manager.</p> <p>(8) All sites and Head Start properties are smoke free environments as required by VT Early Childhood Licensing Regulations (Section V Health & Safety; B 4) as well as per RMHS HR Policies. Essential Maintenance Practices are performed at all sites. (unless exempt).</p> <p>(9) Staff are required to directly supervise children at all times when in care. The collaborative sites within school systems utilize outside school facilities which are either fenced or protected from traffic.</p> <p>(10) Health and Safety observations are conducted at a minimum of annually by the Health Program Manager, a management team member or site supervisor. In addition, RMHS provides an annual insurance claim adjuster inspection.</p> <p>(i) RCHS facilities have heating systems as well as air conditioning units in each facility. Safety covers are placed over heaters where necessary.</p> <p>(ii)(iii) RCHS meets requirements of Vermont Early Childhood Licensing Regulations regarding Health & Safety are followed regarding airborne chemicals, hazardous substances, and are free from any condition which threaten a child's health, safety and well-being. All hazardous materials are stored in locked cabinets out of reach of children. Rescue medications are stored in a backpack which also contains the classroom first aid kit. These backpacks are not locked to ensure quick access to rescue medications, however, are kept out of reach of children. Refrigerated medications are stored in locked boxes in the refrigerator.</p> <p>(iv) All facilities have natural and equipped with emergency lights in the event of a power failure.</p> <p>(v) (vi) Meadow St., Allen Street and Forest Park sites are linked directly to local fire departments. Smoke alarm systems and fire extinguishers are in each site and inspected annually by an outside vendor. Fire extinguishers are inspected monthly by program staff.</p>	<p>All Staff</p> <p>HPM Site Staff</p> <p>HPM Site Supervisors Leadership Team</p> <p>HPM</p> <p>Site Supervisors</p> <p>HPM</p> <p>Teachers/TAs</p> <p>HPM Site Supervisors</p> <p>HPM Site Supervisors</p>	<p>Upon occurrence</p> <p>Yearly</p> <p>Ongoing</p> <p>Annually</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Annually/Monthly</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(vii) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable (see 45 CFR 1304.22 for additional emergency procedures);</p> <p>(viii) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions;</p> <p>(ix) Paint coating on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead;</p> <p>(x) The selections, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children;</p> <p>(xi) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs;</p> <p>(xii) Windows and glass doors are constructed, adapted, or adjusted prevent injury to children;</p> <p>(xiii) Only sources of water approved by the local or State health authority are used;</p> <p>(xiv) Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children's activities;</p> <p>(xv) Toilet training equipment is provided for children being toilet trained;</p> <p>(xvi) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored in safe and sanitary manner; and</p> <p>(xvii) Adequate provisions are made for children with disabilities to ensure their safety, comfort and participation.</p>	<p>(vii) Exits are clearly marked by signage in classrooms and other exits leading outside have lighted exit signs. Evacuation plans are posted at each site.</p> <p>(viii) Rooms are cleaned each classroom day. All classrooms are cleaned based upon a universal cleaning and sanitation schedule. Teachers also conduct a daily classroom safety checklist to ensure that the classroom is free of hazardous materials and conditions.</p> <p>(ix) In accordance with VT State Early Childhood Program Licensing Regulations – Essential Maintenance Practices are followed. Designated RCHS staff have been trained and certified in Essential Maintenance Practices.</p> <p>(x) Staff complete a daily playground safety checklist. Potential hazards are brought to site supervisors and reported to Health Program Manager.</p> <p>(x) As RCHS purchases new playground equipment, we work with manufacturers in proposed site plans, manufacturing rep. visits sites and works with team. All new playground equipment must meet requirements of VT Early Childhood Licensing Regulations (which are now required to be in compliance with National Playground Safety Standards).</p> <p>(xi) Child safety outlet covers are installed on all outlets.</p> <p>(xii) Windows and doors of new facilities are inspected by VT Early Childhood Division Licensing Inspectors as well as VT Department of Labor & Industries. RCHS follows all recommendations of both Departments regarding requirements prior to licensing. Any construction conducted after initial licensing must be approved by Vermont Dept. of Labor and Industry.</p> <p>(xiii & xvi) The Vermont Department of Environmental Conservation requires that all water and wastewater systems are approved by the DEC prior to initial licensing. All RCHS facilities meet these requirements.</p> <p>(xiv) Bathrooms are cleaned daily at all RCHS facilities. Children do not wash hands at sinks used also for cooking. Sites are cleaned and maintained on a daily basis.</p> <p>(xv) Staff use equipment requested and provided by families</p> <p>(xvii) If a special need is identified, staff work with families to assure that needs of children, families and program are met. Medical training available All sites are ADA accessible</p>	<p>All Staff</p> <p>Teachers/TAs HPM Site Supervisors</p> <p>HPM Site Supervisors</p> <p>Teachers/TAs</p> <p>HPM</p> <p>Teachers/TAs</p> <p>Director</p> <p>Director</p> <p>Site Supervisor HPM</p> <p>Teachers/TAs</p> <p>EDPM HPM</p>	<p>Ongoing</p> <p>Daily</p> <p>Annually</p> <p>Daily</p> <p>When Purchases Occur</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>As Necessary</p> <p>As Necessary</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(b) Head Start equipment, toys, materials, and furniture. (1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be: (i) Supportive of the specific educational objectives of the local program; (ii) Supportive of the cultural and ethnic backgrounds of the children; (iii) Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities; (iv) Accessible, attractive, and inviting to children; (v) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore; (vi) Safe, durable, and kept in good condition; and (vii) Stored in a safe and orderly fashion when not in use. (2) Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly. (3) To reduce their risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.</p>	<p>(1) RCHS classrooms are assessed regularly for quality and quantity of materials by the Education Program Manager as well as Site Supervisors. RCHS Budget is allocated to purchase and update materials, toys and equipment. Any toys/materials in need of repair need to be submitted to site supervisor on a Maintenance Request Form.</p> <p>RCHS Leadership Team conducts observations of all sites on a regular basis in regard to condition and selection of furniture and materials</p> <p>See VT State Early Childhood Program Licensing Regulations.</p> <p>Use of volunteer (in-kind) services when appropriate, to assure upkeep of furniture and equipment. N/A N/A</p>	<p>Site/Center Staff</p> <p>Leadership Team Staff Consultants</p>	<p>As needed</p> <p>Ongoing</p>

Disabilities Plan



PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1308.4 Purpose and Scope of Disabilities Service Plan.</p> <p>(a) Head Start grantee, or delegate agency, if appropriate must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents.</p> <p>The purposes of this plan are to assure: (1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents; (2) That resources are used efficiently.</p> <p>(b) The plan must be updated annually.</p> <p>(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of children with disabilities.</p> <p>(d) The Head Start grantee and delegate agency must use the disabilities plan as a working document which guides all aspects of the agency's effort to serve children with disabilities. This plan must take into account the needs of the children for small group activities, for modifications of large group activities for any individual special help.</p> <p>(e) The grantee or delegate agency must designate a coordinator of services for children with disabilities (disability coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities. The grantee or delegate must ensure that all relevant coordinators, other staff and parents are consulted.</p> <p>(f) The disability service plan must contain:</p>	<p>(a) This document shall serve as the Disabilities Plan for Rutland County Head Start and is included as part of the Program Plan and will be updated annually in conjunction with the plan.</p> <p>(1) Managers meet weekly to ensure integration of program services. Teachers/TAs receive ongoing support regarding the Disabilities Service Component.</p> <p>(2) Rutland County Head Start works closely with the LEA's to provide for the educational needs of children with special needs. The annual Head Start budget contains resources for disability program and services.</p> <p>(b) The Disability Plan will be updated annually with the Program Plan.</p> <p>(c) Weekly planning forms include activities planned for all children including those with disabilities.</p> <p>(d) Parents will be included in the planning and individualization for their child. This will be reflected on the child planning and progress reports, home visit reports, parent teacher conference forms, and PBS's.</p> <p>(e) The Disabilities Manager for Rutland County Head Start will be referred to as the Education/Disabilities Program Manager.</p> <p>Rutland County Head Start has a budget line item for disabilities.</p> <p>(f) Rutland County Head Start will inform families of the LEA screening dates.</p>	<p>Leadership Team</p> <p>Leadership Team EDPM</p> <p>Teachers/TAs</p> <p>Leadership Team</p> <p>Teachers/TAs EDPM HPM</p> <p>Teachers/TAs</p> <p>EDPM</p> <p>EDPM Teachers/TAs</p>	<p>Annually</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(1) Procedures for timely screening:</p> <p>(2) Procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday.</p> <p>(3) Assurances of accessibility of facilities</p> <p>(4) Plans to provide appropriate special furniture, equipment and materials if needed.</p> <p>(g) The plan, when appropriate, must address strategies for the transition of children into Head Start from infant/toddler program (0-3 years), as well as the transition from Head Start into the next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.</p> <p>(h) The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and those related services:</p> <p>(1) Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provisions of needed rehabilitative services such as speech and language therapy and auditory training to make best use of</p>	<p>(1)Rutland County Head Start completes a standardized, norm, referenced screening (ESI-R)on all children who are not screened by the LEA. The screening is completed within 45 days of enrollment.</p>	<p>Teachers/TAs</p>	<p>Ongoing</p>
	<p>(2)When staff and or families suspect a need for special education services, a screening is conducted and results are submitted to the Education/Disabilities Program Manager. Referrals will be made based on this information.</p>	<p>Teachers/TAs EDPM</p>	<p>Ongoing</p>
	<p>Parents will be informed of their parental rights and given information about parent advocacy agencies and support.</p>	<p>EDPM Teachers/TAs</p>	<p>Ongoing</p>
	<p>(3)Each site will be handicap accessible. Accommodations will be made to include children and families with special needs.</p>	<p>HPM EDPM</p>	<p>Ongoing</p>
	<p>(4)Rutland County Head Start works with LEAs to provide correct adaptive equipment which will be meet the needs of children with disabilities.</p>	<p>EDPM</p>	<p>Ongoing</p>
	<p>(g)Rutland County Head Start maintains written Interagency Agreements with service area LEAs which include provisions for transitioning children with disabilities into each program as required.</p>	<p>Director EDPM</p>	<p>Ongoing</p>
	<p>Rutland County Head Start has a representative on CIS, Early Intervention Team to maintain an interagency relationship which supports the transitioning of children from Early Intervention to Head Start.</p>	<p>EDPM FSPM Teachers/TAs</p>	<p>Ongoing</p>
	<p>Each child transitioning into Kindergarten will have a transition portfolio.</p>	<p>Teachers/TAs</p>	<p>End of Program Year Ongoing</p>
	<p>(h)Rutland County Head Start staff participate in the IEP process initiated by the LEAs.</p> <p>Staff create a "least restrictive learning environment" for children using the IEP as a guide in planning daily activities.</p>	<p>EDPM Teachers/TAs</p> <p>Teachers/TAs</p>	<p>Ongoing</p>
	<p>A Positive Behavior Support Plan (PBS) will be developed for children who display delays or atypical behaviors yet are not eligible for EEE services.</p>	<p>EDPM HPM Teachers/TAs</p>	<p>As needed</p>
	<p>(1)Each child will receive a hearing screening within the first 45 days of enrollment into the program.</p>	<p>FSS HPM</p>	<p>Within 45-days</p>
	<p>Any child who demonstrates a hearing loss will be referred to a Primary Care Physician for further evaluation and/or services.</p>	<p>HPM Teachers/TAs</p>	<p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>remaining hearing; speech conservation; lip reading; determination of need for hearing aids; and programs for prevention of hearing loss;</p> <p>(2) Physical therapy to facilitate gross motor development in activities such as walking prevent or slow orthopedic problems and improve posture and conditioning.</p> <p>(3) Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;</p> <p>(4) Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;</p> <p>(5) Psychological services such as evaluation of each child's functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;</p> <p>(6) Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices if required; and</p> <p>(7) Assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communicate to meet the objectives in the IEP.</p>	<p>(2)In accordance with the IEP and recommendations from other service providers.</p> <p>(3)In accordance with the IEP and recommendations from other service providers.</p> <p>(4)In accordance with the IEP and recommendations from other service providers.</p> <p>(5)The Mental Health Consultant and Case Managers are utilized when a child has been identified as being in need of mental health services. Program modifications and activities for children with special behavioral needs are developed by a multidisciplinary team.</p> <p>(6)Rutland County Head Start staff assist families in making arrangements for children to be transported to other agencies when a child requires services which cannot be provided at the Head Start site.</p> <p>(7)Rutland County Head Start will arrange for, provide or procure services as identified in an IEP.</p>	<p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>Teachers/TAs MH Consultant</p> <p>EDPM Teachers/TAs</p> <p>Teachers/TAs EDPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>1308.4(i)</p> <p>(1) The disabilities plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.</p> <p>1308.4(j)</p> <p>The options may include:</p> <p>(1) Joint placement of children with other agencies;</p> <p>(2) Shared provision services with other agencies;</p> <p>(3) Shared personnel to supervise special education services, when necessary to meet State requirements on qualifications;</p>	<p>(1)(2)Coordinated Services Meetings to identify placement, provisions and accommodations.</p> <p>(3)Rutland County Head Start will provide developmentally appropriate placements with LEA support and supervision of special education services.</p>	<p>Teachers/TAs</p> <p>EDPM</p>	<p>As needed</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(4) Administrative accommodations such as having two children share an enrollment slot when each child's IEP calls for part-time service because of their individual needs;</p> <p>(5) Any other strategies to be used to insure that special needs are met. These may include: (i) Increased staff (ii) Use of volunteers; and (iii) Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff.</p> <p>(k) The grantee must ensure that the disabilities service plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special Education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year.</p> <p>(l) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional office. The agreements must address: (1) Head Start participation in the public agency's Child Find under Part B of IDEA; (2) Joint training of staff and parents; (3) Procedures for referral for evaluations, IEP meetings and placement decisions;</p> <p>(4) Transitions</p>	<p>(4)Accommodations will be made when two children share an enrollment slot.</p> <p>(5)Work with the Foster Grandparent Program, local colleges, RSVP, High Schools, and other community agencies to incorporate volunteers into the program to assist with daily activities.</p> <p>(ii)Volunteers complete required applications, record checks, and release forms. (iii)Volunteer training takes place in developmentally appropriate practices as well as special health and developmental needs of the children to ensure volunteers have appropriate expectations.</p> <p>(k)All special education services will be supervised by the LEA, most commonly known as EEE (Early Essential Education) in the State of Vermont, in accordance with Vermont statutes.</p> <p>Rutland County Head Start will work with the LEA to provide comprehensive services to children with disabilities. This will include participation in the child's evaluation plan and IEP development. These items are outlined in each Interagency Agreement with the LEAs.</p> <p>(l)Rutland County Head Start has Interagency Agreements with seven supervisory unions.</p> <p>(1)LEA Interagency Agreements contain provisions for Rutland County Head Start to participate in annual Child Find.</p> <p>(2)LEA Interagency Agreements contain provisions for joint trainings between LEA and Rutland County Head Start. Rutland County Head Start provides training for parents based on interests and needs.</p> <p>(3)Policy ID:DSO2 in Policies and Procedures Manual has been developed</p> <p>(4)Transition meetings will be held for children transferring in and out of Head Start.</p> <p>Transition Portfolios</p>	<p>Leadership Team</p> <p>FSPM</p> <p>FSPM EDPM</p> <p>EDPM Teachers/TAs</p> <p>EDPM</p> <p>EDPM</p> <p>Program Managers</p> <p>Program Managers</p> <p>Teachers/TAs EDPM</p> <p>Teachers/TAs EDPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Prior to starting placement.</p> <p>Ongoing</p> <p>Ongoing</p> <p>November</p> <p>Ongoing</p> <p>Ongoing</p> <p>As needed</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(5) Resource sharing;</p> <p>(6) Head Start commitment to provide number of children receiving services under IEP's to the LEA for the LEA child count report by December 1 annually;</p> <p>(7) Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.</p> <p>(m) The disabilities coordinator must work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served; and that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.</p> <p>(n) The grant application budget form and supplement submitted with applications for funding must reflect requests for adequate resources to implement the objectives and activities in the disability services plan an fulfill the requirement of these Performance Standards.</p> <p>(o)The budget request included with the application for funding must address the implementation of the disabilities service plan. Allowable expenditures include:</p> <p>(1) Salaries. Allowable expenditures include salaries of a full or part-time coordinator of services for children with disabilities (disabilities coordinator), who is essential to assure that programs have the core capability to recruit, enroll, arrange for the evaluation of children, provide or arrange for services to children with disabilities and work with Head Start coordinators and staff of other agencies that are working cooperatively with the grantee. Salaries of special education resource teachers who can augment the work of the regular teachers are an allowable expenditure.</p>	<p>(5)Interagency Agreements include sharing of resources.</p> <p>(6)Child Count information will be sent to the LEA prior to the December 1st date.</p> <p>(7)Each Interagency Agreement is reviewed and updated annually with each LEA.</p> <p>(m)The annual budget includes a line item for special needs.</p> <p>(n)As needed, make provisions in the budget to accommodate children's special needs based on the population currently being served by Rutland County Head Start.</p> <p>Use existing resources within the community.</p> <p>(o)Budget will be informed by the information on the Self Assessment, PIR, Community Assessment and other data.</p> <p>(1)Employment of a full time Education/Disabilities Program Manager.</p>	<p>EDPM FSPM</p> <p>EDPM</p> <p>Director EDPM</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Ongoing</p> <p>November 30</p> <p>Annually</p> <p>Ongoing</p> <p>Annually</p> <p>Annually</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(2) Evaluation of Children. When warranted by screening and rescreening results, teacher observation or parent request, arrangements must be made for evaluation of the child's development and functioning. If, after referral for evaluation to the LEA, evaluations are not provided by the LEA, they are an allowable expenditure.</p> <p>(3) Services. Program funds may be used to pay for services which include special education, related services, and summer services deemed necessary on an individual basis and to prepare for serving children with disabilities in advance of the program year.</p> <p>(4) Making services accessible. Allowable costs include elimination of architectural barriers which affect the participation of children with disabilities, in conformance with 45 CFR Part 84, Non-discrimination on the basis of Disability in Program and Activities Receiving or Benefiting from Federal Financial Assistance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101). The Americans with Disabilities Act requires that public accommodations including private schools and day care centers may not discriminate on the basis of disability.</p> <p>Physical barriers in existing facilities must be removed if removal is readily achievable (i.e. easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing the services must be offered, if those methods are readily achievable. Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered areas (and the bathroom, telephones, and drinking fountains serving that area) added accessibility costs are not disproportionate to the overall cost of the alterations. Program funds may be used for ramps, remodeling, or modifications such as grab bars, or railings. Grantee must meet new statutory and regulatory requirements that are enacted.</p> <p>(5) Transportation. Transportation is a related service to be provided to children with disabilities. When transportation to the</p>	<p>(2)If the LEA does not provide an evaluation after a referral, Rutland County Head Start refers children to the Vermont Child Development Clinic.</p> <p>(3)Annual budget contains a line item for special education related services.</p> <p>(4)Rutland County Head Start complies with Federal ADH requirements</p> <p>(5)Arrangements will be made for disability transportation.</p>	<p>EDPM</p> <p>Director</p> <p>HPM</p> <p>EDPM FSPM</p>	<p>As needed</p> <p>Ongoing</p> <p>As needed</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>program site and to special services can be used. When it is not available, program funds are to be used to provide it. Special buses or use of taxis are allowable expenses in there are not alternatives available and they are necessary to enable a child to be served.</p> <p>(6) Special equipment and Materials. Purchase or lease of special equipment and materials for use in the program and home is an allowable program expense. Grantee must make available assistive devices necessary to make it possible for a child to move, communicate, improve functioning or address objectives which are listed in the child's IEP.</p> <p>(7) Training and Technical Assistance. Increasing the abilities of staff to meet the special needs of children with disabilities is an allowable expense. Appropriate expenditures may include but are not limited to:</p> <p>(i) Travel and per diem expenses for disabilities coordinators, teachers, and parents to attend trainings and technical assistance events related to special services for children with disabilities.</p> <p>(ii) The provision of substitute teaching staff to enable staff to attend training and technical assistance events;</p> <p>(iii) Fees for courses specifically related to the requirements of the disabilities service plan, a child's IEP or State certification to serve children with disabilities; and</p> <p>(iv) Fees and expenses for training/technical assistance consultants if such help is not available from another provider at no cost.</p> <p>Subpart C-Social Services Performance Standards 1308.5 Recruitment and Enrollment of Children With Disabilities.</p> <p>(a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.</p> <p>(b) A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101)</p>	<p>(6)The annual budget contains a line item for disabilities, materials and equipment.</p> <p>(7)The annual budget contains provisions to support special education services including but not limited to specialized training, travel expenses, staffing and consultation fees.</p> <p>(a)Rutland County Head Start participates with LEAs in annual Child Find and participates in Children's Integrated Services to identify children who would benefit in Head Start services.</p> <p>(b)Training is provided on non-discrimination on the basis of a disability.</p>	<p>Director</p> <p>Director</p> <p>FSPM EDPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c) A grantee must not deny placement on the basis of a disability or its severity to any child when:</p> <ol style="list-style-type: none"> (1) The parents wish to enroll the child, (2) The child meets the Head Start age and income eligibility criteria, (3) Head Start is an appropriate placement according to the child's IEP, and (4) The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities. <p>(d) The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP is not denied enrollment because of:</p> <ol style="list-style-type: none"> (1) Staff attitudes and or apprehensions; (2) Inaccessibility of facilities; (3) Need to access additional resources to serve a specific child; (4) Unfamiliarity with a disabling condition or special equipment, such as prosthesis; and (5) Need for personalized special services such as feeding suctioning, and assistance with toileting, including catheterization, diapering, and toilet training. <p>(e) The same policies governing Head Start program eligibility for other children, such as priority for those most in need of services, apply to children with disabilities.</p> <p>Grantees also must take the following factors into account when planning enrollment procedures</p> <ol style="list-style-type: none"> (1) The number of children with disabilities in the Head Start service area including types of disabilities and their severity. 	<p>(c)(1-4) Selection criteria is used to prioritize child placement.</p> <p>Selection criteria adhere to OHS recruitment priorities. A minimum of 10% of enrollment is reserved for children with special needs.</p> <p>(d)Rutland County Head Start collaborates with school district EEE programs for developmental placements of Head Start children in inclusionary classrooms. Children are not denied enrollment based on their disabilities and families receive necessary assistance to meet entrance requirements.</p> <p>(e)Rutland County Head Start adheres to OHS enrollment priorities. Selection criteria is reviewed and approved by the governing bodies.</p> <p>(1)Placement of children is reviewed by the Leadership Team to ensure that all applicable requirements are met.</p>	<p>All staff</p> <p>FSPM</p> <p>EDPM</p> <p>FSPM Governing Bodies</p> <p>Leadership Team</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annually</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1308.5 cont. (2) The services and resources provided by other agencies; and (3) State laws regarding immunizations of preschool children. Grantees must observe applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases.</p> <p>(f) The recruitment effort of a Head Start grantee must include recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.</p> <p>Subpart D- Health Services Performance Standards 1308.6 Assessment of Children (a) The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps: (1) All children enrolled in Head Start are screened as the first step in the assessment process, (2) Staff also carry out ongoing developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities; (3) Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the next step, evaluation. The disabilities coordinator has primary responsibility for this third step, evaluation, only.</p> <p>(b) Screening, the first step in the assessment process consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed. (Items 1-3 addressed in the strategy, see 45 CFR 1308 for details.</p>	<p>(f)Rutland County Head Start recruitment efforts adhere to OHS enrollment priorities.</p> <p>(a)Recruitment staff regularly collaborate with outside agencies to identify children with disabilities who would benefit from Head Start.</p> <p>(1)Rutland County Head Start utilizes standardized, norm-referenced screening tools; ESI-R, DECA, hearing & vision.</p> <p>(2)Three assessments using Teaching Strategies Gold.</p> <p>(3)A formal referral is made to the LEA and other providers as necessary.</p> <p>(b)Health screenings (vision/hearing) are completed within the first 45 days of enrollment. EEE screenings are reviewed. Rescreening will be conducted as needed.</p>	<p>FSPM</p> <p>EDPM FSPM</p> <p>Teachers/TAs</p> <p>Teachers/TAs</p> <p>EDPM Teachers/TAs</p> <p>HPM FSS EDPM Teachers/TAs</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Within 45 days of enrollment</p> <p>3 times per year</p> <p>Ongoing</p> <p>Within 45 days</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c) Staff must inform parents of the types and purpose of the screening well in advance of the screening, the results of these screenings and the purpose and results of any subsequent evaluations.</p> <p>(d) Developmental assessment, the second step is the collection of information of each child's functioning in these areas; gross and fine motor skills; perceptual discrimination; cognition; attention skills; self-help skills; social and receptive skills and expressive language. The disabilities coordinator must coordinate with the education coordinator in the ongoing assessment of each Head Start child's functioning in all developmental areas by including this developmental information in later diagnostic and program planning activities for children with disabilities.</p> <p>(e) The disabilities coordinator must arrange for further evaluation of a child who has been identified as possibly having a disability, the third step.</p> <p>(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.</p> <p>(2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation using its own resources and accessing others. (See 45 CFR 1380 for requirements of the evaluation: item i-viii, All requirements are addressed in this strategy).</p> <p>(3) Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.</p> <p>(4) Confidentiality must be maintained in accordance with grantee and Head Start requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantee must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.</p> <p>(5) The multidisciplinary team provides the results of the evaluation and its professional opinion that the child does or does not need special education and related services to the disabilities coordinator. If it is</p>	<p>(c)Parents are informed at the time of enrollment of the screenings required by Head Start. The screening results will be reviewed and discussed with parents. Parents will sign a form indicating that screening results were shared with them.</p>	<p>Teachers/TAs</p>	<p>Program Year</p>
	<p>(d)Teachers (and BRSU Family Support Specialist) will keep ongoing observation records of each child which will be used in the assessment process. A variety of tools, including Teaching Strategies Gold, are used as checkpoints to assess ongoing developmental progress.</p>	<p>EDPM EECCs Teachers/TAs FSS (BRSU)</p>	<p>Program Year</p>
	<p>(e)(1)Referrals are made as needed.</p>	<p>EDPM Teachers/TAs</p>	<p>Ongoing</p>
	<p>(2)Alternative evaluation sources are sought when necessary, ensuring that they meet all criteria 1308.6(e)(i-viii).</p>	<p>EDPM</p>	<p>As needed</p>
	<p>(3)Families are required to sign a consent form.</p>	<p>Teachers/TAs</p>	<p>As needed</p>
	<p>(4)All files are held in the strictest confidentiality, and made available to families upon request. Agency policies regarding confidentiality and record keeping are adhered to.</p>	<p>RMHS Human Resources Dept EDPM-Teachers/TAs</p>	<p>As needed As needed</p>
	<p>Confidentiality Statements are signed by all staff.</p>	<p>All Staff</p>	<p>Annually</p>
	<p>(5)Parents are provided an opportunity to discuss child's evaluation with the appropriate providers.</p>	<p>EDPM HPM</p>	<p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and provide recommendations for programming, along with their findings. Only children whom the evaluation team determines need special education related services may be counted as children with disabilities.</p> <p>1308.7 Eligibility Criteria; Health Impairment. (a) A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning. (b) The health impairment classification may include, but is not limited to , cancer, some neurological disorder, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder. (c) This category includes medically fragile children such as ventilator dependant children who are in need of special education and related services. (d) A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior must affect the child’s functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category. (See 45 CFR 1380 pages 29 and 30 items (1)-(4) for specific details outlining criteria for classifying children with attention deficit disorder. These strategies reflect those details).</p> <p>1308.8 Eligibility Criteria: Emotional/Behavioral Disorders. (a) An emotional/behavioral disorder is a condition in which a child’s behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self care, educational progress, or classroom behavior. A child is</p>	<p>(a)Accommodations are made for children who have been determined by a health professional as health impaired.</p> <p>(d)Diagnoses are made by appropriate outside professionals. We develop and implement individual plans according to diagnosis.</p> <p>Make appropriate referrals for evaluations.</p> <p>(a)Referrals of children who exhibit atypical emotion or behavior are referred to appropriate professionals. Individual plans are created to address determined needs.</p>	<p>EDPM HPM Teachers/TAs</p> <p>HPM EDPM Teachers/TAs</p> <p>Teachers/TAs EDPM HPM</p>	<p>Ongoing</p> <p>As needed</p> <p>As needed</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity or duration as to require intervention.</p> <p>1308.9 Eligibility Criteria: Speech or Language Impairments. (a) A speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment, which adversely affects a child’s learning. (b) A child is classified as having a speech or language impairment whose speech is professionally diagnosed as having speech impairments which require interventions, or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention. (c) A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meaning (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatic). (d) A speech disorder occurs in the production of speech sounds, (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm or speech (fluency). (e) A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to: (1) Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or (2) Disorder of a temporary nature due to conditions such as a dental problem; or (3) Delays in developing the ability to articulate only the most difficult consonants or blend of sounds within the broad range for the child’s age.</p> <p>1308.10 Eligibility Criteria: Mental Retardation. (a) A child is classified as mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication, and play.</p>	<p>(a-e) All children suspected of speech and/or language impairment shall be referred to appropriate outside evaluators.</p> <p>(a-d) Program screens all children for intellectual disabilities using ESI-R (standardized norm-referenced, valid and reliable) developmental screening instrument. Any child suspected of having an intellectual disability based upon the evaluation tool shall be referred to the LEA for further evaluation.</p>	<p>EDPM HPM Teachers/TAs</p> <p>EDPM</p>	<p>As needed</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(b) Measurement of adaptive behavior must reflect objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.</p> <p>(c) Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.</p> <p>(d) Determination that a child is mentally retarded is never to be made on the basis of any one test alone.</p> <p>1308.11 Eligibility Criteria: Hearing Impairment Including Deafness.</p> <p>(a) A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing that has a permanent or fluctuating hearing impairment which adversely affects learning.</p> <p>(b) Meets the legal criteria for being hard of hearing established by the State of residence; or</p> <p>(c) Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired, listening skills, delayed language development, and articulation problems. Children meeting these criteria must be referred for medical care, have their hearing checked frequently and receive speech services, language services or hearing services as indicated by their IEP. As soon as special services are no longer needed, these children must no longer be classified as having a disability.</p> <p>1308.12 Eligibility Criteria; Orthopedic Impairment.</p> <p>(a) A child is classified as having an orthopedic impairment if the condition is severe enough to</p>	<p>(a-c) Program screens all children for hearing impairments.</p> <p>Child will be re-screened if suspected that screening result was not valid based on child's age and/or developmental ability. Any child suspected of having a hearing impairment will be referred to primary care physician.</p> <p>(a-b) Any child who is suspected to have an orthopedic impairment will be referred to primary care physician.</p>	<p>HPM EDPM</p> <p>HPM EDPM Teachers/TAs</p>	<p>Within 45 days of enrollment and Ongoing</p> <p>Within 45 days of enrollment</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>adversely affect a child’s learning. An orthopedic impairment involves muscles, bones, of joints and is characterized by impaired ability to maneuver in educational or non-educational settings, to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational performance.</p> <p>(b) An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.</p> <p>1308.13 Eligibility Criteria: Visual Impairment Including Blindness.</p> <p>(a) A child is classified as visually impaired when visual impairment, with correction, adversely affects a child’s learning. The term includes both blind and partially seeing children. A child is visually impaired if:</p> <p>(1) The vision loss meets the definition of legal blindness in the State of residence; or</p> <p>(2) Central acuity does not exceed 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20n degrees.</p> <p>(b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.</p> <p>1308.14 Eligibility Criteria: Learning Disabilities.</p> <p>(a) A child is classified as having a learning disability who has a disorder in one of more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling, or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.</p> <p>(See 45 CFR pp. 37-38 (b)-(c) for further details. All of those items are addressed in the strategy).</p>	<p>(a)(1)(2)(b)Program screens for visual impairment using a high tech visual screener endorsed by Prevent Blindness America. Any child who is suspected to have a visual impairment will be referred to primary care physician.</p> <p>(a-c)Program screens for learning disabilities using ESI-R Developmental Screening Instrument. Any child who is suspected to have a learning disability will be referred to LEA.</p>	<p>EDPM HPM FSS</p> <p>EDPM Teachers/TAs</p>	<p>Within 45 days of enrollment</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1308.15 Eligibility Criteria: Autism A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interactions, that is generally evident before age three and that adversely affects educational performance.</p> <p>1308.16 Eligibility Criteria: Traumatic Brain Injury. A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical force, or by an internal occurrence such as stroke or aneurysm with resulting impairments that adversely affect educational performance. The term included children with open or closed head injuries, but does not include children with brain injuries that are congenital are degenerative or caused by birth trauma.</p> <p>1308.17 Eligibility Criteria: Other Impairments. (a) The purpose of this classification, “other impairments,” are: (1) To further coordination with LEAs and reduce problems of recordkeeping; (2) To assist families in making the transition from Head Start to other placement; and (3) To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in the State.</p> <p>(b) If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are “preschool disabled”, and “in need of special education”, “educationally disabled”, and “non-categorically disabled”.</p> <p>(c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas; physical development, cognitive development, communication development, social or emotional development, or adaptive development, and</p>	<p>Reference 1308.14</p> <p>Reference 1308.14</p> <p>(a-e)If a child’s needs based upon a learning disability cannot be accommodated in the program, Head Start will assist in transitioning to an appropriate educational setting.</p>	<p>EDPM</p>	<p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.</p> <p>(d) Children who are classified as deaf-blind, whose concomitant hearing and visual impairment cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.</p> <p>(e) Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation, blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for recordkeeping purposes.</p> <p>1308.18 Disabilities/Health Services Coordination.</p> <p>(a) The grantee must ensure that the disabilities coordinator and the health coordinator work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.</p> <p>(b) The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety and abuse.</p> <p>(c) Each Head Start director or designee must supervise the administration of all medication including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements. (See CFR 45 1308 pp. 42 item (d) 1-4 for specifics on the dispersing of medications, these items area addressed in the strategy).</p> <p>1308.19 Developing Individualized Education Programs (IEP).</p> <p>See 45 CFR 1308 pp. 43-47 items (a)-(k) for details pertaining to the development of an IEP; all of those details are addressed in the STRATEGY</p>	<p>(a)(b)The Education/Disabilities and Health Program Managers shall work closely together to make each other aware of any possible disabilities a child may have. An Individualized Health Plan (IHP) will be developed for children with health impairments. The Education/Disabilities and Health Program Managers meet regularly to review and follow up on outstanding health and special needs issues related to children.</p> <p>(c)The Health Program Manager has been designated by the director to carry out this function.</p> <p>For a child with disabilities, refer to Medication Administration Policies and Procedures HS09.</p> <p>Per Vermont Statute, IEPs are developed by LEAs.</p>	<p>HPM EDPM</p> <p>HPM Teachers/TAs EDPM</p>	<p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1308.20 Nutrition Services. (a) The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program. (b) Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists, or dieticians must be consulted on ways to assist Head Start staff and families of children with severe disabilities with problems of chewing, swallowing, and feeding themselves. (c) The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack time with classmates. (d) The plan for services for children with disabilities must address prevention of disabilities with a nutrition basis.</p> <p>1308.21 Parent Participation and Transition of Children into Head Start and from Head Start to public school. See 45 CFR 1308 pp. 50-51 for details, these details are addressed in the STRATEGY.</p>	<p>Rutland County Head Start has a Nutrition Consultant to assist with meeting the nutritional needs of children.</p> <p>When a child has a special nutritional need, Rutland County Head Start will consult with child's physician regarding special dietary needs. The Health Program Manager and Education/Disabilities Program Manager will work closely with the classroom teachers making any necessary adaptations to ensure that a child with special nutritional needs participate in all meal and snack times with peers.</p> <p>Refer to Transition Plan in Policies and Procedures Manual DS07.</p>	<p>HPM</p> <p>EDPM HPM Teachers/TAs</p> <p>EDPM FSPM Teachers/TAs</p>	<p>Ongoing</p> <p>Ongoing</p>

E.R.S.E.A. PLAN



*Eligibility, Recruitment, Selection, Enrollment, Attendance

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1305.3 Determining Community Strengths and Needs.</p> <p>a. Each Early Head Start and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or federally recognized Indian reservation. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe' governing council. Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation.</p> <p>b. The grantee's service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and, except in situations where a near-reservation designation or other expanded service area has been approved for a Tribe, does not overlap with that of other Head Start grantees.</p> <p>c. Each Early Head Start and Head Start grantee must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:</p> <ol style="list-style-type: none"> 1. The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition; 2. Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each; 	<p>RCCHS serves Rutland County. However, the primary concentration is Rutland City. This is identified in the grant application.</p> <p>(b)RCCHS submits its grant application to the Office of Head Start.</p> <p>(c)RCCHS conducts a Community Assessment. The data that is gathered and analyzed is from multiple sources that include, but are not limited to:</p> <p>Kids Count Data Book (State Profiles) Vermont Indicators On Line (Town Profiles) Child Development Division The US Census</p>	<p>Director Policy Council Governing Board</p> <p>Director Policy Council Governing Board</p> <p>Director Leadership Team Policy Council Governing Board</p>	<p>Annually</p> <p>Annually Due October 1</p> <p>Every three years Updated every year</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>3. The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provide to these children by community agencies;</p> <p>4. Data regarding the education, health, nutrition, and social service needs of Head Start eligible children and their families;</p> <p>5. The education, health, nutrition, and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;</p> <p>6. Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.</p> <p>d. The Early Head Start and Head Start grantee and delegate agency must use information from the Community Assessment to:</p> <ol style="list-style-type: none"> 1. Help determine the grantee’s philosophy, and its long-range and short-range program objectives; 2. Determine the type of component services that are most needed and the program options or options that will be implemented; 3. Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area. 4. If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency. 5. Determine appropriate locations for centers and the areas to be served by home-based programs; and 6. Set criteria that define the types of children and families who will be given priority for recruitment and selection. <p>e. In each of the two years following completion of the Community Assessment, the grantee agency must conduct a review to determine whether there have been significant changes in the information described in paragraph (b) of this section.</p>	<p>(d)Through the process of gathering and analyzing the data from the Community Assessment and the program Self Assessment, RCHS’s program objectives are developed, the program options, the recruitment areas that will be served, and the selection criteria that will prioritize the children to be served.</p> <p>(e)Each year RCHS reviews the Community Assessment and updates as needed based on changes within the community.</p>	<p>Director Leadership Team Policy Council Governing Board</p> <p>Director Leadership Team Policy Council Governing Board</p>	<p>Annually</p> <p>Annually Beginning in February</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>If so, the Community Assessment must be updated and the decisions described in paragraph (c) of this section must be reconsidered.</p> <p>f. The recruitment area must include the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire service area.</p> <p>g. In determining the recruitment area when it does not include the entire service areas, the grantee must:</p> <ol style="list-style-type: none"> 1. Select an area or areas that are among those having the greatest need for Early Head Start or Head Start services as determined by the Community Assessment; and 2. Include as many Head Start eligible children as possible within the recruitment area, so that: <ol style="list-style-type: none"> i) The greatest number of Head Start eligible children can be recruited and have an opportunity to be considered for selection and enrollment in the Head Start program, and ii) The Head Start program can enroll the children and families with the greatest need for its services. <p>1305.4 Age of Children and Family Income Eligibility.</p> <p>a. To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. Examples of such exceptions are programs serving children of migrant families and Early Head Start Programs.</p> <p>b. <ol style="list-style-type: none"> 1. At least 90 percent of the children who are enrolled in each Head Start program must be from low-income families. 2. Except as provided in paragraph (b)(3) of this section, up to ten percent of the children who are enrolled may be children from families that exceed the low income guidelines but who meet the criteria that the program has established for selection such children and who would benefit from Head Start services. </p>	<p>(f)(g)RCHS recruits within Rutland County with the exception of the Mount Holly area which is serviced by Windsor County due to demographics. The primary service area is Rutland City. If families living outside of Rutland County are interested in attending a RCHS site, waivers will be sought from the appropriate parties.</p> <p>(i)(ii)RCHS recruits children with the greatest need based on the selection criteria and the Head Start Act of 2007.</p> <p>(a)Children must be three by September 1st (beginning of the program year) to enroll in the program. Children who turn three in the middle of the program year, may be enrolled when there are no other children on the waiting list with greater needs. Children who will be going onto Kindergarten and are recruited after January 1 will be given priority.</p> <p>(b)(1)At least 90 percent of children enrolled in RCHS are from low-income families. No more than 35 percent of children enrolled in RCHS are from families with income between 100-130 percent of federal poverty guidelines.</p> <p>(b)(2)RCHS has a maximum of 14 slots available, if needed, for over income families (over 130% of FPL). Income eligible families are given priority.</p>	<p>FSPM</p> <p>FSPM</p> <p>FSPM</p> <p>FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>September 1 Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>3. A Head Start program operated by an Indian Tribe may enroll more than ten percent of its children from families whose incomes exceed the low-income guidelines when the following conditions are met:</p> <p>I) All children from Indian and non-Indian families living on the reservation what meet the low-income guidelines who wish to be enrolled in Head Start are served by the program:</p> <p>II) All children from income-eligible Indian families native to the reservation living in non-reservation areas, approved as part of the Tribe’s service area, who with to be enrolled in Head Start are served by the program. In those instances in which the non-reservation area is not served by another Head Start program, the Tribe must serve all of the income-eligible Indian and non-Indian children whose families wish to enroll them in Head Start prior to serving over-income children.</p> <p>III) The Tribe has the resource within its Head Start grant or from other non-Federal sources to enroll children form families whose incomes exceed the low-income guidelines without using additional funds from HHS intended to expand Head Start services; and</p> <p>(iv) At least 51 percent of the children to be served by the program are from families that meet the income-eligibility guidelines.</p> <p>4. Programs which meet the conditions of paragraph (b) (3) of this section must annually set criteria that are approved by the Policy Council and the Tribal Council for selection over-income children who would benefit from such a program.</p> <p>a. The family income must be verified by the Head Start program before determining that a child is edible to participate in the program.</p> <p>b. Verification must include examination of any of the following: Individual Income Tax Form 1040, W-2 Forms, pay stubs, pay envelopes, written statements from employers, or documentation showing current status of public assistance.</p> <p>c. A signed statement by an employee of the Head Start program, identifying which of these documents was examined and stating that the child is eligible to participate in the program, must be maintained to indicate that income verification has been made.</p>	<p>N/A</p> <p>N/A</p> <p>(a)RCHS documents families’ eligibility on the Eligibility Verification Form. Income must be verified before a child is considered income eligible. See Policies and Procedures Manual, ERSEA.</p> <p>(b)RCHS verifies income from the sources listed.</p> <p>(c)RCHS staff sign the Eligibility Verification Form. The Income Verification Form is filed in the child’s Family Development File.</p>	<p>FSPM FSS</p> <p>FSPM FSS FSPM</p>	<p>Before enrollment Ongoing</p> <p>Recruitment Visit</p> <p>Recruitment Visit</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1305.5 Recruitment of Children</p> <p>a. In order to reach those most in need of Head Start services, each Head Start grantee and delegate agency must develop and implement a recruitment process that is designed to actively inform all families with Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, the use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.</p> <p>b. During the recruitment process that occurs prior to the beginning of the enrollment year, a Head Start program must solicit applications from as many Head Start eligible families within the recruitment areas as possible. If necessary, the program must assist families in filling out the application form in order to assure that all information needed for selection is completed.</p> <p>c. Each program, except migrant program, must obtain a number of applications during the recruitment process that occurs prior to the beginning of the enrollment year that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.</p>	<p>(a)RCHS conducts recruitment activities throughout the program year. The program maintains a Recruitment Calendar to document recruitment activities. In the Spring, staff canvas the local community distributing flyers about the program. Each site holds an Open House for the community. Radio advertisements and local newspaper advertisements. Referrals are solicited from families. Local Agencies and Health Professionals make referrals for children. Building Bright Futures Web Site-Child Care Providers Listings (with current openings). Staff attend local agency fairs. Staff participate with LEAs in the local Child Find process. Informational flyers posted at various agencies.</p> <p>(b)Staff assists families in the process of completing the Head Start application.</p> <p>(c)RCHS conducts recruitment activities to obtain applications prior to the next program year. The program determines the number of applications that are needed for the next year at the end of the current program year. A process of selecting those with the greatest need is in place.</p>	<p>FSPM FSSs Teachers/TAs Leadership Team</p> <p>Teachers/TAs</p> <p>FSPM</p>	<p>Ongoing</p> <p>Before Enrollment In Program</p> <p>Annually</p>
<p>1305.6 Selection Process</p> <p>a. Each Head Start program must have a formal process for establishing selection criteria and for selection children and families that considers all eligible applicants for Head Start services. The selection criteria must be based on those contained in paragraphs (b) and (c) of this section.</p> <p>b. In selecting the children and families to be served, the Head Start program must consider the income of eligible families, the age of the child, the availability of kindergarten or first grade to the child, and the extent to which a child or family meets the criteria that each program is required to establish in Sec. 1305.3(c)(6). Migrant programs must also</p>	<p>(a)(b)RCHS selection criteria are developed from the data collected in the Self-Assessment and the Community Assessment. Based on Head Start Act 2007, the program selects those with the greatest needs, who are income eligible and have met the program criteria based on Head Start Act 2007.</p>	<p>FSPM Policy Council Governing Board</p>	<p>Annually-spring</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>give priority to children from families whose pursuit of agricultural work required them to relocate most frequently within the previous two-year period.</p> <p>c. At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for children with disabilities in Sec. 1305.2 (a). An exception to this requirement will be granted only if the responsible HHS official determines, base on such supporting evidence as he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individualized Education Plan (IEP). Or Individualized Family Service Plan (IFSP), with services provided directly by Head Start to Early Head Start or in conjunction with other providers.</p> <p>d. Each Head Start program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program’s selection criteria to assure that eligible children enter the program as vacancies occur.</p> <p>1305.7 Enrollment and Re-enrollment</p> <p>a. Each child enrolled in an Head Start program, except those enrolled in a migrant program, must be allowed to remain in Head Start until Kindergarten or First Grade is available for the child in the child’s community, except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child’s family income and there is a child with a greater need for Head Start services.</p> <p>b. A Head Start grantee must maintain its funded enrollment level. When a program determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. A program may elect not to fill a vacancy when 60 calendar days or less remain in the program’s enrollment year.</p>	<p>(c)RCHS recruits at a minimum 10 percent of its funded enrollment of 146 children. Referrals are received from EEE, VT. Dept. Of Health, VNA, Health Care Providers, DCF (Family Services, Economic Services), Children’s Integrated Services (Early Intervention).</p> <p>(d)RCHS maintains a waiting list ranked in order of highest need.</p> <p>(a)Once a child is enrolled in RCHS they remain in the program until they are able to attend Kindergarten in the area they reside in.</p> <p>(b)The FSPM monitors enrollment and reports monthly to the Office of Head Start. The waiting list is utilized to fill the vacant slot. Part year programs may elect not to fill a vacancy when less than 60 calendar days remain in the program year. When a vacancy occurs in a full day, full year option and less than 60 calendar days remain in the program year, the vacancy will be filled.</p>	<p>FSPM FSS</p> <p>FSPM</p> <p>FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>August Ongoing</p> <p>Ongoing</p> <p>Monthly</p>

PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>(c)If a child has been found income eligible and is participating in a Head Start program, he or she remains income eligible throughout that enrollment year and the immediately succeeding enrollment year. Children who are enrolled in a program receiving funds under the authority of section 645A of the Head Start Act (programs for families with infants and toddlers, or Early Head Start) remain income eligible while they are participating in the program. When a child moves from a program serving infants and toddlers to a Head Start program serving children age three and older, the family income must be verified. If one agency operates both an Early Head Start and a Head Start program and the parents wish to enroll their child who has been enrolled in the agency's Early Head Start program, the agency must ensure, whenever possible, that the child receives Head Start services until enrolled in school.</p> <p>1305.8 Attendance</p> <p>a. When the monthly average daily attendance rate in a center-based program falls below 85 percent, a Head Start program must analyze the causes of absenteeism. The analysis must include a study of the pattern of the absences for each child, including the reasons for absences as well as the number of absences that occur on consecutive days.</p> <p>b. If the absences are a result of illness or if they're well documented absences for other reasons, no special action is required. If, however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the program must initiate appropriate family support procedures for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child's parents. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family as well as special family support service activities provided by program staff must be documented.</p> <p>c. In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or a different program option, the child's slot must be considered an enrollment vacancy.</p>	<p>(c)Children remain income eligible while participating in the program, once eligibility is verified. When a sibling enters the program the income verification must be re-verified for the sibling.</p> <p>(a)RCHS utilizes a web-based database to track attendance. All classrooms complete an attendance sheet daily. Receptionist enters classroom attendance into the database, and submits attendance sheets to the Administrative Assistant weekly. The Web based database calculates the average daily attendance; a report is generated to Policy Council and the Leadership Team.</p> <p>(b)See Attendance Policy (ERSEA-07) and Attendance Monitoring (ERSEA-08) in the Policies and Procedures Manual.</p> <p>(c)RCHS may choose to fill the vacancy, when the family is not able to continue in the program.</p>	<p>FSPM FSSs</p> <p>Teachers/TAs Administrative Assistant FSPM</p> <p>Teachers/TAs FSS FSPM</p> <p>FSPM</p>	<p>Ongoing</p> <p>Weekly Ongoing Monthly</p> <p>Daily After 3 absences Ongoing weekly</p> <p>Ongoing</p>

Transportation Plan



PERFORMANCE STANDARD OBJECTIVE	STRATEGY	PERSON RESPONSIBLE	TIMELINE
<p>1310.10 General</p> <p>(a) Each agency must assist as many families as possible who need transportation in order for their children to attend the program in obtaining that transportation</p> <p>(b)When an agency has decided not to provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from its activities. The specific types of assistance being offered must be made clear to all prospective families in the program’s recruitment announcements.</p> <p>(c)Each agency providing transportation services is responsible for compliance with the applicable requirements of this Part. When an agency provides transportation through another organization or an individual, the agency must ensure the compliance of the transportation provider with the requirements of his part.</p> <p>(d)Each agency providing transportation services must ensure that each vehicle used in providing such services is equipped with:</p> <ol style="list-style-type: none"> 1. A communication system to call for assistance in case of an emergency; 2. Safety equipment for use in an emergency, including a charged fire extinguisher that is properly mounted near the driver’s seat and a sign indicating its location; 3. A first aid kit and sign indicating the location of such equipment; and 4. A seat belt cutter for use in an emergency evacuation and a sign indicating its location. <p>(e) Each agency providing transportation services must ensure that any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order and are inspected as part of the annual inspection required under Sec. 1310.13(a) of this subpart.</p>	<p>(a/b) RCHS assists families in the following ways: providing information about public transportation such as The Bus; rideshare; Medicaid transportation, etc. The program works on an individual basis with families in identifying internal and external supports within the family and close support networks in obtaining transportation assistance. This process begins during recruitment.</p> <p>(c/d)RCHS staff conducts bus ride observations. During these observations, a Transportation Services Checklist is completed. This checklist outlines the following requirements indicated in 1310.10 (d).</p> <p>(d)(1-4) Buses provided for field trips are equipped with the following:</p> <ol style="list-style-type: none"> 1. Two way radios 2. Fire extinguishers 3. First aid kits and a sign indicating its location 4. A seat belt cutter and a sign indicating its location <p>(e)N/A</p>	<p>All Staff</p> <p>HPM Site Supervisors</p> <p>HPM Collaborative and Contract Transportation Service Providers</p>	<p>Ongoing</p> <p>One time per program year</p> <p>Ongoing</p>

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<p>(f) Each agency providing transportation services must ensure that all accidents involving vehicles that transport children receiving such services are reported in accordance with applicable State requirements.</p> <p>(g) Each agency must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian. This regulation applies when children are not transported and are picked up from the classroom, as well as when they are dropped off by a vehicle. Agencies must maintain lists of the persons, including alternates in case of emergency, and up-to-date-child rosters must be maintained at all times to ensure that no child is left behind, either at the classroom or on the vehicle at the end of the route.</p> <p>1310.11 Child Restraint Systems Effective January 20, 2004, each agency providing transportation services must ensure that each vehicle used to transport children receiving such services is equipped for use of height and weight appropriate child safety restraint systems.</p> <p>1310.12 Required Use of School Buses or Allowable Alternate Vehicles. (a)Effective January 18, 2006 each agency providing transportation services must ensure that children enrolled in its program are transported in school buses or allowable alternate vehicles that are equipped for use of height and weight appropriate child restraint systems and that have reverse beepers. As provided in 45 CFR 1310.2(a), this paragraph does not apply to transportation services to children served under the home-based option for Head Start and Early Head Start. (b) Effective February 20, 2001, each head</p>	<p>(f)An internal RCHS Event Report will be completed within 24 hours of accident. State of Vermont, Early Childhood Program Licensing Regulations shall receive a written report within two working days of an incident or injury that required the services of a medical professional while the child was in attendance during a field trip.</p> <p>(g)RCHS does not provide transportation to and from the program.</p> <p>(a)School buses are utilized for transporting children on field trips.</p> <p>(b)RCHS does not provide transportation to and from school. Therefore, no funds will be requested to purchase vehicles. This applies to 1310.12 (b. 1- c,b)</p>	<p>HPM Collaborative and Contract Transportation Service Providers</p> <p>HPM</p>	<p>Ongoing</p> <p>Ongoing</p>

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<p>start and Early Head Start agency receiving permission from the responsible HHS official to purchase a vehicle with grant funds for use in providing transportation services to children in its program or a delegate agency's program must ensure that the funds are used to purchase a vehicle that is either a school bus or an allowable alternate vehicle and is equipped</p> <p>1310.13 Maintenance of Vehicles Each agency providing transportation services must ensure that vehicles used to provide such services are maintained in safe operating condition at all times. The organization operating the vehicle must implement procedures for: (a) a thorough safety inspections of vehicle at least on an annual basis through an inspection program licensed or operated by the State; (b) a systematic preventative maintenance on such vehicles; and (c) daily pre-trip inspections of by the driver</p> <p>1310.14 Inspection of new vehicles at the time of delivery 1310.15 Operation of Vehicles Each agency providing transportation services, either directly or through an arrangement with another organization or an individual, to children enrolled in its program must ensure that: (a) On a vehicle equipped for use of such devices, any child weighing 50 pounds or less is seated in a child restraint system appropriate to the height and weight of the child while the vehicle is in motion. (b) Baggage and other items transported in the passenger compartment are properly stored and secured and the aisles remain clear and the doors and emergency exits remain unobstructed at all time. (c) Effective January 20, 2004, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary, such as when needed to accommodate the needs of the children with disabilities. As provide in 45 CFR 1310.2(a), this paragraph</p>	<p>Contracted service providers maintain vehicles in accordance with State of Vermont, Motor Vehicle Regulations as follows: (a/b) All buses are inspected by a facility endorsed by the State of Vermont to conduct school bus inspections. These inspections occur three times per year; spring; summer; fall/winter.</p> <p>(c) All drivers conduct pre-trip inspections in accordance with State of Vermont School Bus Driver – Part VII – Vehicle Maintenance.</p> <p>(a) Child restraint systems are on all buses used by RCHS for field trips.</p> <p>(b) Backpacks with first aid kits are stored appropriately, ensuring aisles and emergency exits remain clear.</p> <p>(c) Bus monitors are on buses at all times. Teachers and teacher assistants act as monitors on field trips.</p>	<p>HPM</p> <p>HPM</p> <p>HPM</p> <p>HPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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<p>does not apply to transportation services to children served under the home-based option for head Start and Early head Start.</p> <p>(d) Except for bus monitors who are assisting children, all vehicle occupants must be seated and wearing height-and-weight appropriate safety restraints while the vehicle is in motion.</p> <p>1310.16 Driver Qualifications</p> <p>(a) Each agency providing transportation services must ensure that persons who drive vehicles used to provide such services, at a minimum:</p> <ol style="list-style-type: none"> 1. In States where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class, as the vehicle the driver will be operating. 2. Meet any physical, mental and other requirements established under applicable law or regulations as necessary to perform job-related functions with any necessary reasonable accommodations. <p>(b) Each agency providing transportation services must ensure that there is an applicant review process for use in hiring drivers, that applicants for driver positions must be advised of the specific background checks required at the time application is made, and that there are criteria for the rejection of unacceptable applicants. The applicant review procedure must include, at a minimum:</p> <ol style="list-style-type: none"> 1. All elements specified in 45 CFR 1304.5(b) with additional disclosure by the applicant of all moving traffic violations, regardless of penalty; 2. A check of the applicants driving record through the appropriate State agency, including a check of the applicant's record throughout the national Driver Register, if available in the State; and 3. after conditional offer of employment to the applicant and before the applicant begins work as 	<p>(d) All passengers, except for bus monitors who are assisting children are seating, wearing appropriate safety restraints.</p> <p>(a-c) All drivers are CDL certified with a School Bus Endorsement as outlined in the State of Vermont Agency of Transportation, Department of Motor Vehicles. RCHS does not employ bus drivers. Transportation services are provided contracted services</p> <p>All drivers are CDL certified with a School Bus Endorsement as outlined in the State of Vermont Agency of Transportation, Department of Motor Vehicles. Drivers must demonstrate skills 1-7 outlined in 1310.17 (b) before being granted licensure. Drivers conduct daily pre-trip inspections as set forth by Part IV – Vehicle Maintenance.</p> <p>(b) RCHS does not hire or employ bus drivers. Contracted service providers hire and conduct all applicable background checks and ensure that the individual has the physical ability to perform job related functions.</p>	<p>HPM</p> <p>HPM</p> <p>HPM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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<p>a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.</p> <p>(c) As provided in 45 CFR 1310.2 (a), this section does not apply to transportation services to children served under the home-based option for Head Start and Early Head Start.</p> <p>1310.17 Driver and Bus Monitor Training</p> <p>(a) Each agency providing transportation services must ensure that persons employed to drive vehicles used in providing such services will have received the training required under paragraphs (b) and (c) of this section no later than 90 days after the effective date of this section as established by Sec 1310.2 of this part. The agency must ensure that drivers who are hired to drive vehicles used in providing transportation services after the close of the 90-day period must receive the training required under paragraphs (b) and (c) prior to transporting any child enrolled in the agency's program. The agency must further ensure that at least annually after receiving the training required under paragraphs (b) and (c), all drivers who drive vehicles used to provide such services receive the training required under paragraph (d) of this section.</p> <p>(b) Drivers must receive a combination of classroom instruction and behind-the-wheel instruction sufficient to enable each driver to:</p> <ol style="list-style-type: none"> 1. Operate the vehicle in a safe and efficient manner 2. Safely run a fixed route, including loading and unloading children, stopping at railroad crossings and performing other specialized driving maneuvers; 3. Administer basic first aid in case of injury; 4. Handle emergency situations, 	<p>(a-e)RCHS does not employ bus drivers and does not provide day to day transportation. RCHS contracts services for field trips only.</p>		

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<p>4. including vehicle evacuation procedures;</p> <p>5. Operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;</p> <p>6. Conduct routine maintenance and safety checks of the vehicle; and</p> <p>7. Maintain accurate records as necessary</p> <p>(c) Drivers must also receive instructions on the options listed in 45CFR 1304.52(k)(1). (2) and (3)(i) and the provisions of the Head Start Program performance Standards for Children with Disabilities (45 CFR 1308) relating to transportation services for children with disabilities.</p> <p>(d) Drivers must receive refresher training courses including the topics listed in paragraphs (b) and (c) of this section and any additional necessary training to meet the requirements applicable in the State where the agency operates.</p> <p>(e) Each agency providing transportation services must ensure that the drivers who transport children receiving the services qualify under the applicable driver training requirements in its State.</p> <p>(f) Each agency providing transportation services must ensure that:</p> <p>1. The annual evaluation of on-board observation of road performance and;</p> <p>Before bus monitors assigned to a vehicles used to provide such services begin their duties they are trained on child boarding and exiting procedures, use of child restraint systems, any required paperwork, responses to emergencies, emergency evacuation procedures, use of special equipment, child pick-up and release procedures and pre- and post-trip vehicle check.</p>	<p>(f)(1)RCHS conducts an annual bus ride observation during a field trip. RCHS conducts a bus monitor training annually.</p>	<p>HPM</p>	<p>Annually</p>

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<p>Subpart C-Special Requirements</p> <p>1310.20 Trip Routing</p> <p>(a) Each agency providing transportation services must ensure that in planning fixed routes the safety of the children being transported is the primary consideration</p> <p>(b) The agency must also ensure that the following basic principles of trip routing are adhered to:</p> <ol style="list-style-type: none"> 1. The time a child is in transit to and from the Head Start of Early Head Start program must not exceed one hour unless there is not shorter route available or any alternative shorter route is either unsafe or impractical. 2. Vehicles must not be loaded beyond the maximum passenger capacity at any time. 3. Vehicles must not be required to make “U” turns, except when necessary for reasons of safety or because of physical barriers. 4. Stops must be located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle. 5. When possible, stops must be located to eliminate the need for children to cross the street or highway to board or leave the vehicle. 6. If children must cross the street before boarding or after leaving the vehicle because curbside drop off or pick up is impossible, they must be escorted across the street by the bus monitor or another adult. 7. Specific procedures must be established for use of alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line 	<p>(a)(b)RCHS does not provide transportation, therefore, trip routing is not conducted.</p>		

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<p>8. breaks, or emergency road closing. In selecting among alternatives, transportation providers must choose routes that comply as much as possible with the requirements of this section.</p> <p>1310.21 Safety Education (a) Each agency must provide training for parents and children in pedestrian safety. The training provided to children must be developmentally appropriate and an integral part of program experiences. The need for an adult to accompany a preschool child while crossing the street must be emphasized in the training provided to parents and children. The required transportation and pedestrian safety education of children and parents, except for the bus evacuation drills, required by paragraph (d) of this section, must be provided within the first thirty days of the program year. (b) Each agency providing transportation services, directly through another organization or an individual, must ensure that children who receive such services are taught:</p> <ol style="list-style-type: none"> 1. Safe riding practices; 2. Safety procedures for boarding and leaving the vehicle. 3. Safety procedures in crossing the street to and from the vehicle at stops 4. Recognition of the danger zones around the vehicle; and 5. Emergency evacuation procedures, including participating in an emergency evacuation drill on the vehicle the child will be riding. <p>(c) Each agency providing transportation services must provide training for parents that:</p> <ol style="list-style-type: none"> 1. emphasizes the importance of escorting to the vehicle stop and the importance of reinforcing the training provided to children regarding safety; and 2. compliments the training provided to their children so that safety 	<p>(a-e)RCHS provides parents with pedestrian safety during orientation and/or registration. Bus evacuations are conducted during every field trip.</p>	<p>HPM FSPM FSS and Teachers</p>	<p>Within the first 30 days of a child's enrollment and ongoing</p>

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<p>3. practices can be reinforced both in Head Start and at home by the parent. (d) Each agency providing transportation services must ensure that at least two bus evacuations drills in addition to the one required under paragraph (b) (5) of this section are conducted during the program year.</p> <p>(e) Each agency providing transportation services must develop activities to remind children of the safety procedures. These activities must be developmentally appropriate, individualized and be an integral part of the Head Start or Early Head Start program activities.</p> <p>1310.22 Children with disabilities</p> <p>(a) Effective January 18, 2006 each agency must ensure that there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head start or Early Head Start Program.</p> <p>(b) Each head Start, early Head start and delegate agency must ensure compliance with the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), the HHS regulations that 45 CFR part 84, implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and the Head Start program Performance Standards on Services for Children with Disabilities (45 CFR part 1308), as they apply to transportation services.</p> <p>©Each agency must specify any special transportation requirements for a child with a</p>	<p>(e)RCHS incorporates safety education into classroom plans.</p> <p>(a)(b)During field trips, children with disabilities are transported in the same vehicles used to transport all other children in accordance with all applicable Federal and State Laws and in accordance with Individual Education Plans or Individual Family Service Plans.</p>	<p>All Staff</p> <p>FSPM HPM EDPM</p>	<p>Ongoing</p> <p>Ongoing</p>

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<p>disability when preparing the child’s Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), and ensure that in all cases special transportation requirements in a child’s IEP or IFSP are followed, including:</p> <ol style="list-style-type: none"> 1. special pick-up and drop off requirements. 2. special seating requirements; 3. Special equipment needs; 4. Any special assistance that may be required; and 5. any special training for bus drivers and monitors. <p>1310.33 Coordinated transportation</p> <p>(a) each agency providing transportation services must make reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.</p> <p>(b) At a minimum, the agency must:</p> <ol style="list-style-type: none"> 1. identify the true costs of providing transportation in order to knowledgeably compare the costs of providing transportation directly versus contracting for the service; 2. explore the option of participating in any coordinated public or private transportation systems existing in the community; and 3. where not coordinated public or private non-profit transportation system exists in the community, make every effort to identify other human services agencies also providing transportation service and where reasonable, to participate in the establishment of a local transportation coordination council. 	<p>(a)(b)RCHS attempts to coordinate transportation service with other transportation services as found in the best interest of the families that we serve.</p>	<p>HPM FSPM EDPM</p>	<p>Ongoing</p>

Child Outcomes Plan



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<p>case of preschool children, accomplishments in the 8 domains and 13 required elements/indicators?</p>	<p>and to support continuous quality improvement.</p> <p>Parents are made full partners in this process, establishing Education Goals for their children in tandem with the Teaching Staff, at a minimum four times annually. Progress towards the desire Outcomes is reported to parents, at a minimum, two times annually. Policy Groups are also included in this process through the use of reports and presentations.</p> <p>This integrated process, which begins upon Enrollment and the initial Home Visit, continues through Group Lesson Planning & Individualization, Ongoing Observations & Work Examples, and a Child Development Assessment, culminates with the collection of statistical data that can then be analyzed as required by the ACYF-IM-HS-00-18.</p> <p>Supportive Documents & Resources:</p> <ul style="list-style-type: none"> ▪ The Domains Based Written Curriculum Plan & Resource Guide ▪ The Education Services Manual – Systems for Tracking & Monitoring Education Services Delivery ▪ Child Development Outcomes Measurement – An Integrated Services Approach ▪ The Parent Handbook on Child Development Outcomes Measurement ▪ Creative Curriculum Developmental Continuum 	<p>Teachers/TAs</p>	<p>3 Times Per Year</p>