

Head Start Monthly Report January 2025

Conduct of Responsibilities –

Each Head Start agency shall ensure the sharing of accurate and regular information for use by the **Governing Body and Policy Council**, about program planning, policies, and Head Start agency operations, including:

- (A) Monthly financial statements, including credit card expenditures;
- (B) Monthly program information summaries
- (C) Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
- (D) Monthly reports of meals and snacks provided through programs of the Department of Agriculture;
- (E) The financial audit;
- (F) The annual self-assessment, including any findings related to such assessment;
- (G) The communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates;
- (H) Communication and guidance from the Secretary;

In accordance with the New Head Start performance Standards that went into effect on November 7, 2016:

1301.2 (b) Duties & Responsibilities of the Governing Body -

(1) The governing body is responsible for activities specified at section 642©(1)€ of the Head Start Act.

(2) The governing body must use ongoing monitoring results, data on school readiness goals, and other information described in 1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.

Please see Program Information Summary & attachments to this monthly report for monitoring reports.

In response to the child health & safety incidents, the administrative team prepared for the RAN review (Risk Assessment Notification) process culminating in December. The program volunteered for TTA in the form of a Grantee Specialist who will visit the program in the future. Administration utilized all resources available to provide training to staff as a group and for some, individually. Multiple case conferences were conducted with teaching teams and families to address classroom behaviors. Director utilized budgetary resources to purchase physical safety equipment for the facility including cameras for the classrooms.

The Director delegated DAZL entry to the HS Secretary and DQ Secretary. Both individuals attended training at the A site.

Met with Key to Recovery Home Visitor, Owner, and MH Manager to discuss expectations for the intensive home based service mechanism. Director completed the Governance Screener with the Board. Director completed the MH Manager's annual evaluation. New phones were installed throughout the Ed Complex Head Start program.

District affiliated events Director participated in include: Board meetings, Custodial Meetings, Meetings w/ Superintendent, Meetings with Treasurer's office,

Community affiliated events Director participated in include: No Wrong Door, FCFC

External committees / meetings affiliated with Head Start – Weekly Directors meetings, OHSAL Executive Board, OHSAL Futures Group, OHSAL quarterly meeting,

Internal committees / meetings – Policy Council meetings, Administrative meetings, staff concerns,

Trainings provided –

Coaching provided –

Training received –

A. Monthly Financial Statements including credit card expenditures: \$805.88

12/20/24	\$257.50	MC Fairgrounds	Family Event
12/12/24	\$85.43	La Carreta	Policy Council
12/18/24	\$462.95	American Airlines	A. Esser

*Not Head Start Funds

B. Program Information Summary

Education – 1 st parent teacher conferences completed

Mental Health – Increased severe behaviors during the month

Health – see attached report

Disabilities – Continue referring children to Child Find

Family Engagement – Holiday Event at Fairgrounds

C. Enrollment / Attendance

November cumulative enrollment was reported at 123.

Enrollment by Program Option:

Half Day PY Head Start	24
Full Day School Year Ed Complex	80
Full Day School Year Rockford	16

Attendance by Program Option: Overall = 82.66%

Half Day PY Head Start	77.96
Full Day School Year Ed Complex	86.35
Full Day School Year Rockford	75.19

D. CACFP report – CACFP claimed meals

Month Served	December 2024
Total Days Attendance	All sites - 11 days
Total Breakfast	941
Total Lunches	1048
Total Snacks	838
Total Meals	2827

E. Financial Audit –

F. Annual Self-Assessment

- Completed May 2024

G. Community Assessment

H. Communication and guidance from the Secretary – see attached

**Attachments to report: Underenrollment letter, HSPPS Service Plans Subpart D
Recruitment Plan
Health Report**

Respectfully submitted,

Amy Esser
Executive Director



Amy Esser <amy.esser@mercerheadstart.org>

Chase Mastercard stmt

message

Kara Ransbottom <kara.ransbottom@celinaschools.org>
to: Amy Esser <amy.esser@mercerheadstart.org>

Fri, Jan 3, 2025 at 12:11 PM

Hi Amy. Chase Mastercard for HS.

Total Travel Activity				\$2,803.00
AMY ESSER 5563-7580-0004-9788	CREDITS \$0.00	PURCHASES \$805.88	CASH ADV \$0.00	TOTAL ACTIVITY \$805.88
ACCOUNTING CODE:				
Purchasing Activity				
Post Date 12-20	Tran Date 12-19	Reference Number 55548504355187441045749	Transaction Description MERCER COUNTY FAIRGROU CELINA OH	Amount 257.50

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Continued on next page

INDIVIDUAL CARDHOLDER ACTIVITY				
Purchasing Activity				
Post Date	Tran Date	Reference Number	Transaction Description	Amount
Total Purchasing Activity				\$257.50
Travel Activity				
Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-12	12-11	25247804348002048018283	LA CARRETA CELINA OH	85.43
12-18	12-17	59174204932113978410214	AMERICAN 0012198888299 FORT WORTH TX ESSER/AMY DEPART: 01-28-25 P.O.S.: SALES TAX: \$0.00 DAY AA O DCA AA N DAY	462.95
Total Travel Activity				\$548.38

Kara Ransbottom
AP/AR Specialist
Celina City Schools
419-586-8300 ext 1005

HEAD START - 2024 GRANT

525-9924

	FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING
Federal Revenue	2,158,505.00	-	2,158,505.00	1,772,305.10	386,199.90
CACFP Revenue	-	100,000.00	100,000.00	101,105.52	(1,105.52)
Other Local	-	-	-	-	-
Refund prior year exp	-	-	-	-	-
Board advance	-	-	-	-	-
Total	2,158,505.00	100,000.00	2,258,505.00	1,873,410.62	385,094.38

EXPENSES

	FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE
Salary	976,269.00	-	976,269.00	983,718.34	(7,449.34)	-	(7,449.34)
Fringe Benefits	661,023.00	-	661,023.00	537,202.26	123,820.74	5,377.23	118,443.51
USAS (400's)	213,486.00	-	213,486.00	132,350.29	81,135.71	6,916.74	74,218.97
USAS (500)	234,912.00	58,687.00	293,599.00	209,053.22	84,545.78	17,838.82	66,706.96
Capital Outlay	-	-	-	-	-	-	-
Other Expenditures	5,270.00	-	5,270.00	6,025.80	(755.80)	-	(755.80)
PA22 subtotal	2,090,960.00	58,687.00	2,149,647.00	1,868,348.91	281,297.09	30,132.79	251,164.30

Training & Technical Services

Training & technical serv (job code 400)	419	32,835.00	22,966.20	9,868.80	5,374.00	4,494.80
Staff out of town travel	439	22,068.00	16,698.41	5,369.59	1,243.60	4,125.99
Subtotal Purch Service		54,903.00	39,664.61	15,238.39	6,617.60	8,620.79

Training & Tech Supplies

Subtotal Supplies		2,642.00	(1,155.64)	3,797.64	778.65	3,018.99
		2,642.00	(1,155.64)	3,797.64	778.65	3,018.99

T&TA -PA20

		57,545.00	38,508.97	19,036.03	7,396.25	11,639.78
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Return of Board Advance

		-	-	-	-	-
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TOTALS

		58,687.00	2,207,192.00	1,906,858.88	300,333.12	37,529.04	262,804.08
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TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES

(33,448.26)

Federal Grant Expenditures
1,805,753.36

33,448.26

2025

HEAD START -2024 GRANT

525-9924

	FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING
Federal Revenue	2,158,505.00	-	2,158,505.00	-	2,158,505.00
CACFP Revenue	-	100,000.00	100,000.00	-	100,000.00
Other Local	-	-	-	-	-
Refund prior year exp	-	-	-	-	-
Board advance	-	-	-	-	-
Total	2,158,505.00	100,000.00	2,258,505.00	-	2,258,505.00

EXPENSES

	FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE
Salary	550,504.00	-	550,504.00	82,416.78	468,087.22	-	468,087.22
Fringe Benefits	388,357.00	-	388,357.00	47,558.95	340,798.05	500.00	340,298.05
Programming	114,823.00	-	114,823.00	3,745.47	111,077.53	30,209.07	80,868.46
Supplies	50,705.00	58,687.00	109,392.00	-	109,392.00	21,564.88	87,827.12
Capital Outlay	-	-	-	-	-	-	-
Other Expenditures	-	-	-	2,000.00	(2,000.00)	1,200.00	(3,200.00)
PA22 subtotal	1,104,389.00	58,687.00	1,163,076.00	135,721.20	1,027,354.80	53,473.95	973,880.85

Training & Technical Services

Training & technical serv (job code 400)	419	-	-	924.20	(924.20)	4,685.00	(5,609.20)
Staff out of town travel	439	-	-	-	-	1,688.85	(1,688.85)
Subtotal Purch Service		-	-	924.20	(924.20)	6,373.85	(7,298.05)

Training & Tech Supplies

Subtotal Supplies		-	-	392.00	(392.00)	-	(392.00)
		-	-	392.00	(392.00)	-	(392.00)

T&TA -PA20

		-	-	1,316.20	(1,316.20)	6,373.85	(7,690.05)
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Return of Board Advance

		-	-	-	-	-	-
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Federal Grant
Expenditures
137,037.40

TOTALS

	1,104,389.00	58,687.00	1,163,076.00	137,037.40	1,026,038.60	59,847.80	966,190.80
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137,037.40

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES

(137,037.40)

October

CATEGORY	RATE	HOURS	TOTAL	COMMENTS
PC	48.83	7	341.81	
BOARD			752.8	
AT-HOME ACTIVITIES				
AA	21	81.75	1716.75	
CC	21	41.75	876.75	
CW	21	35.75	750.75	
LSL	21	28.25	593.25	
RF	21	28	588	
SSC	21	13.25	278.25	
TT	21	19	399	
TOTAL			5544.56	
PARENT VOLS	8	21	168	CSS
COMM VOLS	12.5	15.5	193.75	kitchen students
TOTAL			361.75	
DONATED GOODS			1536.22	CALL Donation
UTILITIES			2142	
ECE			8154	
MHC			1150	
TOTAL			12,595.22	
CCS SUPPORT				
SLP			5259.53	
IT			1163.73	
ASST TR I			506.34	
ASST TR II			373.09	
SUPT SEC			444.17	
CUSTODIAL			4949.54	
MAINTENANCE			1368.04	
TREASURER			657.37	
FRINGE			433.71	
BENEFITS			7769.67	
TOTAL			22904.66	
PG TOTAL			42,545.99	
YTD TOTAL			413,870.41	

Additional Filtering

Currently Enrolled ▼

Filter

View All

All Agencies ▼

All Sites ▼

All Classes ▼

Agency: All

Currently Enrolled= 118

406 - EPSDT status Report

	Up-To-Date	Not Up-To-Date
Anemia (HCT/HGB) (Mandated)	<u>73</u>	<u>45</u>
Blood Pressure (Mandated)	<u>94</u>	<u>24</u>
Dental	<u>82</u>	<u>36</u>
Growth (Mandated)	<u>108</u>	<u>10</u>
Hearing (Mandated)	<u>107</u>	<u>11</u>
Lead Screening (Mandated)	<u>88</u>	<u>30</u>
Physical (Mandated)	<u>116</u>	<u>2</u>
Vision (Mandated)	<u>105</u>	<u>13</u>

Up-to-Date / Not Up-to-Date on ALL Mandated Exams

Up-To-Date	Not Up-To-Date
<u>61</u>	<u>57</u>

Notes:

- 1- Numbers do not include unborn children
- 2- For Currently Terminated children, Up To Date status is calculated based on Termination Date (instead of Today's date). These children are marked with a RED asterisk in sub-reports.
- 3- If Class End Date is prior to Today's date, Up To Date status is calculated based on Class End Date (instead of Today's date). These children are marked with two RED asterisks in sub-reports.

Family Engagement Events**DOGS**

Month	Topic	Families Attended
September	*no event scheduled	
October	Pumpkin Decorating	10
November	Fire Safety & Station Tour	10
December	No DOGS due to family engagement event	
January	Science Experiments	Scheduled for 1/25/2025

MOMS

Month	Topic	Families Attended
September	At Home Activity & Nutrition (smoothies)	13
October	MVP Dairy Tour	18
November	Event cancelled due to no school	
December	No MOMs due to family engagement event	
January	Showing Kindness	Scheduled for 1/16/2025

Conscious Parenting

Month	Topic	Parents Attended
October	Composure	4
November	Assertiveness	0
January	Encouragement	Scheduled for 1/13/2025

Family Engagement Nights

Health Screening Day – 60 students

Meet the Teacher Day – 74 students

Trunk or Read Event – 19 students

December Celebration – 33 students

Other Activities and Events

The Great Apple Crunch

Rockford Playground Celebration

Blast Off Parenting Series (OSU Extension)

Operation Warm Winter Coats

Parent Interest Survey Results

Top Interests for parent education - Reported by Parents at enrollment

1. Conscious Discipline
2. How to Deal with Stress
3. How does my child learn / What games can I play with my child

MERCER COUNTY HEAD START RECRUITMENT PLAN

Month	Internal Strategy	External Strategy	Position Responsible	Costs	Objective	Outcome	Comments
January	Recruitment meeting		Director, MH Mgr, FAs	Neutral			
	Run returning eligible student & sibling report in COPA		IT Sec / Director / MH Mgr	Neutral	Provide updated list of children eligible for upcoming program year		
		Distribute marketing materials at local social service agencies and other entities identified.	FAs	Neutral	Saturate area with Head Start information		
February	Recruitment meeting		Director, MH Mgr, FAs				
	Facebook & website		HS Secretary	Neutral	Inform visitors that Head Start is taking referrals for upcoming program year		
	Begin applications for returning children and siblings (ECE apps included)		FAs	Neutral	Reach 25% enrollment with returning children (40 apps)		
		Recruitment presentations to WIC, JFS, Foundations – Lunch & Learn hosted onsite	Director, MH Mgr, FAs	\$100	Educate social service agencies on program		
	Identify locations for yard signs		FAs	Neutral	Marketing materials		
	Review enrollment packet forms		Director / FESM / HS Secretary	Neutral	Have updated information ready for staff		
March	Begin applications on new referrals		FAs	Neutral	Reach 50% enrollment (79 apps)		
	Recruitment Mtg		Director / MH Mgr / FAs				
		Provide school districts with flyers to be sent	HS Secretary	\$50	Identify younger siblings of school aged students throughout the county		

MERCER COUNTY HEAD START RECRUITMENT PLAN

	home with elementary students					
	Post flyers throughout the community.	FAS	\$250	Saturate the area with visual flyers with tags		
April	Continue to complete applications on new applicants	FAS	Neutral	60 % of enrollment complete (95 apps)		
	Recruitment Mtg	Director, MH Mgr, FAS				
	Week of the Young Child	All Staff		Bring awareness to local Head Start program		
	Parent flyers	Parents	\$50	Provide parents with flyers and info sheets to distribute among friends		
	Distribute Yard Signs	FAS, MH Mgr		Yard signs distributed to local businesses		
	Public Service announcements	Director		Provide articles to local newspapers		
May	Continue to complete applications on new applicants	FAS	Neutral	65 % enrollment complete 103 apps		
	Replenish flyers / posters throughout county agencies	FAS	Neutral	Keep information available & current		
	Low income housing applications	FAS	Neutral	Reach families in low income housing units		
	Recruitment mtg	Director, MH Mgr, FAS				
June	Contact local kindergarten +principals for	Director	Neutral	Obtain names of possible applicants		

MERCER COUNTY HEAD START RECRUITMENT PLAN

	children not ready for kindergarten								
	Recruitment Mtg		Director, MH Mgr, FAs					Identify applications started but not finished	
	Facebook boosts 4 weeks		HS Secretary	\$75				Reach qualified candidates via social media	
	Health Screening Day		HCSM	\$400					
	Print enrollment packets		Secretary	\$100					
	Class lists started								
July			Director, EM	Neutral					
		Staff & families participate in local parade	Mgrs, FAS, Driver	Salary costs				Advertise the program within the community	
		Public service announcements and paid advertising	FESM	\$300				Advertise the program in local paper	
	Health Screening Day		HCSM	\$400				Start enrollment	
	Continue completing enrollments & organize child files		FAS	Neutral				100% full enrollment	
	Collect physicals & dentals		FAs	Neutral				Meet requirements	
	Recruitment Mtg		Director, MH Mgr, FAS	Neutral					
August		Replenish flyers and posters at local social service agencies	FAs	\$50				Keep information available & current	
		Contact local JFS for foster care children	MH Mgr / Director	Neutral				Locate children in foster care placement	
		Kids Day at Fair	MH Mgr, FAS	\$150					
	Continue completing enrollments		FAs	Neutral				100% full enrollment, begin building wait list	

MERCER COUNTY HEAD START RECRUITMENT PLAN

September	Continue taking applications	FAS	Neutral	Children turning 3 after program year starts or children late for enrollment			
October	Recruitment meeting	Director, MH Mgr, FAS	Neutral				
	Continue taking applications	FAS	Neutral	Children turning 3 after program year starts or children late for enrollment			
November	Recruitment meeting	Director, MH Mgr, FAS	Neutral				
	Continue taking applications	FAS	Neutral	Children turning 3 after program year starts or children late for enrollment			
December	Recruitment meeting	Director, MH Mgr, FAS	Neutral				
	Continue taking applications	FAS	Neutral	Children turning 3 after program year starts or children late for enrollment			
	Recruitment meeting	Director, MH Mgr, FAS	Neutral				

Head Start Program Performance Standard Reference 1302 Program Operations	Head Start Act	Performance Standard	Action Plan	Policy / Procedure	Responsibility	Form
1302.1 – Overview	641A - 1) CONTENT OF STANDARDS- The Secretary shall modify, as necessary, program performance standards by regulation applicable to Head Start agencies and programs under this subchapter, 645 - The Secretary shall by regulation prescribe eligibility for the participation of persons in Head Start programs assisted under this subchapter 648 - Staff Qualifications and Development	This part implements these statutory requirements in Sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start, Early Head Start, American Indian and Alaska Native and Migrant or Seasonal Head Start programs. The part covers the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, these provisions do not narrow the scope or quality of services covered in previous regulations. Instead, these regulations raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.				

Subpart D – Health Program Services						
1302.40 Purposes		(a). A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.	MCHS provides high-quality health, oral health, mental health, and nutrition services that are developmentally & linguistically appropriate for children.	Health Program Services	HSM ECSD MHM	
		(b). A program must establish and maintain a Health and Mental Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.	The HSM coordinates and convenes the HSAC committee twice a year. The HSM recruits members of the health community as well as staff and parents to participate in the group. The MHM coordinates and convenes the MHSAC twice a year. The MHM recruits members of the mental health community, staff, and parents to participate in the group.	HSAC / MHSAC	HSM / MHM	

1302.41 Collaboration and communication with parents		<p>(a). For all activities described in this part, programs must collaborate with parents as partners in the health, mental health, and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health and mental health needs and development concerns in a timely and effective manner.</p>		Family Engagement Plan		
		<p>(b). At a minimum, a program must:</p> <p>(1). Obtain advance authorization from the parent or other person with legal authority for all health, mental health, and developmental procedures administered through the program or by contract or agreement, and maintain written documentation if they refuse to give authorization for health and mental health services; and,</p>	<p>At the time of enrollment, parents / guardians are educated / informed about the developmental procedures / screenings / assessments that will be administered throughout the program year. Parents will demonstrate authorization by completing the Permission for Program Services form.</p>	Permission for Program Services	Family Advocates	Permission for Program Services
		<p>(2). Share with parents the policies for health or mental health emergencies that require rapid response on the part of staff or immediate medical attention</p>	<p>Parents / guardians are provided a parent handbook at the time of enrollment which includes all</p>		Family Advocate	Parent Handbook

			emergency procedures.			
1302.42 Child health status and care		<p>(a). Source of health care (1). A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child’s ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.</p>	<p>During application and / or enrollment, Family Advocates as parent / guardian for the name of the family’s medical provider, dental provider, and medical coverage plan.</p>	On-going source of medical care & insurance	Family Advocate	Application
		<p>(2). If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.</p>	<p>If the family does not have a provider or coverage, the family advocate provides them with referrals and resource materials on how to obtain a provider or coverage.</p>	Referrals	Family Advocate	Family Partnership Agreement
		<p>(b). Ensuring up to date child health status. (1). Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exception noted in paragraph (b)(3) of this section, a program must:</p>				

		(i). Obtain determinations from health care and oral health care professionals as to whether or not the child is up to date on a schedule of age appropriate preventative primary medical, mental health, and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations from the local Health and Mental Health Services Advisory Committee that are based on prevalent community health problems, and	Per Ohio Department of Education guidelines, children must have a physical within 30 days of entry. Immunizations are required prior to acceptance to the program. Parents / guardians are strongly encouraged to have their child seen by a dentist within 90 days of entry.	Physical Health Exam Requirement Immunization status Dental Determination Dental Exam	Family Advocates	Physical Form / Well-child exam Immunization status Dental Determination Dental Exam
		(ii). Assist parents with making arrangements to bring the child up to date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up to date with parent consent as described in 1302.41 (b)(1).	Family advocates provide parents with information about immunizations and vaccinations as well as resources to obtain immunizations.	Immunization Status	Family Advocates	Referrals Parent Education
		(2). Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.	Vision and hearing screens are completed within 45 days of entry.	Vision and Hearing Screenings	HSM	Vision Screening Form Hearing Screening Form

		(3). If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.	NA			
		(4). A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, relevant developmental or mental health concerns and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health and Mental Health Services Advisory Committee.	During application and / or enrollment, family advocates interview parents completing a child's health history and nutrition assessment. The child's physical form also indicates any special dietary needs or allergies that may require a plan of action.	Enrollment Plan of Action	Family Advocate	Health History Nutrition Assessment Physical form
		(c). Ongoing care. (1). A program must help parents continue to follow recommended schedules of well-child and oral health care	Family Advocates will remind parents through the use of referrals for child well exams and dental exams as well as immunization dates. Family Advocates will provide families with information regarding preventative healthcare and	Dental Exam On-going accessible medical care & coverage	Family Advocates	Referrals Parent Ed Family Partnership Agreement

			support any goals established on the Family Partnership Agreement.			
		(2). A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new recurring developmental, medical, oral, or mental health concerns.	<p>Parents will be provided information and education on child development.</p> <p>Teaching staff observe children on a daily basis and document any notable concerns about development in the COPA and TSGOLD databases.</p> <p>A mental health consultant provides classroom observations and / or individual observations for children who display concerning behaviors.</p>	<p>Parent Education</p> <p>Case notes</p> <p>MH Observations Individual MH Observation</p>	<p>Family Advocate</p> <p>Education Staff</p> <p>Mental Health Staff</p>	<p>Parent Education</p> <p>COPA TS GOLD</p> <p>Classroom Observation Individual Observation</p>
		(3). A program must facilitate and monitor necessary oral health preventative care, treatment and follow-up, including topical fluoride treatment. In communities where	Parents are strongly encouraged to have their child seen by a dentist within 90	Dental Exam	Family Advocates	Dental Exam

		there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventative measures, and further oral health treatment as recommended by the oral health professional.	<p>days of entry into the program. If there is follow up needed indicated on the child's dental form, the program will facilitate that follow up through support to the family to ensure the child receives the dental care required.</p> <p>The HSM obtains information about natural fluoride levels in the area from the Health District. Tooth brushing occurs daily in the classroom using approved toothpaste that includes fluoride.</p>	<p>HSAC</p> <p>HSM</p> <p>Toothbrushing</p> <p>HSM</p>		<p>Family Advocate Teaching Staff HSM ECSD Mental Health Manager</p> <p>Referrals Family Partnership Agreements</p>
		(d). Extended follow-up care. (1). A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that	In the event that a child requires further diagnostic testing, evaluation, treatment, or follow – up, MCHS staff will provide support, referrals, and	<p>Referral for ETR</p> <p>Referral for Mental Health Observation</p>		

		may affect child's development, learning, or behavior.	assistance to ensure those needs are met.			
		(2). A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.	Referrals are tracked utilizing the COPA database. Releases of information are obtained to receive any plans not developed or originated by CCS Head Start, so that CCS Head Start may support those plans. Hard copy documents are kept in the child's physical file.	Referrals Health & Safety Monitoring Plan Family Engagement Plan Family Partnership Agreement	Family Advocate Teaching Staff HCSCM Ed Manager Mental Health Manager FESM	Referrals COPA Release of Information Family Partnership Agreement
		(3). A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.	Family Advocates refer families to resources in the community to assist with obtaining medications, aids, or equipment not covered by the family's insurance.	Referrals Family Partnership Agreement Payer of last resort	Family Advocate	Referrals Family Partnership Agreement Payer of last Resort Family Resource Guide

		(e) Use of funds. (1). A program must use program funds for the provision of diapers and formula for enrolled children during the program day.	NA			
		(2). A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.	CCS Head Start may be the payer of last resort when all other resources have been exhausted. Family Advocates must demonstrate this by referrals, case notes, and family partnership agreements.	Payer of Last Resort	Family Advocate MHM HSM Director	Referrals Family partnership Agreement Fiscal procurement procedures
1302.43 Oral health practices.		A program must promote oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.	Tooth brushing occurs daily in the classrooms. With the exception of an overall health concern whereas; toothbrushing in the classroom is prohibited or deemed unnecessary. Toothpaste is approved by and purchased by the HCSCM ensuring it contains safe level of	Tooth brushing	Education staff HSM	

			fluoride for preschool children.			
		<p>(a) Nutrition service requirements.</p> <p>(1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in 1302.31(e) (2).</p>	<p>During application / enrollment family advocates complete a nutritional assessment with parent / guardian on each child. At that time, family advocates collect information on the child's nutritional needs based on cultural preferences, allergy or disability.</p> <p>If the child requires a modified diet, the family advocate obtains a release of information from the parent identifying the specialist / physician who indicates / diagnoses the need for modified diet.</p> <p>The family advocate passes the release of information onto the Health & Safety Manager who then</p>	<p>Enrollment</p> <p>Release of Information</p> <p>Plan of Action</p> <p>Plan of Action</p>	<p>Family Advocate</p> <p>Family Advocate</p> <p>HSM</p> <p>HSM</p>	<p>COPA / Nutrition Assessment</p> <p>Release of Information</p> <p>Plan of Action</p>

			contacts the specialist / physician to obtain specific details about the child's need for a modified diet.	
			The HSM then collaborates with the specialist / physician and parent / guardian to develop a plan of action addressing the child's specific dietary needs.	Plan of Action
			Once the POA is completed the HSM then informs / trains all staff who come into contact with child to ensure child's dietary needs are met.	HCSM
			All meals are served family style ensuring that children play an active role in meal preparations, clean up, and communication during meal times.	Education Staff
				Family Style Dining

		<p>(2) Specifically, a program must:</p> <p>(i) Ensure each child in a program that operates for fewer than 6 hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs;</p> <p>(ii) Ensure each child in a program that operates for 6 hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day;</p> <p>(iii) Serve three to five -- year olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients, low in fat, sugar, and salt;</p>	<p>The HSM provides guidance and training to all cafeteria staff on meal preparation which includes portion sizes.</p> <p>Education staff receives training on family style dining and meal portion sizes annually.</p> <p>HSM monitors cafeteria staff and food preparation to ensure CCS Head Start maintains fidelity of guidance provided by USDA through CACFP.</p> <p>Children in part day programming receive breakfast and lunch in the am session and lunch and snack in the pm session.</p> <p>Children in full day programming receive breakfast, lunch, and snack.</p>	<p>CACFP Accountability</p> <p>Family Style Dining</p> <p>SERVSAFE</p> <p>CACFP Accountability</p>	<p>HSM Cafeteria Staff</p> <p>Teaching Staff ECSD</p> <p>HSM Cafeteria Staff</p> <p>Cafeteria Staff</p> <p>Teaching Staff</p> <p>HSM Registered Dietician</p>	<p>In-Service Training Form</p> <p>CACFP Monitoring</p> <p>Menus</p> <p>Menus</p>
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			Menus are regularly reviewed by HSM with the assistance of a registered dietitian ensuring foods served are predominantly fresh or frozen based upon availability.	Meal Planning	Head Cook	
		(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; (v) Ensure bottle – fed infants are never laid down to sleep with a bottle;	MCHS does not operate an EHS program			
		(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;	Children who arrive late to the center are provided a nutritious meal upon arrival.	CACFP Accountability	Education Staff Cafeteria Staff	Meal Count
		(vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;	MCHS does not operate a home-based option.			
		(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breast feed	Family Advocates promote breastfeeding to our pregnant mothers. Space is	Promote Breastfeeding	Family Advocates HSM	Parent Education

		during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,	available at the center if a parent requires a private location to breastfeed.			
		(ix) Make safe drinking water available to children during the program day.	Drinking fountains are available to children throughout the facility. Water is always available for children and encouraged throughout the day.	Safe Drinking Water	Education Staff Cafeteria Staff HSM	
		(b) <u>Payment sources.</u> A program must use funds from USDA Food, Nutrition, and Consumer Services Child Nutrition programs as the primary source of payment for meal services. Head Start funds may be used to cover those allowable costs not covered by the USDA.	MCHS applies for and participates in the USDA CACFP program to cover costs associated with nutrition and food.	CACFP Enrollment	HSM	CACFP Grant Application
1302.45 Supports for mental health and well-being		(a) <u>Program-wide wellness supports.</u> To support a program – wide culture that promotes mental health, social and emotional well – being, and overall health and safety, a program must use a multidisciplinary approach that: (1) Coordinates supports for adult mental health and well-being, including engaging in nurturing and responsive relationships with	MCHS utilizes Conscious Discipline, a research-based social emotional approach in classroom management to support positive social emotional well-being of staff and children.	Social Emotional Approach	Mental Health Manager ECSD Education Staff Director	

		<p>families, engaging families in home visiting services, and promoting staff health and wellness, as described 1302.93.</p> <p>(2) Coordinate supports for positive learning environments for all children; supportive teacher practices; and strategies for supporting children with social, emotional, behavioral, or mental health concerns;</p> <p>(3) Secures ongoing mental health consultation services and examines the approach mental health consultation on an annual basis to determine if it meets the needs of the program.</p> <p>(4) Ensures mental health consultation services are available at a frequency of at least once a month.</p> <p>(i) if a mental health consultant is not available to provide services at least once a month, programs must use other licensed mental health professionals or behavioral health support specialists certified and trained in their profession or recognized by their Tribal governments, such as peer specialists, community health workers, promoters, traditional practitioners, or behavioral health aides, to ensure mental health supports are available on at least a monthly basis.</p> <p>(ii). If the program uses other licensed mental health professionals or behavioral health support</p>	<p>MCHS contracts with local mental health provider(s) for Mental Health Consultation.</p> <p>The Mental Health Manager in conjunction with the ECSD and Mental Health Consultant provide coaching plans as well as professional development options for education staff to increase skills and knowledge in the classroom.</p> <p>The Director ensures ample funding through the budget to provide ample availability of Mental Health Consultative services throughout the program year. The intended model for MHC is to have a MHC onsite at least 4 days a week</p>	<p>MH Framework Request for MH Consultation</p> <p>Contracts</p>	<p>Mental Health Manager</p> <p>Mental Health Consultant</p> <p>Director</p> <p>Family Advocate</p>	<p>Mental Health Classroom Observation Forms IPDP Behavioral Contract Teacher Worksheet</p> <p>Budget</p> <p>Parent Education</p>
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		<p>specialists, the program must ensure their regular coordination and consultation with mental health consultation.</p> <p>(5) Ensure that all children receive adequate screening and appropriate follow up and the parent receives referrals about how to access services for potential social emotional, behavioral, or other mental health concerns, as described in 1302.33</p> <p>(6) Facilitates multidisciplinary coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement, and health services.</p> <p>(7) Build community partnerships to facilitate access to additional mental health resources and services, as needed, including through the Health and Mental Health Services Advisory Committee in 1302.40.</p>	<p>to support classrooms, staff, children, and families with high needs. As need decreases the availability of the MHC will decrease from daily to weekly always exceeding the minimum requirement of monthly availability. As long as funding is available to cover the costs of licensed social workers with early childhood experience and skills, the program will only contract with such professionals.</p>	<p>Parent Education</p>	<p>Director Mental Health Manager</p>	<p>MOU</p>	<p>Parent Permission for Program Services</p>	<p>ASQ-SE / DECA</p>
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				<p>MCHS educates parents at the time of enrollment and throughout the program year about the importance of the positive mental health for the child and family. Parents / guardians are informed of mental health services available to them and informed about the classroom mental health observations. Parents provide permission for mental health services at enrollment through the parent permission for program services form. Prior to enrollment, children are screened utilizing the ASQ-SE. Once enrolled within 30 days, a DECA is completed as an additional screening tool.</p>			
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			The Director and Mental Health Manager partner with multiple mental health providers in the community to ensure access to effective services.			
		(b) <u>Mental health consultants.</u> A program must ensure that mental health consultants provide consultation services that build the capacity of adults in an infant or young child's life to strengthen and support the mental health and social and emotional development of children, including consultation with any of the following : (1) The program to implement strategies that promote a program-wide culture of mental health, prevent mental health challenges from developing, and identify and support children with mental health and social emotional concerns; (2) Child and family services staff to implement strategies that build nurturing and responsive relationships and create positive learning environments that promote the mental health and social emotional development of all children,	MCHS contracts with local mental health provider(s) for Mental Health Consultation. MCHS partners with multiple mental health providers to ensure families and children have a variety of resources available to them. MCHS collaborates with mental health providers through a Memorandum of Understanding that outlines the responsibilities of the mental health consultant and the Head Start program.	Contracts	Director Mental Health Manager	MOU

		<p>(3) Staff who have contact with children to understand and appropriately respond to prevalent child mental health concern, including internalizing problems such as appearing withdrawn; externalizing problems such as behavior concerns; and, how exposure to trauma and substance use can influence risk;</p> <p>(4) Families and staff to understand mental health and access mental health interventions or supports, if needed, including in the event of a natural disaster or crisis;</p> <p>(5) the program to implement policies to limit suspension and prohibit expulsion as described in 1302.17; and,</p> <p>(6) the program to support the well-being of children and families involved in any significant child health, mental health, or safety incident described in 1302.102(d)(1)(ii).</p>	<p>Mental Health Consultants are encouraged to attend Conscious Discipline training to ensure a continuity of services and philosophy towards social emotional well – being throughout the program.</p> <p>Mental Health Consultants support teaching staff with supportive and positive learning environments through the use of classroom implementation plans and / or coordination with coaching services.</p> <p>Mental Health Consultants are available to provide in-service training or guidance to all staff when addressing behavior concerns in the classroom or mental health</p>	<p>Preventing Expulsion Temporary Suspension Request for MH Consultant</p>	<p>Mental Health Manager Mental Health Consultant</p>	<p>Behavioral Contract Teacher Worksheet Targeted Intervention Planning Form Family Child Support Plan</p>
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			concerns in the home. Mental Health Consultants are utilized during parent events to provide information about mental health services available in the area as well as developmentally appropriate expectations for children.	Parent Education	Family Advocate HSM MH Mgr	Parent Education Family Strength Assessment
1302.46 Family support services for health, nutrition, and mental health		(a) <u>Parent collaboration.</u> Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition, and mental health education support services that are understandable to individuals, including individuals with low health literacy.	Parents have numerous opportunities to receive and / or participate in educational resources on a variety of topics. During enrollment and throughout the relationship between the program and families, Family Advocates with assess a parent's "health knowledge" and provide	Parent Education	Family Advocate HSM MH Mgr	Parent Education Family Strength Assessment

			appropriate level of education required.	Parent Education	MH Mgr Family Advocates	Parent Education Meeting agendas Event Sign-in sheets
		<p>(b) <u>Opportunities.</u></p> <p>(1) Such collaboration must include opportunities for parent to:</p> <p>(i) Learn about preventative medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; (ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar – sweetened beverages, and how to select and prepare nutritious foods that the family's nutrition and food budget needs</p> <p>(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health, including depression, anxiety, and substance abuse concerns;</p> <p>(iv) Discuss information related to their child's mental health with staff, typical and atypical behavior and development, and how to appropriately respond to their child</p>	<p>Family Advocates, Teachers, and Managers provide education on a variety of topics through several venues. Family advocates may provide pamphlets of information during home visits. Family Advocates may provide instructional videos during home visits. Various topics are covered during POPs meetings and parent events. Speakers and instructors may be contracted to discuss a certain topic for parent education.</p> <p>Family Advocates are responsible to ensure families receive information on the following topics throughout the program year. Documentation</p>	Parent Education	MH Mgr Family Advocates	Parent Education Meeting agendas Event Sign-in sheets

		and promote their child's social and emotional development; and, (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.	can be found on the Parent Education form or Case Notes. Preventative medical and oral health care, emergency first aid, environmental hazards, tobacco use, exposure to lead, safe sleep, importance of physical activity, healthy eating, select & prepare nutritious foods, healthy pregnancy, postpartum care, breastfeeding, parental mental health, substance abuse, maternal depression, child mental health, child development, parenting, and bus and pedestrian safety.			
		(2) A program must provide ongoing support to assist parent's navigation through health and mental health systems to meet the general health and specifically identified needs of their children and must assist parents:	Beginning at application, family advocates discuss medical needs of family and resources available to them.	Family Engagement Plan	Family Advocates HSM MH Mgr	Referrals Family Partnership Agreements

			<p>(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods:</p> <p>(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care;</p> <p>(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care; and,</p> <p>(iv) In providing information about how to access mental health services for young children and their families, including referrals if appropriate.</p>	<p>Family Advocates are knowledgeable in accessing medical coverage for families through the Ohio Department of Job & Family Services. Family Advocates will assist families in applying for medical coverage when requested. Family Advocates with the assistance of the HCSM will support families with medical diagnoses and treatment plans.</p>				
1302.47 Safety practices.			<p>(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, for additional information to develop and implement adequate safety policies and practices described in this part.</p>	<p>MCHS utilizes Active Supervision resources provided on the Early Childhood Knowledge and Learning Center website as well as Caring For Our Children to support and develop policy & procedure.</p>	<p>Active Supervision Health & Safety Monitoring Plan</p>	<p>HSM ECSD</p>	<p>Active Supervision Observation Classroom & Playground Zoning Observation</p>	

		<p>(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment, materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:</p> <p>(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are at a minimum:</p> <p>(i) Meet licensing requirements in accordance with 1302.21(d)(1) and 1302.23(d);</p> <p>(ii) Clean and free from pests;</p> <p>(iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;</p> <p>(iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;</p> <p>(v) well lit, including emergency lighting</p> <p>(vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully –</p>	<p>MCHS is licensed through the Ohio Department Children and Youth and participates in the QRIS Step Up To Quality System to ensure compliance and high quality with all aspects of licensing.</p> <p>MCHS works with the school district's custodial staff to ensure that the facility remains free from pests, hazards, and toxins.</p> <p>Any all materials that are considered hazardous from children are in a locked room / closet / cabinet so that children do not have access.</p> <p>Classrooms are designed to ensure there are no safety hazards to children. The HCSCM</p>	<p>Licensing Standards</p>	<p>Director ECSD HSM MH Mgr HR Mgr</p>	<p>Health & Safety Monitoring Plan</p>
				<p>Preventative Maintenance / Board of Education Policy 8405</p>	<p>HSM Education Staff</p>	<p>Licensing Reports</p>
				<p>Health & Safety Monitoring Plan</p>	<p>HSM</p>	<p>Classroom Safety Checklists</p>
					<p>HSM ECSD</p>	<p>Playground Safety Checklists</p>

			<p>equipped and up to date first aid kits and appropriate fire safety supplies; (vii) Free from firearms or other weapons that are accessible to children; (viii) Designed to separate toileting and diapering areas from areas preparing food, cooking, eating, or children's activities; and, (ix) Kept safe through an on ongoing system of preventive maintenance.</p>	<p>and Education Manager monitor classroom space routinely to ensure safety of children. Facilities have emergency lighting installed. Each classroom has a stocked first aid kit that is routinely monitored for contents and use. Facilities have AEDs installed in areas where staff and children frequent. No firearms or weapons are accessible to children at any time. Toileting areas are separate from cooking or food prep areas by design. HCSM is responsible to monitor the facilities for preventative maintenance purposes. This monitoring is a part of the overall Health & Safety monitoring plan.</p>	HSM	<p>First Aid kit Checklist</p> <p>Preventative Maintenance Report</p>
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			<p>(2) <u>Equipment and materials.</u> Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, international (ASTM). All equipment and materials must at a minimum:</p> <ul style="list-style-type: none"> (i) Be clean and safe for children's use and are appropriately disinfected; (ii) Be accessible only to children for whom they are age appropriate; (iii) Be designed to ensure appropriate supervision of children at all times; (iv) All for the separation of infants and toddlers from preschoolers during play in center-based programs; and, (v) Be kept safe through an ongoing system of preventative maintenance. 	<p>MCHS purchases equipment directly from vendors. Vendors have return policies for damaged or recalled items. The HCSCM received recall alerts from the CPSC.</p> <p>The HCSCM has adopted a cleaning schedule from the Ohio Department of Job & Family Services that ensures toys, equipment, and supplies are cleaned, disinfected, and / or sanitized upon soiling and / or on a regular routine basis.</p> <p>The Education Manager approves all purchases for the classroom ensuring that they are age and developmentally appropriate for enrolled children. MCHS does not currently serve infants and toddlers.</p>	<p>Fiscal Policy Manual</p> <p>Classroom Cleaning Schedule</p> <p>Fiscal Policy Manual</p>	<p>Director</p> <p>HSM Education Staff</p> <p>ECSD</p> <p>HSM</p>	<p>Purchase Orders</p> <p>Classroom Cleaning Checklist</p> <p>Purchase Orders</p>

			Preventative Maintenance is a part of the ongoing Health & Safety Monitoring Plan.	Preventative Maintenance		Preventative Maintenance Report
		(3) Background checks. All staff has complete background checks in accordance with 1302.90(b).	All staff has required background checks prior to hire.	Background Checks	HR Mgr	Background Checks Personnel File
		<p>(4) <u>Safety Training.</u></p> <p>(i) <u>Staff with regular child contact.</u> All staff with regular child contact have initial orientation training within 3 months of hire and ongoing training in state, local, tribal, federal, and program – developed health, safety, and child care requirements to ensure the safety of children in their care; including at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:</p> <p>(A) The prevention and control of infectious diseases</p> <p>(B) Prevention of sudden infant death syndrome and use of safe sleeping practices</p> <p>(C) Administration of Medication, consistent with standards of parental consent</p> <p>(D) Prevention and response to emergencies due to food or allergic reactions</p>	<p>Staff with regular contact with children are defined as:</p> <p>Teachers, Teacher Assistants, Bus Drivers, and Bus Aides</p> <p>Staff receives orientation within 3 months of hire. Orientation and training include:</p> <p>Communicable Disease</p> <p>Sudden Infant Death Syndrome</p> <p>Safe Sleeping Habits</p> <p>Administration of Medication</p> <p>Emergency Response to Allergies – Plans of Actions</p>	Orientation	All Managers DQ Secretary	Orientation

		<p>(E) Building and physical premise safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;</p> <p>(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;</p> <p>(G) Emergency preparedness and response planning for emergencies;</p> <p>(H) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;</p> <p>(I) Appropriate precautions in transporting children, if applicable;</p> <p>(J) First aid and cardiopulmonary resuscitation; and,</p> <p>(K) Recognitions and reporting of child abuse and neglect, in accordance with the requirements at paragraph (b) (5) of this section.</p>	<p>Fire, Tornado, Intruder Building Safety</p> <p>Child Abuse and Neglect</p> <p>Emergency Response</p> <p>Blood borne Pathogens</p> <p>Transporting Children</p> <p>First Aid</p> <p>CPR</p> <p>Active Supervision</p> <p>HSPPS in area of concentration</p>			
		<p>(ii) <u>Staff without regular child contact.</u> All staff with no regular contact responsibility for or contact with children have initial orientation training within 3 months of hire; ongoing training in all state, local, tribal, federal, and program – developed health and safety requirements applicable to their work; and training in the program’s emergency and disaster preparedness procedures.</p>	<p>Staff with no regular child contact is defined as: Family Advocates, Cafeteria Staff, Secretaries, Managers, Director.</p>	Orientation	All Managers DQ Secretary	Orientation

		<p>(5) <u>Safety practices.</u> All staff, consultants, and volunteers follow appropriate practices to keep children safe during all activities, including at a minimum:</p> <ul style="list-style-type: none"> (i) Reporting of suspected or known child abuse and neglect as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101 note), including that staff comply with applicable Federal, State, Local, and Tribal laws; (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used; (iii) Appropriate supervision of children at all times; (iv) Only releasing children to an authorized adult, and; (v) All standards of conduct described in 1302.90(c)(1)(ii). 	<p>Staff receives orientation within 3 months of hire. Orientation and training include:</p> <ul style="list-style-type: none"> HSPPS in area of concentration Communicable Disease Fire, Tornado, Intruder Building Safety Emergency Response Blood borne Pathogens Child Abuse and Neglect Active Supervision <p>All staff and contractors are trained / provided information about the program's Child Abuse and Neglect Reporting Policy and Procedure.</p> <p>Safe sleep practices (MCHS does not serve children under 3 years of age)</p> <p>Active Supervision</p> <p>Release of Children</p>	<p>Orientation Admin of Medication Plans of Actions</p> <p>Child Abuse Reporting</p> <p>Active Supervision</p>	<p>All Managers</p>	<p>Orientation Personnel File</p> <p>COPA Training Report</p>
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			1302.90(c) - Child Guidance and Discipline Policy			
			<p>All staff follow proper toileting procedures ensuring children who need assistance receive that assistance. If a child requires a change of clothing a written notice is sent home to the parent / guardian.</p> <p>All staff follow proper handwashing techniques and teach children the proper way to wash hands with warm soapy water for the appropriate amount of time (ABC song)</p> <p>Children who are not completely potty trained are encouraged to wear underwear to the center to support potty training. Parents are asked to work with their children at</p>	<p>Employee Orientation</p> <p>Toileting</p> <p>Handwashing</p> <p>Toileting</p>	<p>All Managers</p> <p>Education Staff</p> <p>All staff</p> <p>Education Staff</p> <p>Family Advocates</p>	<p>Orientation</p> <p>Change of Clothing</p> <p>ECERS</p> <p>Health & Safety Monitoring Tool</p> <p>Education Monitoring Tool</p> <p>Plan of Action</p> <p>Family Partnership Agreement</p>
			<p>(6) <u>Hygiene practices</u>. All staff systematically and routinely implement hygiene practices that at a minimum ensure:</p> <ul style="list-style-type: none"> (i) Appropriate toileting, handwashing, and diapering procedures are followed; (ii) Safe food preparation; and, (iii) Exposure to blood and body fluids are handled consistent with standards of the Occupation Safety Health Administration. 			

			<p>home on this skill as well. Children who are on an IEP addressing toileting needs or special circumstances will receive assistance as prescribed in the IEP. Any and all staff members who are preparing food, which may include teachers in the classroom during a cooking activity, are to follow food prep guidance provided by the Health Department and SERVSAFE. At least one employee will be SERVSAFE certified at all times.</p> <p>Staff is trained and follows precautions around blood borne pathogens which includes the use of gloves at all times and the appropriate disposal away from children and classrooms.</p>	Serve Safe	Cafeteria Staff Education staff	Personnel File
				Bloodborne Pathogen	All staff	Personnel File

		<p>(7) <u>Administrative safety</u> procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:</p> <ul style="list-style-type: none"> (i) Emergencies; (ii) Fire prevention and response; (iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness; (iv) The handling, storage, administration, and record of administration of medication; (v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and, (vi) child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also provide individual child food allergies prominently where staff can view wherever food is served. 	<p>The HSM ensures all staff are trained and can demonstrate working knowledge of response to emergencies through the practice of drill both announced and unannounced. Drills include fire, tornado, intruder, and building evacuation. All staff receives blood borne training annually.</p> <p>Staff receives Communicable Disease training as warranted, and posters are placed throughout the facility for further reference and guidance.</p> <p>Staff and families are informed about Health Alerts which inform any and all persons who MAY have come in contact with an infections or communicable disease. Information about which signs, symptoms, or</p>	<p>Emergency Drills</p> <p>Bloodborne Pathogen</p> <p>Communicable Disease / Short term exclusion Management of Communicable Disease</p> <p>Health Alert</p>	<p>HSM</p>	<p>In-service Training Forms</p> <p>Personnel File</p> <p>COPA Training Report</p>
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			<p>diagnoses which will exclude a child from attending are listed in the Family Guide. Staff receives general administration of medication training / information during orientation. When a child enters the program with a Plan of Action, the HSM provides individualized training to those individuals who are responsible for the child while in the program.</p> <p>All staff is trained in the Release of Children. No child is to be released to an individual who is not on the child's emergency transport list.</p> <p>HSM provides Plan of Action training to all staff responsible to implement the POA for a child.</p>	<p>Administration of Medication</p> <p>Release of Children Active Supervision</p> <p>Plan of Action</p>		
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		<p>(8) <u>Disaster preparedness plan.</u> The program has all – hazards emergency management / disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.</p> <p>(9) <u>COVID-19 Mitigation policy.</u> The program has an evidence-based COVID-19 mitigation policy developed in consultation with their HSAC that can be scaled up or down based on the impact of COVID-19 in the community to protect staff, children, and families from COVID-19 infection.</p> <p>(10) Exposure to lead in water and paint prevention practices. A program must develop a plan to prevent children from being exposed to lead in water and paint in Head Start facilities. In facilities where lead may exist, a program must implement ongoing practices, including testing and inspection at least every two years, with support from trained professionals. As needed, a program must pursue remediation or abatement to prevent lead exposure.</p>	<p>MCHS is housed within Celina City Schools building, New Horizons church, and Coldwater Schools. All facilities have emergency plans and procedures for all types of emergencies and disasters. By ORC the school district has mandated timelines to drill for these types of issues.</p> <p>The HSM partners with local Health District and HSAC to create a relevant COVID 19 mitigation policy.</p> <p>Following guidance in Caring for Our Children Basics, the HSM tests for lead on a routine basis in facilities based upon recommendations (age of building). Likewise, water testing is completed annually.</p>	<p>Emergency Preparedness / Crisis Plan</p> <p>COVID-19 mitigation policy</p> <p>Facilities Lead Testing</p>	<p>HSM Director</p> <p>HSM</p> <p>HSM</p>	<p>Emergency Preparedness / Crisis Plan Report</p>
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			(c) A program must report any safety incidents in accordance with 1302.102(d) (1) (ii).	MCHS will report any violations of health & safety policies per the IM clarification of 1302.102(d)(1)(ii) that put participants in the program at risk immediately.	Reporting to OHS	Director	

OHS Correspondence: Information Regarding the Full Enrollment Initiative 12-Month Period
message

HSES - DO NOT REPLY <no-reply@hsesinfo.org>

Wed, Jan 1, 2025 at 9:00 AM

Reply-To: HSES - DO NOT REPLY <no-reply@hsesinfo.org>

From: carl.huber@celinaschools.org, michelle.mawer@celinaschools.org, brooke.gessler@celinaschools.org,
amy.esser@mercerheadstart.org



Dear Head Start Recipient,

Your 12-month period to reduce underenrollment recently concluded. The Office of Head Start (OHS) is currently examining areas where the Head Start Act allows for flexibility and is committed to extending these flexibilities to grant recipients that have shown progress and initiative in reaching full enrollment. In the coming weeks, OHS will send your agency a letter outlining next steps for your program. Please be aware if you would like OHS to consider a Change in Scope request, as part of your agency's demonstration of progress in reaching full enrollment, then your application must be received prior to OHS's issuance of the letter outlining next steps, which we anticipate will be in the next few weeks. In the meantime, your Regional Office remains available and committed to collaborating and providing technical assistance to your program as we move forward. Thank you for the hard work you do to serve children and support families.

Khari M. Garvin
Director
Office of Head Start

For assistance logging in or using HSES, please contact the HSES Help Desk.

HSES Help Desk
Head Start Enterprise System
Email: help@hsesinfo.org
Toll Free: 866-771-4737 Local: 571-429-4858

Hours of Operation:
Monday-Friday 8:00 AM-7:00 PM ET
Excluding federal holidays and
weather-related federal office closures

