

MOUNTAINHEART COMMUNITY SERVICES, INC.
HEAD START/EARLY HEAD START DIVISION
2019-2020 SELF-ASSESSMENT REPORT

MountainHeart Community Services, Inc.'s Head Start and Early Head Start programs jointly conducted its annual self-assessment for the 2019-2020 program year during the months of February – July 2020. Five teams were established each which were headed by members of the management team. Each team consisted of managers, direct service staff, parents, board members and community partners when available. These teams utilized Head Start Performance Standards as they conducted this self-assessment. Reports from the five teams are attached and include strengths, recommendations, and findings in each area.

Monitoring and Implementing Quality Education and Child Development Services

Federal Regulations

- 1302.31(b)(1) Effective teaching practices
- 1302.31(e) Promoting learning through approaches to rest, meals, routines, and physical activity
- 1302.32(a)(2) Curricula
- 1302.33(b)(1)-(2) Assessment for individualization
- 1302.35(a), (c), (e) Education in home-based programs
- 1302.45(a)(1) Support with managing challenging behaviors and other social, emotional, and mental health concerns
- 1302.45(b)(2) Mental health consultants
- 1302.61(a) Additional services for children with disabilities
- 1302.70(a) Transitions from Early Head Start
- 1302.71(a) Transitions from Head Start to kindergarten
- 1302.71(d) Learning environment activities
- 1302.91(e) Staff Qualifications
- 1302.92(b)(5) Training and Professional development
- 1302.92(c)(1) Coaching
- 1302.102(a)(3) School readiness goals
- 1302.102(c)(2)(ii)-(iii) Using data for continuous improvement

Team Members: Travis Gibson, Family Engagement Case Manager; Jared Harless, Infant/Toddler Specialist; Glenna McCoy, Early Childhood Specialist; Penny Morgan,

Home Visitor; Mary Nutter, Home Visitor; Wanda Adkins, Home Visitor; Lori Brown, Home Visitor; Pamela Nelson, Home Visitor; Lisa Harper, Home Visitor; Sheila Perry, Home Visitor; Melanie Daniels, EHS Lead Teacher; Misty Brown, EHS Lead Teacher; Brian Milam, EHS Lead Teacher; Candy Short, EHS Lead Teacher; Paula Finney, EHS Lead Teacher; Melissa Cantrell, EHS Lead Teacher; Paula Shelton, EHS Lead Teacher; Heather Morgan, HS Teacher; Kristen Justice, HS Teacher; Alicia Johnston, HS Teacher; Angela Clay, HS Teacher; Donna Gibson, HS Teacher; Jamie Saylor, HS Teacher; Lora Thompson, HS Teacher; Ladonna Lambert, HS Teacher; Heather Maynor, HS Teachers; Roxi Lilly, Policy Council Member; David Lilly, Parent

Alignment with School Readiness

PM1: School readiness efforts align with the expectations of receiving schools*, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.

1. The grantee will describe how the program's school readiness efforts align with the expectations of receiving schools, the HSELOF, and the state early learning standards. 1302.102(a)(3).

Our programs school readiness goals are aligned with the state early learning standards, WV pre-K standards and the HSELOF.

Recommendations: Continue yearly training on HSELOF.

Findings: None

2. The grantee will explain the expectations of the receiving schools and collaborations to promote successful transitions to kindergarten. 1302.71(a).

With parent consent children's relevant records are transferred to the school the child will enroll in. Our transition plan provides opportunities for parents to meet the kindergarten teacher, visit the classroom/school, and be provided with transition information at monthly parent meetings. All pre-k

classrooms in the county use the WV Early Childhood Transitions Toolkit to assure smooth transitions.

Recommendations: Continue to work with the Pre-K core team to assure smooth transitions for all children.

Findings: none

3. The grantee will demonstrate how the program implements strategies and practices to support successful transitions for children and families out of Early Head Start. 1302.70(a)

The process of transitioning begins six months before the child's third birthday. Transition visits to the child's next placement is done 90 days before the child's 3rd birthday. Parents visit the classroom with the EHS so they can observe and ask questions.

Recommendations: None

Findings: None

4. The grantee will describe the data used to show that children are ready to meet the expectations of receiving schools. 1302.102(c)(2)(ii)-(iii); 1302.33(b)(1)

Pre-K/Head Start uses the WV state assessment program ELRS. Data is sent to the receiving school in May/June for all children transitioning to Kindergarten, teachers have access to child's assessment data. Children with IEP's have individual meetings in May to assure the best placement for that child.

Recommendations: None

Findings: None

5. The grantee will explain the expectations of the kindergarten readiness assessment of the receiving schools.

Teachers complete the ELRS, which is available for kindergarten teachers to review on students transitioning.

Recommendations: None

Findings: None

6. The grantee will discuss if the program obtains kindergarten entry assessment data on Head Start children entering the receiving schools.

Teachers complete the ELRS (WV Early Learning rating system) data which can be viewed by the kindergarten teacher.

Recommendations: None

Findings: None

Effective and Intentional Teaching Practices

PM2: Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children.

1. The grantee will demonstrate how organized activities, schedules, lesson plans, and learning experiences are responsive to the children's individual developmental patterns and progressions as described in the HSELOF.

1302.31(b)(1)(ii)

On lesson plans staff have focus groups daily that focuses on children's individual development. Schedules are followed to create a routine so children know what comes next and what is expected of them. Daily activities provide children with learning opportunities while participating and the classroom is set up for learning in all interest areas.

Recommendations: Training on HSELOF

Findings: None

2. The grantee will demonstrate how teachers individualize for children, including those who are not making progress toward school readiness. 1302.33(b)(2)

Teachers use data from their assessments to see what they need to plan and do with the child individually. During focus group staff work with children on activities that promote learning and work on individualizing for all children. Staff assure that they provide activities in all areas so they can work with children throughout the classroom. Staff provide families with strategies to work with children on school readiness at home.

Recommendations: None

Findings: None

3. The grantee will demonstrate how teachers create nurturing and responsive learning environments for children, including ensuring environments promote critical thinking and problem solving, encourage children's engagement, and are communication and language rich. 1302.31(b)(1)(i)

Classrooms are set up so learning takes place throughout the day. Teachers greet children by their names, assist children with self help activities (taking coat off, tying shoes, washing hands, brushing teeth), have conversations with children that promote learning, speak to children in a calm voice, and respond to children. Staff set up an environment that is safe and welcoming to all children. Classrooms have labels of items and materials, children's names and pictures, and books that interest children available. Children have their own cubby where they can keep their own belongings while at school.

Recommendations: None

Findings: None

4. The grantee will share and demonstrate how teachers support child-teacher interactions, socialization, development, and learning at all times, including daily routines and mealtimes. 1302.31(e)

Bottle fed infants are held during feeding to support socialization. During diaper changing staff talk to the infant while changing. Family style meals promote child independence, support teaching staff-child interactions, and foster communication. Staff provide a calming environment for children to nap/rest during the day. Staff provide paint, water, and sand for outdoor play. Staff respond to children and provide information when asked. During center time (learning areas) teachers provide materials so children count, sort, compare, measure or describe while playing.

Recommendations: None

Findings: None

5. The grantee will demonstrate how teachers ensure the full inclusion of children with disabilities. 1302.61(a)

Our classrooms develop activities that are inclusive of children with disabilities. One example is when one of our centers had a child in a wheelchair who was only able to move his upper body. The child enjoyed playing ball. To accommodate his special need, the teachers took the child out of the wheelchair and placed him in a circle with all the other children. Then the children rolled the ball to each other and bounced it so that all children were able to participate in the activity. Classrooms are set up so every child can move around and participate in all activities.

Recommendations: None

Findings: None

6. The grantee will demonstrate the strategies that teachers use to promote successful transitions for children to kindergarten. 1302.71(d)

Head Start staff follow a transition plan beginning in January to ease the transition for children going to kindergarten. Parents are invited to visit the kindergarten classroom with children, during this time they will participate in

eating lunch and classroom activities. Local school principles and kindergarten teachers are invited to parent meetings so they can discuss transitioning to kindergarten with parents.

Recommendations: None

Findings: None

7. The grantee will demonstrate how teachers are supported in providing effective classroom management and positive learning environments.
1302.45(a)(1)

Staff are given strategies for classroom management and providing a positive learning environment for all children. Staff are provided training in areas of child development and autism.

Recommendations: Continue to provide staff with training and strategies on classroom management.

Findings: None

Supporting Teachers in Promoting School Readiness

PM3: The grantee ensures teachers are prepared to implement the curriculum and support children's progress toward school readiness.

1. The grantee will demonstrate how the program assists education staff in using data to individualize learning experiences to improve outcomes for all children.
1302.92(b)(5)

Staff use child assessments to plan for individualized learning for each child. Staff meet with parents to discuss the data of their child and create plans for activities that will improve child outcomes.

Recommendations: None

Findings: None

2.The grantee will demonstrate how the program supports staff in effectively implementing curricula, monitoring curriculum implementation, and ensuring fidelity. 1302.32(a)(2)

By using the Fidelity Checklist staff are aware of areas that they need training or professional development. Management staff give teaching staff feedback after completing the checklist and support staff in areas that need improvement. Management staff do classroom observations and checklist throughout the year.

Recommendations: None

Findings: None

3. The grantee will demonstrate how the program identifies strengths, areas of needed support, and which staff would benefit from intensive coaching for all education staff. 1302.92(c)(1)

Staff complete a needs assessment “The Inventory of Practices for Promoting Social Emotional Competence”, this assessment is used to determine which staff may benefit the most from intensive coaching and in what area. Staff identified for intensive coaching will work with their coach to develop an individualized plan that includes goals related to improving school readiness outcomes. Staff not identified for intensive coaching still will receive other trainings and professional development aligned with our program goals.

Recommendations: None

Findings: None

4. The grantee will demonstrate how the mental health consultant supports teaching practices through strategies to address teacher and individual child needs. 1302.45(b)(2)

Our program utilized KVC until recently to provide mental health consultation services. As part of this agreement, the mental health consultant supported our teachers by providing strategies to manage challenging behaviors while minimizing the disruption to the class. Additionally, KVC participated in classroom observations to help identify children who may be in need of referral for mental health services. KVC is no longer able to provide the services due to issues with maintaining adequate staffing. Our program is currently working on an agreement with the local mental health agency to provide mental health consultation services to our teachers and families and to accept mental health referrals. We plan to utilize telehealth as part of this agreement to expand service availability and to make consultation to our teachers more readily available.

Recommendations: Continue to provide training for staff on classroom strategies on dealing with challenging behaviors in children.

Findings: None

5. The grantee will demonstrate that teachers have the appropriate qualifications.
1302.91(e)(1-2)

All EHS center-based teacher have the required CDA, all home-visitors have the required CDA, and all HS teachers have a BA.

Recommendations: Continue to have all staff cross trained so that we have qualified staff to cover in classrooms.

Findings: none

Home-Based Program Services

PM4: The grantee ensures home-based program services provide home visits and group socialization activities that provide high-quality learning experiences.

1. The grantee will demonstrate how the home-based program services:

- a. Promote secure parent-child relationships and help parents provide high-quality early learning experiences. 1302.35(a)

Home visitors focus on helping the parents realize they are their child's first teacher and play a key role in helping their children develop skills needed to be ready for school.

The home-based program provides group socialization activities on a weekly basis. These socialization activities give children and parents opportunities to interact with other children and parents to share feedback and ideas with each other and staff member. These socializations promote secure, positive parent – child interactions. The home base program utilizes The Creative Curriculum for Infants, Toddlers, and Twos which is a research-based curriculum that has proven effective.

Recommendations: None

Findings: None

- b. Provide developmentally appropriate, child-focused learning experiences that promote parents' abilities to support their children's development and align intentionally to school readiness goals and the HSELOF (home visits and socializations). 1302.35(c); 1302.35(e)(2)

Home visitors provide families with strategies and activities that promote the home as a learning environment that is safe, nurturing and language rich.

Recommendations: None

Findings: None

Monitoring ERSEA: Eligibility, Selection, Enrollment, and Attendance

Federal Regulations:

1302.12 (c) – (e); (k)-(m) Determining, verifying, and documenting eligibility

1302.14 (b) Children eligible for services under IDEA

1302.15 (a) Enrollment

Determining, Verifying, and Documenting Eligibility

PM1: The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income eligibility requirements.

1. The grantee will demonstrate how staff verify eligibility and how the program maintains eligibility records including:
 - How copies of any documents or statements, including declarations, that are necessary to verify eligibility records, are collected and maintained. 1302.12(k)(2)(i)

Each eligibility determination record must include: Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility. Program staff must verify a child's age according to program policies and procedures. A program's policies and procedures cannot require families to provide documents that confirm a child's age, if doing so creates a barrier for the family to enroll the child. To verify eligibility based on income, program staff must use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period. The program asks for a copy of the birth certificate, shot records, medical insurance (if applicable), and a copy of income. If there is no income, we provide a no income sheet for the family to sign and be notarized

- How program staff make reasonable efforts to verify eligibility by conducting either an in-person or telephone interview with the family. 1302.12 (k)(2)(ii)

A statement that program staff has made reasonable efforts to verify information by: Conducting either an in-person, or a telephone interview with the family. Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family. Collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' names, titles, and affiliations, and information from third parties regarding the family's eligibility. The program will have written consent in email or text form stating that it is acceptable to access and conduct interviews over the phone. The family will then email, mail, or fax documentation.

- How program staff collect statements that identify whether the family or pregnant women meet the following eligibility requirements. 1302.12 (c)(1)-(2); 1302.12(d)(1); 1302.12(e) (1)(iii):
 - Income is equal to or below the poverty line: The program will ask for verification of income. If the participant is under poverty line or have no income they are eligible, if they are over income, they become waitlisted until all other participants are served that meet the guidelines.

- Receiving or is eligible to receive public assistance (Supplemental Security Income and Temporary Assistance for Needy Families): If the family receives any kind of assistance such as Food Stamps, Medicaid, TANF, etc. They are normally more eligible for the program through low-income necessity.
- Homeless: Participants are considered homeless when they do not have a home in their own possession. They are normally living with a family member or moving from place to place. There then becomes documentation filed and signed that states they are homeless. The form they sign is called the McKinney-Veto Act Verification.
- Foster Care: If children are in foster care, they are priority also on placement into the program. We require documentation stating they are in foster care to be placed in their file.
- Included in the 10% of children enrolled in the program about the income poverty threshold: If the family does not meet a criterion of what was listed in this section, a program may enroll a child who would benefit from services, provided that these participants only make up to 10 percent of a program's enrollment.
- Included in the 35% of children who are not categorically eligible whose family income is between 100% and 130% of poverty: A program may enroll an additional 35 percent of participants whose families do not meet a criterion described above in this section and whose incomes are below 130 percent of the poverty line, if the program establishes and implements outreach, and enrollment policies and procedures to ensure it is meeting the needs of eligible pregnant women, children, and children with disabilities, before serving pregnant women or children who do not meet the criteria in listed above in this section; and they establish criteria that ensure pregnant women and children eligible under the criteria listed. If a program chooses to enroll participants who do not meet criterion of the above section, and whose family incomes are between 100 and 130 percent of the poverty line, it must be able to report to the Head Start regional program office:
 - How it is meeting the needs of low-income families or families potentially eligible for public assistance, homeless children, and children in foster care, and include local demographic data on these populations.
 - Outreach and enrollment policies and procedures that ensure it is meeting the needs of eligible children or pregnant women, before serving over-income children or pregnant women.
 - Efforts, including outreach, to be fully enrolled with eligible pregnant women or children.
 - Policies, procedures, and selection criteria it uses to serve eligible children.
 - Its current enrollment and its enrollment for the previous year.

- *The number of pregnant women and children served, disaggregated by the eligibility criteria.*
 - *The eligibility criteria category of each child on the program's waiting list.*
2. The grantee will demonstrate the process for staff verifying and reviewing all of the document available for determining eligibility. 1302.12(a)(ii)

The staff will complete all forms of proof for eligibility. They check all proof and ensure accuracy. This includes pay stubs, birth certificates, homeless form, no-income forms, medical insurance, foster information, etc. It then gets put together with application and turned into the director for acceptance or denial. Once approved, staff then begins the enrollment process.

3. The grantee will demonstrate the process for managing over-income applicants.

The program chooses to enroll participants over-income applicants, they much make sure that they are first meetings the needs of the low-income, homeless children, and children in foster care. They must also make sure there are no applicants from the categories listed above on a waiting list and follow all policies before enrollment.

4. The grantee will demonstrate the process for validating the accuracy of initial determination of eligibility.

To validate the accuracy of the initial determination of eligibility, the program requires proof/copies of all required documents. Such as income, birth certificate, medical insurance, and immunization record. Once that is validated and notarized, it is then sent with the application for approval from the director.

5. The grantee will demonstrate how the program delivers ERSEA training to all staff and complies with eligibility.

ERSEA (Eligibility, Recruitment, Selection, Enrollment, and Attendance) is how tasks are some of the most important work performed by Head Start programs. The program provides staff with policies for eligibility standards to use when preparing applications to be submitted for approval. The program uses to recruitment to go out into the community and find parents interested in enrolling their children and then assist them step by step in doing so. Once approved, the program starts the enrollment process. The staff has a packet of documents that parents sign and provide information needed for the program. The staff is provided an attendance policy by the program stating that all participants are to have an 85% percentage rate and the classroom over all has to maintain an 85% rate. Attendance and other documentation is tracked and kept together in the system ChildPlus. Policies are put into place for each section and reviewed with staff. If policies are not followed, actions will be taken against the staff.

PM2: At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA, or that the grantee has received a waiver. 1302.14 (b)

1. The grantee will provide documentation to support the number of children enrolled under IDEA, or that that grantee has received a waiver.

A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver. If the requirement of the above statement has been met, children eligible for services under IDEA should be prioritized for the available slots in accordance with the program's selection criteria described. A 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.

Enrollment Verification

PM3: The grantee maintains and tracks enrollment for all participants, including pregnant women.

1. The grantee will provide documentation of the policies for determining when a slot is vacant.

The policy to follow is to first make sure all participants are following the attendance guidelines. Then It is important to know how many slots are available and how many students are enrolled. Then you make sure there isn't a wait list or that all participants are considered. By checking the amount of slots open and how many are being served, the program can determine how many slots are vacant.

2. The grantee will demonstrate the process for removing children or pregnant women who have not attended for 30 days from the enrollment numbers reported in HSES. 1302.15 (a)

A program must implement strategies to promote attendance. At a minimum, a program must provide information about the benefits of regular attendance, support families to promote the child's regular attendance, conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences), and within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary. If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance. If the child's attendance does not resume, then the program must consider that slot vacant. The program will then provide drop papers to be signed and documented that the participant is no longer enrolled in the program.

3. The grantee will demonstrate the process for filling slots that have been vacant for 30 days and will provide documentation on the number of vacant slots, the length of time vacant, and the description for why the slot is vacant. 1302.15(a)

The program uses ChildPlus to track vacant slots. ChildPlus is programmed with the exact number of slots available and keeps track of ones that are filled and vacant. Once a spot is vacant it is documented on a drop form and inserted into ChildPlus for documentation as to why the slot has become available.

4. The grantee will share the availability and use of a waitlist that ranks children according to the selection criteria. 1302.14(c)

A program must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment, and including family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) and, other relevant family or child risk factors. A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver. If the requirement has been met, children eligible for services under IDEA should be prioritized for the available slots in accordance with the program's selection criteria. A 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.

Monitoring and Implementing Quality Family and Community Engagement Services

Federal Regulations:

1302.34 (b) Engaging parents and family members

1302.45 (b) Mental Health Consultants

1302.46 (b) Family support services for health, nutrition, and mental health

1302.50 Family engagement approach

1302.51 Parent activities to promote child learning and development

1302.52 Family partnership services

1302.53 Community partnerships

1302.62 (b) Parents or children eligible for services under the individuals with Disabilities Education Act (IDEA)

1302.71 (b) Family collaborations for transitions

Family Well-Being

PM1: The grantee collaborates with families to support family well-being, parents' aspirations, and parents' life goals.

1. The grantee will demonstrate how the program supports family goal setting and tracks family strengths, needs, and progress towards goals. 1302.52 (c) (3)

A program must offer individualized family partnership services that establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary.

2. The grantee will demonstrate how the program provides resources that support family well-being, either within the program or through community partnerships.

The program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative two-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources.

- a. Does the grantee provide economic mobility resources to help families with pathways out of poverty (including educational, vocational, and employment

opportunities; budgeting; debt counseling; tax credits; savings accounts; etc.)?
1302.52 (b)(3)

A program must collaborate with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability.

- b. Does the grantee provide health and mental health resources (including health insurance or referrals for parental depression, domestic violence, substance misuse, etc.)? 1302.45(b)(5)

The program works in partnership with mental health consultants and other types of outreach sources to go in with the families and consult on issues they would like to address. The consultant then helps the family or refers them out to someone who can help them, and finds affordable help with the help of the program or the insurance.

- c. Does the grantee provide resources and support for families experiencing homelessness? 1302.53(a)(2)(vi)

A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children's and families' needs and family partnership goals, and community needs and resources, as determined by the community assessment. A program must establish necessary collaborative relationships and partnerships, with community organizations that may include housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison of the McKinney-Vento Homeless Assistance Act.

Strengthening Parenting and Parent-Child Supports

PM2: The grantee provides services that strengthen parent-child relationships and support parents in strengthening parenting skills.

1. The grantee will describe its family engagement strategies and how they are designed to foster parental confidence, including opportunities to connect with other parents.
1302.51(a)

A program must promote shared responsibility with parents for children's early learning and development, and implement family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development.

2. The grantee will describe how the program offers parents the opportunity to practice parenting skills, build o their knowledge, and participate in a parenting curriculum. 1302.51 (b)

A program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.

Family Engagement in Education and Child Development Services

PM3: The grantee's education and child development services recognize parents' roles as children's lifelong educators and encourage parents to engage in their child's education.

1. The grantee will describe how the program helps parents support the learning and development of their children. 1302.50 (b)(1)

A program must recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and support parent-child relationships, including specific strategies for father engagement.

2. The grantee will describe how the program shares information with parents about their child's development and the types of information the grantee gathers from parents about their child's development. 1302.34(b)(2)

A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior.

3. The grantee will describe how the program supports families in their transition into and out of Head Start. 1302.72(b)(2)

At a minimum, such strategies and activities must help parents understand their child's progress during Head Start; Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child; Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and assist parents in the ongoing communication with

teachers and other school personnel so that parents can participate in decisions related to their children's education.

4. The grantee will describe how the program prepares parents to advocate for their child. 1302.71(b)(1)

A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.

5. The grantee will describe how the program supports parents of children with disabilities. 1302.62(b)

For parents of children eligible for services under IDEA, a program must also help parents understand the referral, evaluation, and service timelines required under IDEA; Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings; Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

6. The grantee will describe how the program supports parents in promoting the social and emotional development of their child. 1302.46(b)(1)

Such collaboration must include opportunities for parents to learn about preventive 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. 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 meet the family's nutrition and food budget needs. Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression. Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development. Learn about appropriate vehicle and pedestrian safety for keeping children safe.

“Monitoring and Implementing Fiscal Infrastructure”

By
Monica Y. Brown
Family Engagement Case Manager

The grantee will demonstrate the program's development of its annual operating budget and strategies for the budget's implementation, adjustments, and accountability. This section highlights the program's intentionality in its fiscal capacity and management; how the program shares information with the Director, managers, governing body, and policy council; and how the program uses data to make sound fiscal decisions and ensure fiscal and legal accountability.

Federal Regulations

Budget Planning and Development 1302.101(a)(3) 642(c)(1)(E)(iv)(VII)(aa)
642(c)(1)(E)(iv)(VII)(bb) 642(d)(2)(A)-(I) 642(d)(3) 642(c)(2)(D)(iv) 1302.102(b)(1)(iii)
1302.102(d)(1)(i)

Ongoing Fiscal Capacity 1302.91(c)1303.12 75.303(a), (b), (e)

Budget Execution 653(a) 75.414 75.430(i) 75.405(a)75.302(b)(4)
75.302(b)(3)75.305(b)(1) 75.441

Budget Execution cont'd 75.303(c)75.303(d)75.302(b)(7)75.403(a)-(g) 75.329(a)-(b)
75.332 75.327(h)75.328(a)(4)(5)(7)75.328(c)-(d)

Facilities 75.308(c)(1)(xi) 1303.46(b)(1)-(4) 75.320(d)(2) 75.343

Budget Planning and Development:

1.The grantee will describe how it takes into account the program's goals and objectives when developing the budget to ensure the provision of comprehensive services and the continuity of care. 1302.101(a)(3)

Findings: Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and

professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part;

2.The grantee will explain how the budget development and approval process demonstrates that program goals and objectives are taken into account to set priorities and make trade-offs showing the program intentionally allocated resources to its highest priority goals and objectives. 1302.102(b)(1)(iii)

Findings: *(iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight;*

3.The grantee will describe how the governing body uses the fiscal information they receive to inform budget decisions. This includes:

a. How the governing body approves financial management, accounting, and reporting policies, and how the governing body ensures compliance with laws and regulations related to financial statements, including what the agency identified as major financial expenditures. 642(c)(1)(E)(iv)(VII)(aa)

Findings: *(aa) approval of all major financial expenditures of the agency;*

b. The governing body's role in approval of the annual operating budget. 642(c)(1)(E)(iv)(VII)(bb)

Findings: *(bb) annual approval of the operating budget of the agency;*

4.The grantee will describe the policy council's engagement in the budget process, including:

a. The policy council's role in the budget process. 642(c)(2)(D)(iv)

Findings: *(iv) Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities*

5.The grantee will describe:

a. How the budget development process of the governing body and policy council is supported by accurate and regular information, including information regarding program goals and objectives. 1302.102(d)(1)(i)

Findings: (i) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually

b. How the budget development process of the governing body and policy council is supported by accurate and regular information, including financial statements and reports. 642(d)(2)(A)-(I)

Findings: 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; and

(I) the program information reports.

c. How the governing body is trained to ensure that members understand the information received and can effectively oversee budget decisions. 642(d)(3)

Findings: (3) TRAINING AND TECHNICAL ASSISTANCE- Appropriate training and technical assistance shall be provided to the members of the governing body and the policy council to ensure that the members understand the information the members receive and can effectively oversee and participate in the programs of the Head Start agency.

Ongoing Fiscal Capacity:

1. The grantee will describe the fiscal complexity of the program (i.e., multiple funding sources, numerous and widespread locations, number of Head Start/Early Head Start grants, delegates, facilities) and applicable financial management requirements, then show the training, experience, and qualifications of the fiscal officer and fiscal staff are appropriate for the complexity of the program. 1302.91(c)

Findings: c) Fiscal officer. *A program must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016, is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field*

2.The grantee will describe the staffing and internal controls that support the program’s financial management system. 75.303(a), (b), (e)

a. Does the grantee establish and maintain effective internal control over the Federal award? 75.303(a)

Findings: (a) *Establish and maintain effective internal control over the [Federal award](#) that provides reasonable assurance that the [non-Federal entity](#) is managing the [Federal award](#) in compliance with Federal statutes, regulations, and the terms and conditions of the [Federal award](#). These [internal controls](#) should be in compliance with guidance in “Standards for Internal Control in the Federal Government,” issued by the Comptroller General of the United [States](#) or the “Internal Control Integrated Framework,” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).*

b. Does the grantee have processes in place to ensure compliance with requirements, including Federal statutes, regulations, and terms and conditions of the Federal award? 75.303(b)

Findings: (b) *Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.*

c. Does the grantee take reasonable measures to safeguard protected personally identifiable information and other information the Health and Human Services awarding agency designates as sensitive? 75.303(e)

Findings: (e) *Take reasonable measures to safeguard protected [personally identifiable information](#) and other information the [HHS awarding agency](#) or [pass-through entity](#) designates as sensitive or the [non-Federal entity](#) considers sensitive consistent with applicable Federal, [state](#), local, and tribal laws regarding privacy and [obligations](#) of confidentiality.*

3.The grantee will describe the program’s ongoing process to identify, assess, and address risks, including how the agency responds to identified risks through systemic

improvements; cost-effective insurance, such as natural disaster, child injury, and electronic theft; bonds; and other risk reduction measures. 1303.12

Findings: *An agency must have an ongoing process to identify risks and have cost-effective insurance for those identified risks; a grantee must require the same for its delegates. The agency must specifically consider the risk of accidental injury to children while participating in the program. The grantee must submit proof of appropriate coverage in its initial application for funding. The process of identifying risks must also consider the risk of losses resulting from fraudulent acts by individuals authorized to disburse Head Start funds. Consistent with 45 CFR part 75, if the agency lacks sufficient coverage to protect the federal government's interest, the agency must maintain adequate fidelity bond coverage.*

Budget Execution:

1. Personnel Compensation and Fringe Benefits. The grantee will demonstrate its ability to manage personnel compensation and fringe benefits.

a. Are wages comparable and do they meet the program's needs for recruitment and retention of qualified staff? 653(a)

Findings: *Comparability of Wages- The Secretary shall take such action as may be necessary to assure that persons employed in carrying out programs financed under this subchapter shall not receive compensation at a rate which is (1) in excess of the average rate of compensation paid in the area where the program is carried out to a substantial number of persons providing substantially comparable services, or in excess of the average rate of compensation paid to a substantial number of the persons providing substantially comparable services in the area of the person's immediately preceding employment, whichever is higher; or (2) less than the minimum wage rate prescribed in section 6(a)(1) of the Fair Labor Standards Act of 1938. The Secretary shall encourage Head Start agencies to provide compensation according to salary scales that are based on training and experience.*

b. Does the grantee identify and account for indirect costs? 75.414

Findings: *(a) Facilities and Administration Classification. For major IHEs and major nonprofit organizations, indirect (F&A) costs must be classified within two broad categories: "Facilities" and "Administration." "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance*

expenses. "Administration" is defined as general administration and general expenses such as the director's office, accounting, personnel and all other types of expenditures not listed specifically under one of the subcategories of "Facilities" (including cross allocations from other pools, where applicable). For nonprofit organizations, library expenses are included in the "Administration" category; for institutions of higher education, they are included in the "Facilities" category. Major IHEs are defined as those required to use the Standard Format for Submission as noted in appendix III to part 75.C. 11. Major nonprofit organizations are those which receive more than \$10 million dollars in direct Federal funding.

(b) *Diversity of nonprofit organizations.* Because of the diverse characteristics and accounting practices of nonprofit organizations, it is not possible to specify the types of cost which may be classified as indirect (F&A) cost in all situations. Identification with a Federal award rather than the nature of the goods and services involved is the determining factor in distinguishing direct from indirect (F&A) costs of Federal awards. However, typical examples of indirect (F&A) cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting.

(c) *Federal Agency Acceptance of Negotiated Indirect Cost Rates.* (See also [§ 75.306](#).)

(1) *The negotiated rates must be accepted by all Federal awarding agencies. An HHS awarding agency may use a rate different from the negotiated rate for a class of Federal awards or a single Federal award only when required by Federal statute or regulation, or when approved by a Federal awarding agency head or delegate based on documented justification as described in paragraph (c)(3) of this section.*

(i) *Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000;*

(ii) *Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000; and,*

(iii) *Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.*

(2) *The HHS awarding agency head or delegate must notify OMB of any approved deviations.*

(3) *The HHS awarding agency must implement, and make publicly available, the policies, procedures and general decision making criteria that their programs will follow to seek and justify deviations from negotiated rates.*

(4) *As required under [§ 75.203\(c\)](#), the HHS awarding agency must include in the notice of funding opportunity the policies relating to indirect cost rate reimbursement, matching, or cost share as approved. See also appendix I.C.2 and D.6 of this part.*

As appropriate, the HHS agency should incorporate discussion of these policies into their outreach activities with non-Federal entities prior to the posting of a notice of funding opportunity.

(d) Pass-through entities are subject to the requirements in [§ 75.352\(a\)\(4\)](#).

(e) Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in appendices III-VII, and appendix IX as follows:

(1) Appendix III to Part 75 - Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs);

(2) Appendix IV to Part 75 - Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations;

(3) Appendix V to Part 75 - State/Local Governmentwide Central Service Cost Allocation Plans;

(4) Appendix VI to Part 75 - Public Assistance Cost Allocation Plans;

(5) Appendix VII to Part 75 - States and Local Government and Indian Tribe Indirect Cost Proposals; and

(6) Appendix IX to Part 75 - Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals.

(f) In addition to the procedures outlined in the appendices in paragraph (e) of this section, any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in [§ 75.403](#), costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

(g) Any non-Federal entity that has a current federally negotiated indirect cost rate may apply for a one-time extension of the rates in that agreement for a period of up to four years. This extension will be subject to the review and approval of the cognizant agency for indirect costs. If an extension is granted the non-Federal entity may not request a rate review until the extension period ends. At the end of the 4-year extension, the non-Federal entity must re-apply to negotiate a rate. Subsequent one-time extensions (up to four years) are permitted if a renegotiation is completed between each extension request.

c. Does the grantee accurately track the time of non-exempt employees? 75.430(i)

Findings: (i) Allowable activities. Charges to Federal awards may include reasonable amounts for activities contributing and directly related to work under an agreement, such as delivering special lectures about specific aspects of the ongoing activity, writing reports and articles, developing and maintaining protocols (human, animals, etc.), managing substances/chemicals, managing and securing project-specific data, coordinating research subjects, participating in appropriate seminars, consulting with colleagues and graduate students, and attending meetings and conferences.

d. Does the grantee ensure allocable personnel costs are shared across programs relative to the benefit received by each program? 75.405(a)

Findings: (a) *A cost is allocable to a particular Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received. This standard is met if the cost:*

(1) Is incurred specifically for the Federal award;

(2) Benefits both the Federal award and other work of the non-Federal entity and can be distributed in proportions that may be approximated using reasonable methods; and

(3) Is necessary to the overall operation of the non-Federal entity and is assignable in part to the Federal award in accordance with the principles in this subpart.

e. Does the grantee effectively manage its Head Start funds to ensure that funds are used only for authorized purposes? 75.302(b)(4)

Findings: 4) *Effective control over, and accountability for, all funds, [property](#), and other assets. The [non-Federal entity](#) must adequately safeguard all assets and assure that they are used solely for authorized purposes. See [§ 75.303](#).*

f. Are Head Start funds used only for expenses associated with authorized Head Start activities? 75.302(b)(3)

Findings: (3) *Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, [obligations](#), unobligated balances, assets, [expenditures](#), income and interest and be supported by source documentation*

g. Are funds drawn down in relation to immediate cash needs and is the time between when funds are drawn down and payments are made minimized to ensure timely payment to vendors and contractors? 75.305(b)(1)

Findings: (1) The [non-Federal entity](#) must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the [non-Federal entity](#), and financial management systems that meet the [standards](#) for fund control and accountability as established in this part. [Advance payments](#) to a [non-Federal entity](#) must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the [non-Federal entity](#) in carrying out the purpose of the approved program or project. The timing and amount of [advance payments](#) must be as close as is administratively feasible to the actual disbursements by the [non-Federal entity](#) for direct program or [project costs](#) and the proportionate share of any allowable indirect costs. The [non-Federal entity](#) must make timely payment to [contractors](#) in accordance with the [contract](#) provisions.

h. Is the grantee liable for any fines, late fees, or penalties related to its function as an employer (e.g., IRS Department of Labor, workers compensation, unemployment insurance)? 75.441

Findings: Costs resulting from [non-Federal entity](#) violations of, alleged violations of, or failure to comply with, Federal, [state](#), tribal, local or foreign laws and regulations are unallowable, except when incurred as a result of compliance with specific provisions of the [Federal award](#), or with prior written approval of the [HHS awarding agency](#). See also [§ 75.435](#).

i. Does the grantee evaluate and monitor personnel and other fiscal operations to ensure compliance with laws, rules, regulations, and terms of the award? 75.303(c)

Findings: (c) Evaluate and monitor the [non-Federal entity](#)'s compliance with statutes, regulations and the terms and conditions of Federal awards

j. Does the grantee have a process for taking prompt action to address any identified areas of noncompliance? 75.303(d)

Findings: (d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings

2. Procurement.

a. Does the grantee have a process for the purchasing and contracting of goods and services? 75.302(b)(7)

Findings: (7) Written procedures for determining the allowability of costs in accordance with [subpart E](#) of this part and the terms and conditions of the [Federal award](#).

b. Does the grantee ensure all purchases and contracts meet the criteria affecting allowability? 75.403(a)-(g)

Findings: (a) Be necessary and reasonable for the performance of the [Federal award](#) and be allocable thereto under these principles.

(b) Conform to any limitations or exclusions set forth in these principles or in the [Federal award](#) as to types or amount of cost items.

(c) Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the [non-Federal entity](#).

(d) Be accorded consistent [treatment](#). A cost may not be assigned to a [Federal award](#) as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the [Federal award](#) as an indirect cost.

(e) Be determined in accordance with generally accepted accounting principles (GAAP), except, for [state](#) and [local governments](#) and [Indian tribes](#) only, as otherwise provided for in this part.

(f) Not be included as a cost or used to meet [cost sharing or matching](#) requirements of any other federally-financed program in either the current or a prior period. See also [§ 75.306\(b\)](#).

(g) Be adequately documented. See also [§§ 75.300](#) through 75.309.

c. Does the grantee ensure there are an adequate number of qualified vendors to demonstrate required competition for micro-purchases (currently below \$10,000), small purchases (\$10,000 to \$249,999) 75.329(a)-(b), and purchases over the simplified acquisition threshold (currently \$250,000)? 75.332

Findings: Part 1(a) Procurement by micro-purchases. Procurement by [micro-purchase](#) is the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the [micro-purchase](#) threshold (See *micro-purchase*). To the extent practicable, the [non-Federal entity](#) must distribute [micro-purchases](#) equitably among qualified suppliers. [Micro-purchases](#) may be awarded without soliciting competitive quotations if the [non-Federal entity](#) considers the price to be reasonable.

(b) Procurement by small purchase procedures. Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other [property](#) that do not cost more than the [Simplified Acquisition Threshold](#). If small

purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources.

Part 2 (a)

(1) Each [working section](#) and each [area](#) where mechanized mining equipment is being installed or removed, shall be ventilated by a separate split of [intake air](#) directed by overcasts, undercasts or other permanent ventilation controls.

(2) When two or more sets of mining equipment are simultaneously engaged in cutting, mining, or loading coal or rock from working places within the same [working section](#), each set of mining equipment shall be on a separate split of [intake air](#).

(3) For purposes of this section, a set of mining equipment includes a single loading machine, a single continuous mining machine, or a single longwall or short wall mining machine.

(b)

(1) Air that has passed through any [area](#) that is not examined under §§ [75.360](#), [75.361](#) or [75.364](#) of this subpart, or through an [area](#) where second mining has been done shall not be used to ventilate any [working place](#). Second mining is intentional retreat mining where pillars have been wholly or partially removed, regardless of the amount of recovery obtained.

(2) Air that has passed by any opening of any unsealed [area](#) that is not examined under §§ [75.360](#), [75.361](#) or [75.364](#) of this subpart, shall not be used to ventilate any [working place](#).

d. Does the grantee ensure it only makes purchases from, and contracts with, qualified vendors? 75.327(h)

Findings: *The [non-Federal entity](#) must award [contracts](#) only to responsible [contractors](#) possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as [contractor integrity](#), compliance with public [policy](#), record of past performance, and financial and technical resources. See also [§ 75.213](#).*

e. Does the grantee exclude related parties such as members of the governing body, staff, or family members as vendors, contractors, lessors, or lenders? 75.328(a)(4)(5)(7)

Findings: (4) Noncompetitive [contracts](#) to consultants that are on retainer [contracts](#);

(5) Organizational conflicts of interest;

(7) Any arbitrary action in the procurement process.

f. When the grantee approves purchases and contracted services, does it ensure free and open competition? 75.328(c)-(d)

Findings: (c) The [non-Federal entity](#) must have written procedures for procurement transactions. These procedures must ensure that all solicitations:

(1) Incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured. Such description must not, in competitive procurements, contain features which unduly restrict competition. The description may include a statement of the qualitative nature of the material, product or service to be procured and, when necessary, must set forth those minimum essential characteristics and [standards](#) to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a “brand name or equivalent” description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met by offers must be clearly stated; and

(2) Identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.

(d) The [non-Federal entity](#) must ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition. Also, the [non-Federal entity](#) must not preclude potential bidders from qualifying during the solicitation period.

Facilities and Equipment:

1.If Head Start funds have been used to make mortgage payments, fund renovations in excess of \$250,000 for a single facility, purchase a facility outright (land, building, modular unit), make a down payment, or construct a new facility, the grantee will describe:

a. How the grantee ensured it received prior Administration for Children and Families approval for use of funds. 75.308(c)(1)(xi)

Findings: (xi) The [recipient](#) wishes to dispose of, replace, or encumber title to [real property](#), equipment, or [intangible property](#) that are acquired or improved with a [Federal award](#). See [§§ 75.318](#), 75.320, 75.322, and 75.323.

b. How the grantee filed or posted a notice of Federal interest that reflects the use of funds. 1303.46(b)(1)-(4)

Findings: (1) If a grantee uses federal funds to [purchase real property](#) or a [facility](#), excluding [modular units](#), appurtenant to real property, it must record a notice of federal interest in the official real property records for the jurisdiction where the facility is or will be located. The grantee must file the notice of federal interest as soon as it uses Head Start funds to either fully or partially purchase a facility or real property where a facility will be constructed or as soon as it receives permission from the [responsible HHS official](#) to use Head Start funds to continue purchase on a facility.

(2) If a grantee uses federal funds in whole or in part to construct a facility, it must record the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to construct the facility.

(3) If a grantee uses federal funds to renovate a facility that it, or a third party owns, the grantee must record the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to renovate the facility.

(4) If a grantee uses federal funds in whole or in part to purchase a modular unit or to renovate a modular unit, the grantee must post the notice of federal interest, in clearly visible locations, on the exterior of the modular unit and inside the modular unit.

2.The grantee will demonstrate how the program maintains a complete inventory of all equipment purchased, in whole or in part, with Head Start funds. 75.320(d)(2)

Findings: (2) A physical inventory of the [property](#) must be taken and the results reconciled with the [property](#) records at least once every two years.

3.The grantee will demonstrate how the program ensures that the SF-429A is filed electronically (for all years after 2017), as well as the process for ensuring the accuracy of the SF-429A. 75.343

Findings: The [HHS awarding agency](#) or [pass-through entity](#) must require a [non-Federal entity](#) to submit reports at least annually on the status of [real property](#) in which the Federal Government retains an interest, unless the [Federal interest](#) in the [real property](#) extends 15 years or longer. In those instances where the [Federal interest](#) attached is for a period of 15 years or more, the [HHS awarding agency](#) or [pass-through entity](#), at its option, may require the [non-Federal entity](#) to report at various multi-year frequencies (e.g., every two years or every three years, not to exceed a five-year

reporting period; or an [HHS awarding agency](#) or [pass-through entity](#) may require annual reporting for the first three years of a [Federal award](#) and thereafter require reporting every five years).

Focus Area I Review

Monitoring and Implementing Quality Health Services

Child Health Status and Care

PM1: The grantee effectively monitors and maintains timely information on children's health status and care, including ongoing sources of health care, preventive care, and follow-up.

1. Does the grantee ensure children are up to date on a schedule of age appropriate medical and oral health care? (EPSDT) 1302.42(b)(1)(i)

Child health status and care.

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 exceptions noted in paragraph (b)(3) of this section, a program must:

(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 preventive and primary medical 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 issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

ANSWER:

- Data on each child is obtained from health care providers with a parent/guardian's written permission upon enrollment. When the requested information is received, the documentation is entered into ChildPlus, making it easy for us to monitor when each child is due for well-child visits, dental exams, physical, and vaccinations based on the EPSDT recommended guidelines. Staff is able to utilize the data to determine if there is further need for referrals, follow-up visits, or additional medical treatments. Staff can enter actions that have taken place to ensure that the appropriate steps are being taken to receive any additional care that is recommended by the child's health care providers. Family Engagement Case Managers and center teachers are able to use the provided information to discuss with caregivers the importance of following the recommended EPSDT guidelines and staying on schedule with necessary appointments.

2. Does the grantee ensure that ongoing care and extended follow-up care? 1302.42(c)-(d)

Child health status and care.

(c) *Ongoing care.* (1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where 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 preventive measures, and further oral health treatment as recommended by the oral health professional.

(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 may affect child's development, learning, or behavior.

(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.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

ANSWER:

- Teachers, Home Visitors, and Family Engagement Case Managers have regular communication with parents/guardians to obtain permission via written releases to obtain a medical documentation of each child enrolled in the program. The Health Assistant/Support Specialist ensures that the releases are mailed or faxed to the medical/dental professionals. The Health Assistant/Support Specialist monitors the incoming and outgoing documentation by using a log. When the documentation is received, the data is reviewed and entered into ChildPlus by the Health/Safety/Nutrition Specialist. ChildPlus is programmed with the EPSDT schedule requirements and notifies the user of the child's health status. The Health/Safety/Nutrition Specialist reviews the child's data to determine if the child's recommended medical care is on schedule.
- The West Virginia Statewide Immunization Information System website is frequently used to access the vaccination records of each child to confirm the status of the child's vaccination records.

- Our agency has contracts with two local medical centers and a local dental center to provide examinations to children who are in need of their services. Parents/guardians are notified that their child is in need of medical or oral health services and consent forms are obtained if the family chooses to receive physical and/or dental exams from the contracted providers.
3. Does the grantee ensure that each child has an ongoing source of continuous health care? 1302.42(a)(1)

Child health status and care.

(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.

ANSWER:

- During the enrollment process, parents/guardians are given an “Ensuring a Medical Home Form” to complete. The form is used to determine if the child has a health insurance provider and has an established relationship with a primary care provider for general medical needs. Within 30 days of enrollment, each child’s health status is assessed to determine the services that are needed for each individual.
- If it is determined that a child is in need of medical services, preventative care, and/or health coverage, then staff assists the family with finding the services to ensure that the child is receiving the appropriate health care.

4. Does the grantee educate, support, and collaborate with parents to share information about a child's health and well-being? *1302.41(a)*

Collaboration and communication with parents.

(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

ANSWER:

- Team meetings between the child's teacher and the Health/Safety/Nutrition Specialist are held three times a year. The purpose of these meetings is to discuss the child's current health status and to determine other areas of medical and/or dental concern. The teacher will discuss the child's health status with the parent/guardian and any concerns that may need additional attention. Our goal is to assist families to adhere to the recommended schedules for well-child screenings, immunizations, and oral health screenings. Parents are notified, in a timely manner, when their child is due for a well-child screening, immunizations, and/or oral health screening.
- Periodic observations are implemented by taking height and weight measurements each month in the center. Teachers also conduct visual and oral screenings each month. If an issue is identified during this time, the parents are notified immediately so they can make arrangements for the child to get the proper treatment as soon as possible.

Mental Health

PM2: The grantee supports a program-wide culture that promotes mental health and social and emotional well-being, and uses mental health consultation to support staff.

1. Does the grantee ensure mental health consultation is available to partner with staff and families in a timely and effective manner? *1302.45(a)(2)*

Child mental health and social and emotional well-being.

(a) Wellness promotion. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:

(2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;

ANSWER:

- The agency has a contract with KVC Behavioral HealthCare, a local child welfare and behavioral healthcare organization.
- An ASQ:SE-2 assessment is completed within the first 45 days of the child's first home visit or first day of class. The screening is completed to assess the child for behavioral and social/emotional issues. If the child does not pass the screening, then the child will be reassessed in 30-45 days after the initial screening unless the score was significantly low. If the child fails to pass the second screening the parents are notified and a referral is made to KVC for behavioral health services.
- Staff will discuss the services that KVC offers with the family and make a referral. Staff will explain that services are available for the family in the home and in the classroom setting. When the family consents to referral a form is completed and given to the infant and toddler specialist who sends it to KVC. The infant and toddler specialist monitors the progress and follow up of the referral. A home visit is conducted by the child's Head Start teacher when the child scores below the cut off to inform the family of their rights and to discuss the IEP process.

2. Does the grantee use mental health consultant(s) to support children, staff, and families in meeting mental health and social and emotional needs? 1302.45(b)(3)

Child mental health and social and emotional well-being.

(b) *Mental health consultants.* A program must ensure mental health consultants assist:

(3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;

ANSWER:

- KVC Behavioral HealthCare will meet with staff and/or home visitors when there is a mental health concern with a child. KVC staff will be available in the central office to meet with families at least two times per school year for consultation.
- KVC staff provides classroom observations, family and staff consultations as needed, and will provide in-home services to children and families when necessary.
- KVC shares strategies with teaching staff that can be utilized within the classroom.

Oral Health and Nutrition

PM3: The grantee maintains and monitors for effective oral health practices and nutrition services that meet the nutrition needs and accommodate feeding requirements and allergies.

1. Does the grantee promote effective oral health hygiene by ensuring children with teeth are assisted in brushing their teeth once a day? *1302.43*

Oral health practices.

A program must promote effective 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.

ANSWER:

- Our program promotes oral health practices throughout the day at each center. After breakfast and lunch, children are provided their own toothbrush. A single serving of toothpaste is given to each child to place on their brush. The toothpaste provided contains fluoride as recommended by the ADA and is suitable for children of that age group. Toothbrushes will be air dried and replaced with new ones every three months. If a child develops an illness their toothbrush is immediately replaced.
- Staff will demonstrate the proper way to brush teeth and assist each child individually if they require additional aide.
- Staff discusses with children the importance of brushing their teeth daily, especially after meals. Staff encourages the children to practice good oral hygiene at home.

2. Does the grantee implement nutrition services that are culturally and developmentally appropriate, including meeting the nutritional needs of babies and young children? *1302.44(a)(1)*

Child nutrition.

(a) Nutrition service requirements. (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).

ANSWER:

- Our program obtains monthly heights and weight measurement of each child. During enrollment, a dietary questionnaire is completed to assist with determining the child's nutritional needs. Any food allergies or other dietary concerns that will need addressed are also reported at the time of enrollment. Meals and snacks served in each center adhere to the guidelines provided by the USDA. Menus are planned to ensure that each center is providing the children with nutrient rich meals that are age appropriate and low in fat, sugar, and salt. A licensed nutritionist/dietician reviews and approves the menus. Adjustments to menus through substitutions are made for children with known food allergies and cultural considerations when the needs arises. Copies of menus are given to each family to ensure that the parent/guardian is informed about what their child is consuming each day while in the center.
- Meals are served family style in which each food is placed on the dining table in their own serving dish. Children are encouraged to place food onto their own plates and are assisted and monitored by staff to ensure that they are getting an appropriate serving size of each dish provided.

3. Does the grantee post individual child food allergies prominently where staff can view wherever food is served? *1302.47(b)(7)(vi)*

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(7) *Administrative safety procedures.* Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: (vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

ANSWER:

- Center staff is informed of known food allergies when the child is enrolled into the program. Food allergies are posted on the inside of a cabinet door in the center kitchen. This is to provide confidentiality for the child. All staff members are informed about the child's food allergy so they can closely monitor the child to ensure that the child does not come into contact with the food during meal times. If a child's food allergy is severe, then those foods are not served in the center at all.
- Each child with a food allergy has documentation from their attending physician detailing the severity of the allergy. Children with allergies have parent care plans that are kept in the teacher's files at the center. If a child requires medication, such as a prescribed epi-pen, training has been provided to the teacher during pre-service trainings and medication administration training. Protocol for exposure is individualized for each child based upon the severity of the allergic reaction. If the reaction is mild and does not require any type of medical intervention, then the parent/guardian is notified of the occurrence and encouraged to follow up with their primary care provider. If the reaction is severe, then emergency services will be notified for medical transport to an appropriate medical facility. The parents will then be notified of the occurrence and the actions that were taken following the incident. Staff will document any incidents in a report that is kept in the child's file.

Safety Practices

PM4: The grantee has implemented a process for monitoring and maintaining healthy and safe environments. This includes ensuring all staff have complete background checks.

1. The grantee will demonstrate how the program keeps all facilities safe through an ongoing system of preventative maintenance. *1302.47 (b)(1)(ix)*

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(1) *Facilities.* All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

(ix) Kept safe through an ongoing system of preventative maintenance.

ANSWER:

- Teachers and staff conduct daily safety checks in the classroom and on the playground. Staff conducts walk-throughs around the interior of the building looking for any areas of concern that could become a safety hazard. All areas on and around the playground and playground equipment are inspected daily to identify anything that needs removed, replaced, or repaired. Daily reports are completed and faxed to the main office detailing any areas of concern. Anything deemed an immediate danger is promptly addressed and taken care of swiftly.
- All facilities are thoroughly cleaned and disinfected daily after the children have left the building.
- All employees take a food handler's class for certification to safely and properly handle and prepare food.
- All staff are required to be certified in CPR and First Aid procedures and to maintain their certification throughout their time of employment with our agency.
- Staff are required to participate in OSHA and bus safety training during the annual Preservice trainings.
- A WV Cares form is completed at the time of interview for all applicants. Upon being hired for a position, an appointment for fingerprinting is immediately made while the employee enrollment packet is being completed. The employee goes for fingerprinting and results are sent to the HR department within 1-2 hours after completion. CIB-FBI background checks are completed on every employee before they are allowed in a classroom.

2. The grantee will demonstrate how the program keeps all equipment and materials safe through an ongoing system of preventive maintenance. *1302.47(b)(2)(v)*

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(2) *Equipment and materials.* 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 the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:

(v) Be kept safe through an ongoing system of preventative maintenance.

ANSWER:

- Routine inspections are completed by the fire marshal, childcare licensing, and health department.
- Health and safety checklists are conducted three times per year by the management team.
- All playground equipment meets quality standards for the targeted age group and are routinely inspected to ensure safety.

3. Does the grantee report suspected or known child abuse and neglect? 1302.47 (b)(5)(i)

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;

ANSWER:

- If a staff member suspects a child is being abused or neglected outside of the center, then the employee shall notify the Family and Community Partnership Specialist, if unavailable, the Head Start/Early Head Start Director, if unavailable, the Executive Director for consultation except in cases of emergency. In those instances, the employee is mandated to contact the Child Protective Services Unit at the West Virginia Department of Health and Human Services to report. A written report must then be completed and submitted to the Family and Community Partnership Specialist and faxed to the WVDHHR within 48 hours after a report is made.
- If an employee witnesses or suspects another employee is involved in abuse or neglect they are required to promptly report it to their immediate supervisor. Authorities will be contacted and an internal investigation will also be completed. The Program Director will conduct the investigation and place the suspected staff member(s) on administrative leave until the investigation is concluded. The findings of the investigation will then be reported to the policy council where a plan of action will be determined. Contact will be maintained with the DHHR to stay up to date on the status of the case.

4. Does the grantee ensure safe sleep practices? *1302.47(b)(5)(ii)*

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(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;

ANSWER:

- All staff are required to complete Safe Sleep Training.
- All sleep equipment provided in each center comply with Federal standards. Each child up to 12 months of age and under 35 inches is provided a crib with a firm mattress. Firm cots are provided for children between 13-24 months of age. Firm Cots or mats are provided for each child 25 months or older.
- Each child is provided a soft, clean blanket/sheet at nap time. Each blanket/sheet is laundered and sanitized weekly. If the bedding becomes soiled or if the child develops an illness, then it will be laundered immediately. Each child's bedding is stored in separate containers and children are not permitted to use other children's bedding.
- Children are not permitted to sleep with toys.

5. Does the grantee ensure appropriate indoor and outdoor supervision? 1302.47(b)(5)(iii)

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(iii) Appropriate indoor and outdoor supervision of children at all times;

ANSWER:

- Staff-to-child ratio is maintained in each classroom and outdoors to ensure that the children can be seen and/or heard at all times.
- There are always two staff members present with children at all times.
- Staff ensures that all children remain in areas approved for daily activities.
- Outdoor play areas are fenced in and boundaries are clearly marked. Children are taught that they cannot leave the play area or open the gates. Staff monitors the gate areas to ensure that children are compliant. Staff escorts the child indoors if the child needs to use the restroom.

6. Does the grantee only release children to an authorized adult? 1302.47 (b)(5)(iv)

Safety practices.

(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 and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(iv) Only releasing children to an authorized adult.

ANSWER:

- Transportation forms that designates authorized adults are completed at the time of enrollment. This documentation is entered into ChildPlus. Copies are also kept in the child's records at the center and on the child's bus.
- Staff checks the documentation before releasing a child to anyone and will ask for identification when necessary to ensure that the person wanting to take the child is authorized by the parent/guardian to do so.

7. Does the grantee prevent maltreatment or endangerment of children? 1302.90(c)

Safety practices.

(c) *Standards of conduct.* (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that:

(i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;

(ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:

(A) Use corporal punishment;

(B) Use isolation to discipline a child;

(C) Bind or tie a child to restrict movement or tape a child's mouth;

(D) Use or withhold food as a punishment or reward;

(E) Use toilet learning/training methods that punish, demean, or humiliate a child;

(F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;

(G) Physically abuse a child;

(H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,

(I) Use physical activity or outdoor time as a punishment or reward;

ANSWER:

- Staff ensures that behavior managements and discipline are constructive, educational, and age appropriate. Staff helps the child assume personal responsibility for their actions.
- Staff redirects the child to engage in alternate behaviors and assists the child in understanding why his/her behaviors are not appropriate. Encourage the child to express his/her emotions in more appropriate manners.
- Time outs are used to allow the children over three years of age to calm down and gain control of their emotions. Time outs are age appropriate and do not exceed more minutes than the child's age. Time outs are only used for behaviors that are persistent and unacceptable.
- Disciplinary measures are explained to a child in a calm manner and in a way that they can understand why the behavior they exhibited is not appropriate.

8. The grantee will describe its method for ensuring all staff have completed the background checks prior to hire (If staff are not ensuring staff receive background checks prior to hire, please note the reasons why, how many staff did not get the CRC before hire, and review the written documentation they have to validate all staff have required checks). List all staff that did not have a background check. *Sec. 648A(g)(3)*

Safety practices.

(g) Staff Recruitment and Selection Procedures- Before a Head Start agency employs an individual, such agency shall—

(3) obtain--

(A) a State, tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children;

(B) a State, tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or

(C) a criminal record check is otherwise required by Federal Law.

ANSWER:

- **A WV Cares form is completed by each job applicant at the time of their interview. Upon being hired, an appointment for fingerprinting is made while the applicant is completing their employee enrollment packet. The employee is fingerprinted and the CBI-FBI background check results are sent to the HR department within two to three hours.**
- **One hundred percent of staff have had background checks before they are allowed in a classroom or to provide any other services.**

Services for Pregnant Women

PM5: For programs serving pregnant women, the grantee provides and monitors for quality services that facilitate enrolled pregnant women's access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being.

1. The grantee will describe how the program connects women to comprehensive services and conducting newborn visits. *1302.80*

Enrolled pregnant women.

(a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.

(b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.

(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.

(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.

ANSWER:

- Prenatal home visitors will provide clients with a comprehensive listing of area providers for medical and dental services and other resources during the first home visit. At this time, an Ensuring a Medical Home form is completed
- Within 90 days of enrollment into the program and on an as needed basis, home visitors will work with parents/prenatal clients, the DHHR and, CHIP to determine the client's eligibility for those services. Plans for follow-up appointments and other necessary treatments for medical and dental work are also developed during this time period.
- Home visitors assist the family with implementing a plan to follow recommendations for medical and vaccination guidelines and collaborate with providers and make referrals to ensure that the client's is receiving the necessary services.

2. The grantee will describe how the program provides prenatal and postnatal education, supports parents during pregnancy, and works to reduce stress and maternal depression. *1302.81*

Prenatal and postpartum information, education, and services.

(a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.

(b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.

ANSWER:

- Our prenatal program follows the *Partners For a Healthy Baby curriculum*.
- Home visitors work on developing relationships with the prenatal clients and families from the beginning. In the early visits, families are provided educational training on fetal development and safe sleep. Home visitors also discuss the risks and dangers of drug, alcohol, and tobacco use.
- During each weekly visit, the prenatal client is provided with information about the client's current stage of pregnancy. Proper nutrition is a big focus and is discussed with the client during each visit.
- Visitors utilize reading material and visual aids to help educate the client. Our visitors serve as a link between families and community resources such as mental health treatment, medical services, and nutrition assistance.
- As the delivery date gets closer, clients are educated about things to expect right before, during, and just after giving birth. Mothers are educated about important information such as the benefits of breastfeeding and how to do so properly if needed. The visitors serve as an important support to many new mothers.
- The home visits continue until the baby is approximately two months old. During that time, the home visitors regularly monitor the baby's weight and height to ensure proper physical development. They monitor for post-partum depression by utilizing the EPDS screening tool and offer linkage to mental health services if needed.
- Throughout the entire prenatal process, our home visitors encourage father involvement and share with them ways that they can play a big role in the parenting process. Additionally, we offer socialization activities every other week for prenatal clients that are available to both parents. These events give them the opportunity to interact with peers and to discuss different ideas and to share experiences.

MOUNTAINHEART COMMUNITY SERVICES, INC.
HEADSTART/EARLY HEADSTART
SELF-ASSESSMENT
2019-2020 PROGRAM YEAR SUMMARY

MountainHeart Community Services, Inc.'s Head Start and Early Head Start programs jointly conducted its annual self-assessment for the 2019-2020 program year during the months of February – April 2020. Four teams were established, in which each team were headed by members of the management team. Each team consisted of managers, direct service staff, parents, board members and community partners when available. These teams utilized Head Start Performance Standards as they conducted this self-assessment. Reports from the four teams are attached and include strengths, recommendations, and findings in each area.

Federal Regulations Compliancy

- I. Governing body use of information and data. 1301.2
- II. Staff qualifications and competencies. 1302.91(a)
- III. Staff training and professional development. 1302.92(b)
- IV. Management system implementation and coordinated approaches. 1302.101(a)-(b)
- V. Monitoring program performance. 1302.102(b)
- VI. Using data for ongoing improvement. 1302.102(c)
- VII. Reporting. 1302.102(d)
- VIII. Governing body responsibilities. 642(c)(1)(E)(ii)
- IX. Governing body responsibilities. 642(c)(1)(E)(iv)(V)(bb)
- X. Policy council responsibilities. 642(c)(2)(D)(i)

Management Assessment Quality Control Analysis

Program Management

PM1: The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervisor and support to staff.

- I. The grantee will demonstrate how the management team members use their knowledge, training, experience, and competencies to ensure high-quality service delivery. 1302.91(a)
- II. The grantee will demonstrate how the management/organizational structure provides effective management and oversight of all program areas. 1302.101(a)(1)
- III. The grantee will demonstrate how managers provide ongoing supervision and professional development to support individual staff. 1302.101(a)(2); 1302.92(b)

Ongoing Monitoring and Continuous Improvement

PM2: The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development.

- I. The grantee will demonstrate how data is aggregated, analyzed, and compared to inform strategies for continues improvement in all service areas and to identify risks. 1302.102(c)(2)(i)
- II. The grantee will demonstrate how information is used for ongoing monitoring and improvement of teaching practices, child-level assessments, family outcomes, health and safety practices, and other comprehensive services. 1302.102(c)(2)(iv)
- III. The grantee will demonstrate how information is provided to the Director and across the management team to support coordination between services.
- IV. The grantee will demonstrate how the program evaluates progress toward meeting program goals. 1302.102(b)(1)(i)
- V. The grantee will demonstrate how the program maintains full and effective participation of children who are dual language learners and their families. 1302.101(b)(2)

Program Governance

PM3: The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation.

- I. The governing body members will demonstrate how they have adopted practices that ensure active, independent, and informed governance of the Head Start agency. 642(c)(1)(E)(ii)
- II. The governing body members will demonstrate how they use data (both program data and external information) to oversee the provision of quality services for children and families and to ensure progress toward school readiness. 1301.2(b)(2)
- III. The governing body members will discuss how they oversee the agency's progress in carrying out programmatic provisions of the agency's grant application. 642(c)(1)(E)(iv)(V)(bb)

PM 4: The grantee's policy council is engaged in the direction of the program, including program design and planning of goals and objectives.

- I. The policy council members will demonstrate how they support active involvement of parents in program operations and how they ensure the agency is responsive to community and parent needs. 642(c)(2)(D)(i)
- II. The policy council members will describe the type of information they use to ensure the program is delivering quality services to actively participate in the direction of the program. 1302.102(d)

Program Management & Quality Improvement Self-Assessment, 2020

Program Management & Quality Improvement

Team Members: Susan Stafford - Head Start/Early Head Start Director

Tracy Cox - Family Support/File Specialist (HS/EHS)

Teresa Runyon - Chief Financial Officer

Melissa Cantrell – Early Head Start Lead Teacher

Adam Bradford – Data Manager/Quality Control Specialist

Program Design

Strengths: The program design is stipulated by federal and sub-sequential guidelines in order to sufficiently fulfill the needs of children and families by utilizing the following procedural tools; Community Assessment, Family Assessment, and Program Planning operations. These procedures are analyzed for functional acquisition by the Management Staff to which they assess the individualistic needs of each child and family.

The program is designed to serve the surrounding communities with classroom-based, education centers that are located throughout the county, and, for meeting specified needs of children and families. Early Head Start serves children under the age of one along with children under the age of three that are not enrolled in a center through the option of Home Base education.

Each center classroom exceeds the minimum qualifications of staffing ratio allocated with Driver/Aides and Transportation/Nutrition units working within the classrooms alongside the teaching staff.

Recommendations: None

Findings: None

Program Management

Strengths: Management works alongside the Board of Directors by sharing information on changes that have occurred within the program, such as changes within Performance Standards and changes occurring within the community. Management staff integrates involvement with the Policy Council and the Board of Directors in regards to the Self-Assessment process. The Management Staff shares data with the Policy Council and Board of Directors in the form of reports, recorded minutes, information received through email and social media distribution.

Data is collected through Child-Plus from reports and checklists appropriated in each element section to assess and determine the needs of the staff and the children and families that they serve.

Supervisors with the program conduct performance evaluations on staff to assess and determine developmental opportunities for evolving improvement and professionalism within the program.

Recommendations: None

Findings: None

Program Governance

Strengths: The program's governing body is in compliance within the regulations of the Head Start Performance Standards and the Community Action Board. Recorded minutes within the Policy Council are reviewed and approved by the Board of Directors, and, the recorded minutes of the Board of Directors are provided to the Policy Council.

Both the Board of Directors and the Policy Council are provided with appropriated training. Email transmission and impartation is forwarded by the Director to that of the Board of Director members, Policy Council members and Management staff.

Recommendations: None

Findings: None

Program Data Management/Quality Control Assurance: A data management/quality control specialist position was designed for the purpose of reviewing and inputting data information with the program's database system. The embodiment of this position is to identify risks, transfer and oversee data programs used within the program, verifying data compared to its sourced documents and updating existing data. This position will produce reports highlighting issues and providing potential solutions.

Recommendations: None

Findings: None