



**CONCHO VALLEY**  
COUNCIL OF GOVERNMENTS

**EXECUTIVE COMMITTEE MEETING**

Wednesday, July 13, 2022 at 2:00 p.m.  
Concho Valley Council of Governments  
5430 Link Rd, San Angelo, Texas 76904 and via Teleconference

*The meeting place is accessible to persons with disabilities. If assistance is needed to observe or comment, please call the CVCOG office at 325-944-9666 at least 24 hours prior to the meeting.*

Join By Zoom Teleconference - <https://us06web.zoom.us/j/81640467384>

**\*Meeting ID: 816 4046 7384 \*Passcode: 797244**

833 548 0282 US Toll-free  
888 788 0099 US Toll-free

877 853 5247 US Toll-free  
833 548 0276 US Toll-free

**NOTICE:** The Concho Valley Council of Governments may discuss, deliberate and take all appropriate action on any matter listed on this Agenda. Items on this Agenda may be taken out of the order listed. The Executive Committee reserves the right to deliberate in closed session pursuant to 551 of the Texas Government Code. Public comment is limited to three minutes per person on any agenda item.

1. DETERMINATION OF QUORUM AND CALL TO ORDER
2. INVOCATION & PLEDGE OF ALLEGIANCE
3. PUBLIC COMMENT
4. CONSENT AGENDA
  - a. Consider minutes from the June 8, 2022 Meeting and take appropriate action.
  - b. Consider and take appropriate action concerning Travel Report May 2022
5. REGULAR AGENDA
  - a. Consider and take appropriate action concerning Checks in Excess of \$2,000 for May 2022.
  - b. Consider and take appropriate action concerning the Budget Comparison Report for Head Start Grant 829 FY 21-22, YTD June 1, 2021 through May 31, 2022.
  - c. Consider and take appropriate action concerning the Budget Comparison Report for Head Start Nutrition FY 21- 22 Grant H02, YTD October 1, 2021 through May 31, 2022.
  - d. Consider and take appropriate action concerning the Head Start Credit Card/Open Account Summary for May 2022.
  - e. Consider and take appropriate action concerning the Head Start Implementation Plans.
  - f. Consider and take appropriate action concerning the Head Start Emergency Response Plans for all sites.

- g. Consider and take appropriate action concerning the Head Start Operations Policies and Procedures for 2022-2023 School Year.
- h. Consider and take appropriate action concerning the Head Start Personnel Policies Addendum.
- i. Consider and take appropriate action concerning Resolution 22-07131 Delegation of Signature Authority for CVCOG

6. INFORMATION ITEMS & REPORTS

- a. Toni Roberts, Director of AaA, update on 211 CV Virtual Site Review for Accreditation (took place on July 7, 2022)
- b. Review of the CVCOG Monthly Financials for May 2022
- c. CVCOG Head Start Director's Report

7. CLOSED SESSION

- a. Personnel Matters

8. FOLLOW UP AND ADMINISTRATIVE ITEMS

- a. Consider and take appropriate action concerning appointment of an Interim Executive Director
- b. Announcements and consideration of future agenda items

9. ADJOURNMENT

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*The Concho Valley Council of Governments reserves the right to conduct an executive/closed session at any time during the course of this meeting to discuss any matter listed on the agenda posted for this meeting, as needed, pursuant to one or more authorized and applicable exceptions to an open meeting described in Chapter 551 of the Texas Government Code (the Texas Open Meeting Act), including but not limited to the following statutory exceptions: Texas Government Code Sections 551.071 and 551.129 (Consultation with Attorney), 551.072 (Deliberation Regarding Real Property), 551.073 (Deliberation Regarding Prospective Gift or Donation), 551.074 (Personnel Matters), 551.076 and 551.089 (Deliberation Regarding Security Devices or Security Audits), or 551.087 (Deliberation Regarding Economic Development Negotiations).*

Posted in accordance with the Texas Government Code, Title V, Chapter 551, Section .053 this, 8<sup>th</sup> day of July 2022.

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**Erin M. Hernandez, Assistant Executive Director**



## EXECUTIVE COMMITTEE MEETING MINUTES Wednesday, June 8, 2022

The Executive Committee of the Concho Valley Council of Governments met on Wednesday, June 8, 2022 at 5430 Link Rd., San Angelo, Texas 76904 and via Zoom Teleconference.

Members present were:

**Hal Spain, Chairman**, Coke County Judge  
**Jim O'Bryan, Vice-Chairman**, Reagan County Judge  
**Brandon Corbin, Secretary**, Menard County Judge  
**Jerry Bearden**, Mason County Judge  
**Molly Criner**, Irion County Judge  
**Fred Deaton**, Crockett County Judge  
**Bill Dendle**, San Angelo ISD Board Member  
**David Dillard**, Concho County Judge  
**Deborah Horwood**, Sterling City Judge  
**Souli Shanklin**, Edwards County Judge  
**Delbert Roberts**, Kimble County Judge  
**Steve Floyd**, Tom Green County Judge  
**Frank Trull**, McCulloch County Judge  
**Rachel Duran**, Sutton County Judge

Members absent were:

**Charlie Bradley**, Schleicher County Judge  
**Lucy Gonzales**, COSA Council Member, District 4

### **BUSINESS**

Chairman Hal Spain announced the presence of a quorum and called the meeting to order at 2:00 p.m.

Judge Frank Trull gave the invocation and led the Pledge of Allegiance.

There was no public comment.

### **APPROVAL of the Consent Agenda**

- a. Judge Souli Shanklin made a motion to approve the Meeting Minutes from May 11, 2022. Judge David Dillard seconded the motion. No questions or discussion. The motion passed unanimously.
- b. Judge Souli Shanklin made a motion to approve the Staff Travel report from April 2022. Judge David Dillard seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPROVAL of Checks**

The checks in excess of \$2,000 written for April 2022 were presented by Assistant Director of Finance, Michael Meek. Judge Jerry Bearden made a motion to approve the checks as presented. Judge Delbert Roberts seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPROVAL of the Budget Comparison Report for Head Start Grant 829**

Stephanie Hernandez, Assistant Director of Head Start, presented the Budget Comparison Report for Head Start Grant 829 FY 21-22, YTD June 1 through April 30, 2022 for approval. Judge Souli Shanklin made a motion to approve the Budget Comparison report as presented. Judge Fred Deaton seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPROVAL of the Budget Comparison for Head Start Nutrition Grant H02**

Stephanie Hernandez, Assistant Director of Head Start, presented the Budget Comparison Report for Head Start Nutrition FY 21-22 Grant H02 FY 21-22, YTD October 1, 2021 through April 30, 2022 for approval. Judge David Dillard made a motion to approve Budget Comparison Report as presented. Judge Jim O'Bryan seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPROVAL of the Head Start Credit Card/Open Account Summary Transactions**

Stephanie Hernandez, Assistant Director of Head Start, presented the CVCOG Head Start Credit Card/Open Account Summary Transactions for the month of April 2022. Judge David Dillard made a motion to approve the summary of transactions as presented. Judge Souli Shanklin seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPROVAL of the CVCOG Requisition Request to upgrade the current MIP Accounting System not to exceed \$42,000**

Nancy Ianuario, Director of Finance, requested the approval of the CVCOG Requisition Request to upgrade the current MIP Accounting System not to exceed \$42,000. Judge Jerry Bearden made a motion to approve the summary of transactions as presented. Judge Molly Criner seconded the motion. No questions or discussion. The motion passed unanimously.

### **APPOINTMENT of a Committee to conduct a Performance Evaluation of the CVCOG Executive Director.**

Felicitee Jones, Director of Human Resources, requested nominations or volunteers to serve as the committee to conduct a Performance Evaluation of the CVCOG Executive Director. The committee members are as follows: Judge Brandon Corbin, Judge Hal Spain, Judge Jerry Bearden and alternate, Judge Charlie Bradley. Judge Molly Criner made a motion to approve the committee that were nominated or volunteered. Judge Fred Deaton seconded the motion. No questions or discussion. The motion passed unanimously.

### **INFORMATION ITEMS & REPORTS**

- a. Toni Roberts, Director of AaA – Presented an update on 2-1-1 Accreditation process. A virtual site date is needed. Mrs. Roberts asked for volunteers for the virtual site inspection with a projected date of June 15 – 17, 2022. Judge David Dillard, Judge Charlie Bradley, Judge Steve Floyd, and possibly Judge Frank Trull volunteered.
- b. Nancy Ianuario, Director of Finance, gave the report of the CVCOG Monthly Financials for April 2022. She gave an overview of the balance sheet, schedule of revenue and cash flow.
- c. Stephanie Hernandez, Assistant Director of Head Start, gave a report on the operations, enrollment, disability numbers, and state of the Head Start and Early Head Start Centers.
- d. John Austin Stokes, Executive Director, provided updates/information on the following items:
  - Briefed the committee on the shooting incident that took place close to the Rio Vista Head Start Site
  - Stated that the 9-1-1 servers and backup servers are officially out of the old building and set up at Link Rd
  - TARC Regional Council Meeting was held in Beaumont
  - TCEQ Sunset Hearing is set for June 22, 2022
  - Working on budgets with a possible COLA of 6% to keep up with the economy
  - Congratulated Transit on their extensive work when the airport was in need of assistance with passengers. Transit may be able to bill American Airlines for the time used.

### **ADJOURNMENT**

There being no further items to discuss, Judge Jerry Bearden made a motion to adjourn the meeting. Judge Fred Deaton seconded the motion. Chairman Hal Spain adjourned the meeting at 2:22p.m.

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Duly adopted at a meeting of the Executive Committee of the Concho Valley Council of Governments on this 13th day of July 2022.

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Judge Hal Spain - Chairman

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Judge Jim O'Bryan, Vice-Chairman

**Concho Valley Council of Governments**  
**Travel Report**  
**For the month of May 2022**

Employee Name	Program	Nature of Travel	Dates	Estimated Cost	Travel Advances	Date Employee Notified of Authorization
Barron, Ofelia	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,060.00	\$224.00	02/17/2022
Hernandez, Stephanie	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,260.00	\$224.00	02/17/2022
Husted, Mary	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,060.00	\$224.00	02/17/2022
Mayberry, Cheryl	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,060.00	\$224.00	02/17/2022
Miranda, Melissa	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,060.00	\$224.00	02/17/2022
Raymond, Carolina	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,260.00	\$224.00	02/17/2022
Walker, Stacy	Head Start	Ntl Head Start Conf in Baltimore, MD	05/02/22 - 05/05/22	\$2,060.00	\$224.00	02/17/2022
<del>Mears, Nolen</del>	<del>SVP</del>	<del>AmeriCorps Seniors Conf Washington DC</del>	<del>05/09/22 - 05/13/22</del>	<del>\$2,189.00</del>		<del>03/02/2022</del>
Garibay, Hilda A	PUB	TDEM Conference San Antonio, TX	05/30/22 - 06/02/22	\$1,119.36	\$0.00	04/18/2022
Nixon, Nicole	PUB	TDEM Conference San Antonio, TX	05/30/22 - 06/02/22	\$1,119.36	\$0.00	04/18/2022
				<b>\$19,247.72</b>	<b>\$1,568.00</b>	

**CVCOG**  
 Check/Voucher Register  
 From 5/1/2022 Through 5/31/2022

Document Number	Document Date	Name	Transaction Description	Document Amount
192072	5/3/2022	AFLAC	Acct J5711 April 2022 Premium	7,926.50
192074	5/3/2022	AMERICAN UNITED LIFE INSURANCE COMPANY	G 00620509 Employees life premium: 05/01/2022 to 05/31/2022	8,208.93
192075	5/3/2022	AMERITAS LIFE INSURANCE CORP	Acct 010-028641 Dental Premiums 04/01/2022 to 04/30/2022	8,423.60
192076	5/3/2022	AVSystems Inc	EDA: video conference system in main conference room	18,785.00
192077	5/3/2022	BANK & TRUST	Admin: Health Saving Acct for payroll 04-29-2022	4,415.37
192078	5/3/2022	BLUE CROSS AND BLUE SHIELD OF TEXAS	029143 CVCOG Group Health Ins 2022 05/01/22 - 06/01/22	172,726.44
192079	5/3/2022	CARDMEMBER SERVICE	Admin: May 2022 Credit Card Payment	10,284.04
192080	5/3/2022	CHRISTOVAL ISD	HS: Early Childhood Teacher Salary for May 2022	2,300.00
192084	5/3/2022	CROSS KEYS APARTMENTS	AaA: 1354391540 - April, May, June Rent	2,295.00
192085	5/3/2022	CVCOG TRANSIT DISTRICT	RS: Rural Trips for Feb 2022	2,479.00
	5/3/2022	CVCOG TRANSIT DISTRICT	RS: Urban Trips for Feb 2022 ED-5310	11,256.00
192086	5/3/2022	DELL MARKETING L.P.	Admin: new computer system for Assistant Dir of Finance	2,958.49
192091	5/3/2022	NATIONWIDE RETIREMENT SOLUTIONS	ADMIN: NACO & Roth 457B Payroll 04-29-2022	3,490.00
192095	5/3/2022	SOUTHLAND PARK OF ANGELO L.P.	Facility: Apr 2022 Rent COG main office 04-1-22 to 04-30-22	26,000.00
192096	5/3/2022	SOUTHLAND PARK OF ANGELO L.P.	Facility: May 2022 Rent COG main office 05-1-22 to 05-31-22	26,000.00
192099	5/3/2022	Sysco West Texas	HS/EHS: Day Food for Children and Kitchen supplies.	3,718.59
	5/3/2022	Sysco West Texas	HS/EHS: Rio Vista Food for Children and Kitchen Supplies	2,089.87
	5/3/2022	Sysco West Texas	HS/EHS: Day Food for Children and Kitchen Supplies.	3,863.77
	5/3/2022	Sysco West Texas	HS/EHS: Rio Vista Food for Children and Kitchen Supplies	2,429.51
	5/3/2022	Sysco West Texas	HS/EHS: Day Food for children and Kitchen supplies	2,966.24
192100	5/3/2022	TXU ENERGY RETAIL COMPANY LLC	HS/Admin: Electricity	4,964.51
192102	5/3/2022	VERIZON BUSINESS-15043	PUB: 911 MPLS Network 03/01/22 - 03/31/22	59,039.46
192110	5/11/2022	BANK & TRUST	Admin: Health Saving Acct for payroll 05/13/2022	4,333.99
192114	5/11/2022	CARDMEMBER SERVICE	Admin: May 2022 Credit Card Payment	2,893.11
192115	5/11/2022	Citibank	May 2022 credit card payment	22,742.56
192117	5/11/2022	CONCHO EDUCATORS FEDERAL CREDIT UNION	SVP: Gift cards for FGP/SCP volunteers	7,140.00
192118	5/11/2022	CONDLEY AND COMPANY L.L.P	Admin: Audit Services rendered through 03/31/22	34,129.44
192123	5/11/2022	TEXAS DEPARTMENT OF INFORMATION RESOURCES	PUB; 911 cstmr cd PA30000TSD AVPM crcts 01/01/22 - 01/31/22	8,297.83
192127	5/11/2022	NATIONWIDE RETIREMENT SOLUTIONS	ADMIN: NACO & Roth 457B Payroll 05-13-2022	3,490.00
192130	5/11/2022	PURCHASE POWER	Admin: Postage refill	2,099.66
192136	5/11/2022	SCHLEICHER COUNTY ISD	HS: Eldorado- Early Childhood Teacher Program for May 2022	2,000.00
192145	5/11/2022	Sysco West Texas	HS/EHS: Day Food for Children and Kitchen Supplies	3,287.68
192153	5/18/2022	AVSystems Inc	Econ Dev: 50% Deposit on Tekvox drop in system	9,672.50
192155	5/18/2022	CARDMEMBER SERVICE	Admin: May 2022 Credit Card Payment	2,901.57
192157	5/18/2022	CITY OF BRADY	AaA: Congregate Meals Brady 03-22	2,095.99
192158	5/18/2022	CITY OF SAN ANGELO AGING PROGRAM	AaA: Congregate Meals COSA 03-22	10,698.40
192163	5/18/2022	CVCOG TRANSIT DISTRICT	Reg Svcs: JC Roberts Const. 10/01/21 - 10/31/21	47,500.00
192174	5/18/2022	KIMBLE COUNTY SCBA	AaA: Congregate Meals KMOW 03-22	2,486.24
	5/18/2022	KIMBLE COUNTY SCBA	AaA: Congregate Meals KMOW 04-22	2,304.32

**CVCOG**  
 Check/Voucher Register  
 From 5/1/2022 Through 5/31/2022

Document Number	Document Date	Name	Transaction Description	Document Amount
	5/18/2022	KIMBLE COUNTY SCBA	AaA: HDM Meals KMOw 03-22	3,547.08
	5/18/2022	KIMBLE COUNTY SCBA	AaA: HDM Meals KMOw 04-22	3,037.32
192182	5/18/2022	MASON COUNTY	AaA: Congregate Meals Mason 03-22	3,772.08
	5/18/2022	MASON COUNTY	AaA: HDM Meals Mason 03-22	6,692.37
192190	5/18/2022	SUDDENLINK B2B	ADMIN: acct 7043367011 04/15/22 - 05/14/22	3,177.85
192192	5/18/2022	Sysco West Texas	HS/EHS: Day Food for Children and Kitchen Supplies	3,632.16
	5/18/2022	Sysco West Texas	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	3,017.79
	5/18/2022	Sysco West Texas	HS/EHS: Day Food for Children & Kitchen Supplies	3,496.17
192196	5/18/2022	VERIZON BUSINESS-15043	PUB; 911 MPLS Network 02/01/22 - 02/28/22	59,039.46
192197	5/18/2022	VERIZON BUSINESS-15043	PUB: 911 MPLS Network 04/01/22 - 04/30/22	58,457.01
192204	5/24/2022	BANK & TRUST	Admin: Health Saving Acct for payroll 05/31/2022	4,527.74
192206	5/24/2022	CARDMEMBER SERVICE	Admin: May 2022 Credit Card Payment	4,515.62
192207	5/24/2022	CEDAR CREST APARTMENTS	AaA: 1313002124 - 05/22 June- Sept rent	2,720.00
192208	5/24/2022	CITY OF BRADY	AaA: HDM Meal Brady 03-22	5,325.39
	5/24/2022	CITY OF BRADY	AaA: HDM Meals Brady 04-22	4,969.89
192210	5/24/2022	TEXAS DEPARTMENT OF INFORMATION RESOURCES	PUB: 911 Cstmr Cd PA30000TSD AVPN 02/01/22-02/28/22	27,890.06
	5/24/2022	TEXAS DEPARTMENT OF INFORMATION RESOURCES	PUB; 911 cstmr cd PA30000TSD AVPM crcts 03/01/22 - 03/31/22	27,890.06
192213	5/24/2022	ENGINE PRO MACHINE, LLC	PUB: Public Safety Vehicle Repairs	5,255.56
192214	5/24/2022	FRONTIER COMMUNICATIONS	PUB: 911 Selective Routing 04/19/22 - 05/18/22	6,521.58
192217	5/24/2022	LAKESHORE LEARNING MATERIALS	HS: Blackshear for classroom supplies	5,622.76
192221	5/24/2022	MENARD COUNTY	AaA: HDM Meals Menard 03-22	3,346.50
	5/24/2022	MENARD COUNTY	AaA: HDM Meals Menard 04-22	3,111.90
192223	5/24/2022	NATIONWIDE RETIREMENT SOLUTIONS	ADMIN: NACO & Roth 457B Payroll 05-31-2022	3,490.00
Report Total				807,749.96

CVCOG  
 Summary Budget Comparison  
 Grant 829, Head Start FY 21-22  
 From 6/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970				
004	Revenue				
4170	HHS-ACF Head Start ARP 06HE001000 C6	676,023.00	150,728.65	(525,294.35)	22.29%
4171	HHS-ACF Head Start 06CH010970-03	6,525,867.00	6,473,698.28	(52,168.72)	99.20%
4172	HHS-ACF Head Start CRRSA 06HE001000 C5	170,048.00	170,048.00	0.00	100.00%
4411	IK Contributions	1,612,061.00	1,338,283.87	(273,777.13)	83.01%
4523	Local Revenue	8,105.34	8,105.34	0.00	100.00%
4711	Sale of Equipment	<u>11,949.79</u>	<u>11,949.79</u>	<u>0.00</u>	<u>100.00%</u>
Total 004	Revenue	9,004,054.13	8,152,813.93	(851,240.20)	90.55%
400	Head Start CAN NO 9-G064122				
5110	General Wages	2,320,722.77	2,320,722.77	0.00	100.00%
5118	General Overtime Hours	139.81	139.81	0.00	100.00%
5119	Holiday Work Time	84.60	84.60	0.00	100.00%
5150	Vacation Time Allocation	25,417.67	25,417.67	0.00	100.00%
5151	Medicare Tax	32,890.47	32,890.47	0.00	100.00%
5172	Worker's Comp Insurance	15,518.04	15,518.04	0.00	100.00%
5173	SUTA	2,930.93	2,930.93	0.00	100.00%
5174	Health Insurance Benefit	584,843.67	584,843.67	0.00	100.00%
5175	Dental Insurance Benefit	24,077.40	24,077.40	0.00	100.00%
5176	Life Insurance Benefit	16,998.47	16,998.47	0.00	100.00%
5177	HSA Insurance Benefit	21,900.00	21,900.00	0.00	100.00%
5181	Retirement	271,730.40	271,730.40	0.00	100.00%
5199	Indirect Allocation	212,021.59	212,021.59	0.00	100.00%
5206	HR Service Center	127,107.34	127,107.34	0.00	100.00%
5207	Procurement Service Center	82,169.46	82,169.46	0.00	100.00%
5208	Information Technology Service Center	78,868.33	78,868.33	0.00	100.00%
5291	Contract Services	51,736.83	51,736.83	0.00	100.00%
5293	HS Health & Disab Svc	480.96	480.96	0.00	100.00%
5294	HS Policy Council	212.04	212.04	0.00	100.00%
5296	HS Parent Service	536.65	536.65	0.00	100.00%
5309	Travel-In Region	4,944.93	4,944.93	0.00	100.00%
5413	HS Site Rent	120,185.50	116,962.76	3,222.74	97.31%
5433	HS Site Center Utilities	92,000.00	83,135.84	8,864.16	90.36%
5451	Facility Maintenance	46,563.35	46,563.35	0.00	100.00%
5453	HS Site Center Bldg Maint	101,455.11	95,860.41	5,594.70	94.48%
5510	Supplies	30,099.34	29,671.11	428.23	98.57%
5512	HS Class Room Supplies	45,428.23	39,786.87	5,641.36	87.58%
5514	HS Medical Supplies	2,401.94	2,294.72	107.22	95.53%



CVCOG  
 Summary Budget Comparison  
 Grant 829, Head Start FY 21-22  
 From 6/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970				
5518	HS Diapers and Wipes	3,673.73	3,673.73	0.00	100.00%
5622	Internal Computer/Software	10,198.00	10,198.00	0.00	100.00%
5632	Copier	23,824.47	22,455.74	1,368.73	94.25%
5711	Insurance	9,602.05	9,602.05	0.00	100.00%
5721	Printing	1,532.32	1,532.32	0.00	100.00%
5722	Ads & Promotions	2,119.25	2,119.25	0.00	100.00%
5751	Training	200.00	93.60	106.40	46.80%
5753	Dues and fees	5,721.03	4,683.53	1,037.50	81.86%
5760	HS Site Center Communications	17,138.58	16,957.62	180.96	98.94%
5762	Postage/freight	950.06	950.06	0.00	100.00%
5796	Safety	765.68	765.68	0.00	100.00%
Total 400	Head Start CAN NO 9-G064122	4,389,191.00	4,362,639.00	26,552.00	99.40%
401	Early Head Start CAN NO 9-G064122				
5110	General Wages	1,179,674.89	1,179,674.89	0.00	100.00%
5118	General Overtime Hours	107.79	107.79	0.00	100.00%
5150	Vacation Time Allocation	6,324.88	6,324.88	0.00	100.00%
5151	Medicare Tax	16,398.27	16,398.27	0.00	100.00%
5172	Worker's Comp Insurance	6,848.67	6,848.67	0.00	100.00%
5173	SUTA	1,235.43	1,235.43	0.00	100.00%
5174	Health Insurance Benefit	311,569.61	311,569.61	0.00	100.00%
5175	Dental Insurance Benefit	12,809.38	12,809.38	0.00	100.00%
5176	Life Insurance Benefit	8,640.45	8,640.45	0.00	100.00%
5177	HSA Insurance Benefit	12,443.59	12,443.59	0.00	100.00%
5181	Retirement	138,187.99	138,187.99	0.00	100.00%
5199	Indirect Allocation	107,737.76	107,737.76	0.00	100.00%
5206	HR Service Center	36,111.74	36,111.74	0.00	100.00%
5207	Procurement Service Center	23,467.57	23,467.57	0.00	100.00%
5208	Information Technology Service Center	22,321.38	22,321.38	0.00	100.00%
5291	Contract Services	604.72	604.72	0.00	100.00%
5293	HS Health & Disab Svc	24.94	24.94	0.00	100.00%
5294	HS Policy Council	61.89	61.89	0.00	100.00%
5296	HS Parent Service	2,254.29	2,254.29	0.00	100.00%
5309	Travel-In Region	1,094.01	1,094.01	0.00	100.00%
5413	HS Site Rent	35,387.24	35,387.24	0.00	100.00%
5433	HS Site Center Utilities	28,285.86	25,159.26	3,126.60	88.94%
5451	Facility Maintenance	11,758.53	11,758.53	0.00	100.00%
5453	HS Site Center Bldg Maint	29,371.04	27,943.23	1,427.81	95.13%

CVCOG  
 Summary Budget Comparison  
 Grant 829, Head Start FY 21-22  
 From 6/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970				
5510	Supplies	10,679.29	8,009.53	2,669.76	75.00%
5512	HS Class Room Supplies	21,913.34	18,966.76	2,946.58	86.55%
5514	HS Medical Supplies	991.33	645.93	345.40	65.15%
5518	HS Diapers and Wipes	8,980.00	8,242.35	737.65	91.78%
5622	Internal Computer/Software	1,689.50	1,689.50	0.00	100.00%
5632	Copier	6,700.50	6,226.07	474.43	92.91%
5711	Insurance	1,247.22	1,247.22	0.00	100.00%
5721	Printing	700.21	700.21	0.00	100.00%
5722	Ads & Promotions	330.89	330.89	0.00	100.00%
5753	Dues and fees	971.44	829.27	142.17	85.36%
5760	HS Site Center Communications	3,771.27	3,674.50	96.77	97.43%
5762	Postage/freight	30.84	30.84	0.00	100.00%
5796	Safety	<u>266.25</u>	<u>266.25</u>	<u>0.00</u>	<u>100.00%</u>
Total 401	Early Head Start CAN NO 9-G064122	2,050,994.00	2,039,026.83	11,967.17	99.42%
402	Head Start T&TA CAN NO 9-G064120				
5308	Head Start T & T A	<u>56,824.00</u>	<u>56,824.00</u>	<u>0.00</u>	<u>100.00%</u>
Total 402	Head Start T&TA CAN NO 9-G064120	56,824.00	56,824.00	0.00	100.00%
403	Early Head Start T&TA CAN NO 9-G064121				
5308	Head Start T & T A	<u>28,858.00</u>	<u>27,990.08</u>	<u>867.92</u>	<u>96.99%</u>
Total 403	Early Head Start T&TA CAN NO 9-G064121	28,858.00	27,990.08	867.92	96.99%
404	Head Start CRRSA CAN 9-G064122				
5174	Health Insurance Benefit	31,556.97	31,556.97	0.00	100.00%
5199	Indirect Allocation	1,953.36	1,953.36	0.00	100.00%
5512	HS Class Room Supplies	1,393.44	1,393.44	0.00	100.00%
5622	Internal Computer/Software	115,276.43	115,276.43	0.00	100.00%
5734	HS Capital Playground	<u>1,826.87</u>	<u>1,826.87</u>	<u>0.00</u>	<u>100.00%</u>
Total 404	Head Start CRRSA CAN 9-G064122	152,007.07	152,007.07	0.00	100.00%
405	Early Head Start CRRSA CAN 9-G064122				
5174	Health Insurance Benefit	16,989.30	16,989.30	0.00	100.00%
5199	Indirect Allocation	<u>1,051.63</u>	<u>1,051.63</u>	<u>0.00</u>	<u>100.00%</u>
Total 405	Early Head Start CRRSA CAN 9-G064122	18,040.93	18,040.93	0.00	100.00%
406	Early Head Start Conversion ARP CAN 9-G064122				

CVCOG  
 Summary Budget Comparison  
 Grant 829, Head Start FY 21-22  
 From 6/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970				
5453	HS Site Center Bldg Maint	12,317.16	12,317.16	0.00	100.00%
5510	Supplies	1,758.88	1,758.88	0.00	100.00%
5512	HS Class Room Supplies	20,919.00	20,919.00	0.00	100.00%
5622	Internal Computer/Software	2,248.44	2,248.44	0.00	100.00%
5734	HS Capital Playground	<u>15,672.77</u>	<u>15,672.77</u>	<u>0.00</u>	<u>100.00%</u>
Total 406	Early Head Start Conversion ARP CAN 9-G064122	52,916.25	52,916.25	0.00	100.00%
409	Head Start InKind				
6791	InKind Other	<u>1,612,061.00</u>	<u>1,338,283.87</u>	<u>273,777.13</u>	<u>83.01%</u>
Total 409	Head Start InKind	1,612,061.00	1,338,283.87	273,777.13	83.02%
410	Head Start ARP CAN NO 9-G064122				
5174	Health Insurance Benefit	168,532.71	31,318.94	137,213.77	18.58%
5177	HSA Insurance Benefit	2,720.80	1,150.58	1,570.22	42.28%
5199	Indirect Allocation	14,024.26	2,011.44	12,012.82	14.34%
5200	Employee Health and Welfare	2,000.00	1,416.49	583.51	70.82%
5453	HS Site Center Bldg Maint	21,070.84	6,099.22	14,971.62	28.94%
5510	Supplies	80,133.52	763.20	79,370.32	0.95%
5512	HS Class Room Supplies	27,743.56	225.28	27,518.28	0.81%
5518	HS Diapers and Wipes	2,500.00	0.00	2,500.00	0.00%
5622	Internal Computer/Software	25,857.63	19,779.31	6,078.32	76.49%
5625	Capital-Replace Van	49,470.00	0.00	49,470.00	0.00%
5734	HS Capital Playground	<u>152,174.36</u>	<u>9,248.60</u>	<u>142,925.76</u>	<u>6.07%</u>
Total 410	Head Start ARP CAN NO 9-G064122	546,227.68	72,013.06	474,214.62	13.18%
411	Early Head Start ARP CAN NO 9-G064122				
5174	Health Insurance Benefit	27,058.96	18,001.10	9,057.86	66.52%
5177	HSA Insurance Benefit	2,851.74	1,061.13	1,790.61	37.20%
5199	Indirect Allocation	2,048.37	1,161.30	887.07	56.69%
5200	Employee Health and Welfare	79.18	0.00	79.18	0.00%
5510	Supplies	28,232.82	350.81	27,882.01	1.24%
5512	HS Class Room Supplies	4,108.00	185.04	3,922.96	4.50%
5622	Internal Computer/Software	2,500.00	168.56	2,331.44	6.74%
5734	HS Capital Playground	<u>10,000.00</u>	<u>4,871.40</u>	<u>5,128.60</u>	<u>48.71%</u>
Total 411	Early Head Start ARP CAN NO 9-G064122	76,879.07	25,799.34	51,079.73	33.56%
997	Non Project				

CVCOG  
 Summary Budget Comparison  
 Grant 829, Head Start FY 21-22  
 From 6/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970				
5200	Employee Health and Welfare	148.16	148.16	0.00	100.00%
5512	HS Class Room Supplies	7,957.18	7,125.34	831.84	89.54%
5625	Capital-Replace Van	11,949.79	0.00	11,949.79	0.00%
Total 997	Non Project	20,055.13	7,273.50	12,781.63	36.27%
	Total Expenditures	9,004,054.13	8,152,813.93	851,240.20	90.55%
	Total Revenue over Expenditures	0.00	0.00	0.00	0.00%
	Head Start (Project 400, 402)	4,446,015.00	4,419,463.00	26,552.00	99.40%
	Early Head Start (Project 401, 403)	2,079,852.00	2,067,016.91	12,835.09	99.38%
	Head Start CRRSA (Project 404)	152,007.07	152,007.07	-	100.00%
	Early Head Start CRRSA (Project 405)	18,040.93	18,040.93	-	100.00%
	Head Start ARP (Project 410)	546,227.68	72,013.06	474,214.62	13.18%
	Early Head Start ARP (Project 406, 411)	129,795.32	78,715.59	51,079.73	60.65%
	Total Federal	7,371,938.00	6,807,256.56	564,681.44	92.34%
	Total Non-Federal, includes Local Funds	1,632,116.13	1,345,557.37	286,558.76	82.44%
	Grand Total HHS Head Start Expenditures	9,004,054.13	8,152,813.93	851,240.20	90.55%

CVCOG Head Start Admin	608,729.29	
CVCOG Administrative Indirect	325,937.08	
Total Non-Federal Admin	0.00	
Total Administrative	934,666.37	
Head Start Budget, includes Non-Federal	9,004,054.13	
Administrative Percentage of Approved Budget	10.38%	
Note: Administrative Maximum Percentage is 15%		
Non-Federal Percentage of Federal	20.00%	19.77%

CVCOG  
 Summary Budget Comparison  
 Grant H02, Head Start Nutrition 21-22  
 From 10/1/2021 Through 5/31/2022

Account Code	Account Title	YTD Budget \$	YTD Actual	YTD Budget \$ Variance	Percent Total Budget Used
H02	Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022				
004	Revenue				
4203	CACFP Prior Year CFDA 10.558	0.00	8,817.22	8,817.22	100.00%
4221	CACFP Nutrition CFDA 10.558	<u>745,918.29</u>	<u>386,295.73</u>	<u>(359,622.56)</u>	<u>51.78%</u>
Total 004	Revenue	745,918.29	395,112.95	(350,805.34)	52.97%
407	Head Start Nutrition				
5110	General Wages	20,770.00	10,092.40	10,677.60	48.59%
5151	Medicare Tax	301.00	142.25	158.75	47.25%
5172	Worker's Comp Insurance	518.00	235.67	282.33	45.49%
5173	SUTA	252.00	117.80	134.20	46.74%
5174	Health Insurance Benefit	10,728.00	4,235.68	6,492.32	39.48%
5175	Dental Insurance Benefit	371.00	179.84	191.16	48.47%
5176	Life Insurance Benefit	165.00	77.46	87.54	46.94%
5181	Retirement	2,462.00	1,189.31	1,272.69	48.30%
5199	Indirect Allocation	4,551.56	1,007.67	3,543.89	22.13%
5295	HS Nutrition Service	607,599.73	262,958.12	344,641.61	43.27%
5510	Supplies	28,000.00	0.00	28,000.00	0.00%
5513	HS Food Serv Sup	70,000.00	51,585.13	18,414.87	73.69%
5753	Dues and fees	<u>200.00</u>	<u>0.84</u>	<u>199.16</u>	<u>0.42%</u>
Total 407	Head Start Nutrition	<u>(745,918.29)</u>	<u>(331,822.17)</u>	<u>414,096.12</u>	<u>44.49%</u>
	Total Revenue over Expenditures	<u>0.00</u>	<u>63,290.78</u>	<u>63,290.78</u>	<u>100.00%</u>

Excess funds to be used through award period

Head Start Credit Card/Open Account Summary Transactions (Detail Attached)

May 2022

**Head Start:**

Amazon Capital: \$8,325.75

Ben E Keith Transactions: \$0.00

Citibank P-Card Transactions: \$7,211.58

Dean's Dairy Corporate Transactions: \$5,267.04

First Financial Credit Card Transactions: \$24,769.19

Gandy's Dairies Transactions: \$0.00

Lowes Pay and Save: \$1,306.59

Mayfield Paper Transactions: \$0.00

Sam's Card Transactions: \$0.00

Sysco Food Services: \$17,917.06

West Texas Fire Extinguisher Transactions: \$6,934.86

**CVCOG**  
Vendor Activity - Head Start Amazon Capital  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses	
5293	HS Health & Disab Svc	5/18/2022	13TF 61GR-J4M3	All HS Ctrs: bubbles and gift bags	396.28	
5510	Supplies	4/15/2022	1QGT-NKYP-P3J1	HS/EHS: All centers for supplies	439.66	
5510	Supplies	4/24/2022	1QTV-FHXR-936H	HS: Blackshear for supplies	268.60	
5510	Supplies	4/26/2022	1KVG-NL1F-LM96	HS/EHS: EDUDI for (1) 600 crayon box	30.97	
5510	Supplies	4/26/2022	1N1K-YYL7-GMPY	HS/EHS: ERSEA for (2) file box w/lock & (2) file folder	155.89	
5510	Supplies	4/29/2022	1WTQ-PMW6-J9PH	HS: Rio Vista for 1 trashcan with lid room #20	65.15	
5510	Supplies	4/30/2022	17JH-W9R9-66GN	HS/EHS: Rio Vista for Mono laser toner cartridge	39.98	
5510	Supplies	5/12/2022	1RDX-KY1T-LN36	HS/EHS: ERSEA for black printer ink	41.50	
5510	Supplies	5/19/2022	1QJW-RTDL-MD96	HS/EHS: Rio Vista for extension cord	34.33	
5510	Supplies	5/24/2022	1DDX-9374-HVD4	HS/EHS: Menard for Jumbo ziploc bags	12.23	
5510	Supplies	5/28/2022	11D1-NWPR-K6H6	HS/EHS Day: utility cart and laptop bags	266.94	
5510	Supplies	6/6/2022	16PH-7KYL-3F47	HS/EHS: Menard for classroom supplies	31.33	
5512	HS Class Room Supplies	6/6/2022	16PH-7KYL-3F47	HS/EHS: Menard for classroom supplies	188.43	
5514	HS Medical Supplies	4/24/2022	11JC-6TYT-7C39	HS/EHS: Health for medical supplies	730.27	
5514	HS Medical Supplies	4/26/2022	1QYL-RDGC-9GWW	HS/EHS: Health for (9) sheeplay nebulizer kits	152.91	
5518	HS Diapers and Wipes	4/1/2022	1W6M-JVPV-4C3V	HS/EHS: Day for (2) size 4 cruiser pampers	89.42	
5518	HS Diapers and Wipes	5/20/2022	1W9X-HXVH-NQV9	HS/EHS: Rio Vista for Pampers and Pullups	3,977.70	
5753	Dues and fees	5/20/2022	1W9X-HXVH-NQV9	HS/EHS: Rio Vista for Pampers and Pullups	92.24	
5753	Dues and fees	6/6/2022	16PH-7KYL-3F47	HS/EHS: Menard for classroom supplies	<u>11.98</u>	
					<u>7,025.81</u>	Transaction Total
				Total 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970	7,025.81	

**CVCOG**  
 Vendor Activity - Head Start Amazon Capital  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	4/15/2022	1QGT-NKYP-P3J1	HS/EHS: All centers for supplies	6.75
5295	HS Nutrition Service	5/19/2022	1NC4C-NMVL-QPMK	EHS Day: Baby formula	776.05
5513	HS Food Serv Sup	4/12/2022	1L6X-4YGF-FQPF	HS/EHS: Rio Vista for (3) compartment plates	224.88
5513	HS Food Serv Sup	5/2/2022	1TRT-KH GK-CV3R	HS: Day for (6) 3 compartment foam plates.	292.26
Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022					1,299.94
Report Opening/Current Balance					_____
Report Transaction Totals					8,325.75
Report Current Balances					=====



**CVCOG**  
Vendor Activity - Head Start Citibank P-Card  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5433	HS Site Center Utilities	4/18/2022	180084 05-22	HS: Blackshear for Water Service 03/11/22 - 04/13/22. TS CB	304.00
5433	HS Site Center Utilities	4/18/2022	180086 05-22	HS: Blackshear for Water Service 03/16/22 - 04/18/22. TS CB	71.56
5433	HS Site Center Utilities	5/3/2022	179684 04-22	HS/EHS: Rio Vista Water Services 04/04/22 - 05/03/22	434.05
5433	HS Site Center Utilities	5/12/2022	180104 05-22	HS/EHS: Day for Water Service 04/08/22 - 05/10/22. TS CB	483.15
5433	HS Site Center Utilities	5/12/2022	180106 05-21	HS/EHS: Day for Water Service 04/08/22 - 05/10/22. TS CC	173.62
5433	HS Site Center Utilities	5/17/2022	0691-001118334	HS: Blackshear - Trash Services 05/01/22 - 05/31/22. TS CB	550.88
5433	HS Site Center Utilities	5/17/2022	0691-001118355	Rio Vista - Trash Services 05/01/22 - 05/31/22. TS CC	550.88
5433	HS Site Center Utilities	5/17/2022	0691-001118754	HS: Day Trash Services 05/01/22 - 05/31/22. TS CC	550.88
5433	HS Site Center Utilities	6/10/2022	180084 06-22	HS: Blackshear for Water Service 04/13/22 - 05/12/22. TS CB	352.44
5433	HS Site Center Utilities	6/10/2022	180086 06-22	HS: Blackshear for Water Service 04/18/22 - 05/17/22. TS CB	71.56
5453	HS Site Center Bldg Maint	3/24/2022	H6807-143772	HS: ozona charge to go out to measure	(40.00)
5453	HS Site Center Bldg Maint	4/21/2022	H6807-142081	HS: ozona refund charge to go out to measure for door	40.00
5510	Supplies	5/12/2022	017538	HS/EHS: RV, EL for Vacuum Cleaner and Cardstocks	92.76
5510	Supplies	5/31/2022	4222230-248378	HS OZ: vacuum,whiteboard,laminate refill,hand air pump	406.22
5518	HS Diapers and Wipes	4/11/2022	3722209-747421	HS/EHS: Rio Vista for (2) size 5 120 count diapers JL CB	105.96
5760	HS Site Center Communications	5/13/2022	07710102810016 05-22	HS: BS for Internet & Phone Services 05/01/22 - 05/31/22.	191.57
5760	HS Site Center Communications	5/13/2022	07710150887017 05-22	HS/EHS: Rio Vista for Internet Service 05/01/22 - 05/31/22.	156.86

**CVCOG**  
 Vendor Activity - Head Start Citibank P-Card  
 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
 From 5/1/2022 Through 5/31/2022

<u>Line Item Code</u>	<u>Line Item Title</u>	<u>Document Date</u>	<u>Document Number</u>	<u>Document Description</u>	<u>Expenses</u>	
5760	HS Site Center Communications	5/26/2022	07710150503019 05-22	HS/EHS: RV for Internet Services 05/15/222 06/14/22. DE CB	102.96	
5760	HS Site Center Communications	5/26/2022	07710150504017 05-22	HS: BS for Internet Service 05/15/22 - 06/14/22. DE CB	105.16	
5760	HS Site Center Communications	5/31/2022	0708195 05-22	HS/EHS: Rural Phone Services 05/08/22 - 06/07/22 TS CB	385.40	
					<u>5,089.91</u>	Transaction Total
				Total 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970	5,089.91	

**CVCOG**  
Vendor Activity - Head Start Citibank P-Card  
H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	4/11/2022	004360	HS: Day for 1 case of strawberry Pedia sure	12.22
5295	HS Nutrition Service	5/12/2022	4032201-454751	HS: Baby Formula	87.70
5295	HS Nutrition Service	5/12/2022	4032201-657608	HS: Rio Vista for Baby Formula	87.70
5295	HS Nutrition Service	5/13/2022	010491	EHS: Day for (5) similac advance formulas. JL CB	87.70
5295	HS Nutrition Service	5/13/2022	076513	EHS: Day for Similac Infant Formula	87.70
5295	HS Nutrition Service	5/13/2022	086009	EHS: Day for (2) cans of Enfamil Formula. JL CB	85.96
5295	HS Nutrition Service	5/13/2022	835231	EHS: Day for (2) Nan Pro Formula JL CC	35.96
5295	HS Nutrition Service	5/16/2022	016784	EHS: baby formula for stock room	91.30
5295	HS Nutrition Service	5/16/2022	025980	EHS: Similac Infant Formula	87.70
5295	HS Nutrition Service	5/16/2022	066274	EHS: Day for box of chocolate pediasure. JL CB	39.94
5295	HS Nutrition Service	5/16/2022	070068	EHS: baby formula for stock room	87.70
5295	HS Nutrition Service	5/17/2022	027374	EHS : Baby water for stock room	4.00
5295	HS Nutrition Service	5/17/2022	058778	EHS: Similac Infant Formula	87.70
5295	HS Nutrition Service	5/19/2022	019107	EHS: baby formula for stock room	97.98
5295	HS Nutrition Service	5/20/2022	000830	EHS: Similac Infant Formula	69.84
5513	HS Food Serv Sup	4/29/2022	9849664941	EHS/HS BS, Day: foam cups-6 & 8 oz	235.88
Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022					1,286.98

**CVCOG**  
 Vendor Activity - Head Start Citibank P-Card  
 H03 - HHS-ACF Grant H03, Head Start FY 22-23 06CH010970-04  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5433	HS Site Center Utilities	6/8/2022	0691-001125257	HS: Rio Vista - Trash Services 06/01/22 - 06/30/22. TS CB	550.88
5760	HS Site Center Communications	5/26/2022	07710150503019 05-22	HS/EHS: RV for Internet Services 05/15/222 06/14/22. DE CB	84.79
5760	HS Site Center Communications	5/26/2022	07710150504017 05-22	HS: BS for Internet Service 05/15/22 - 06/14/22. DE CB	86.60
5760	HS Site Center Communications	5/31/2022	0708195 05-22	HS/EHS: Rural Phone Services 05/08/22 - 06/07/22 TS CB	112.42
Total H03 - HHS-ACF Grant H03, Head Start FY 22-23 06CH010970-04					834.69
Report Opening/Current Balance					
Report Transaction Totals					7,211.58
Report Current Balances					

**CVCOG**  
Vendor Activity - Head Start Dean's Dairy Corporate  
H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses	
5295	HS Nutrition Service	2/7/2022	652433587	HS: Blackshear for milk.	241.98	
5295	HS Nutrition Service	4/12/2022	650627355	HS: Eden for milk.	37.80	
5295	HS Nutrition Service	4/13/2022	650627401	HS/EHS: Menard for milk.	70.56	
5295	HS Nutrition Service	5/2/2022	652436250	HS: Blackshear for milk.	352.46	
5295	HS Nutrition Service	5/3/2022	650627894	HS: Eden for milk	40.32	
5295	HS Nutrition Service	5/3/2022	652038502	HS/EHS: Rio Vista for milk.	212.88	
5295	HS Nutrition Service	5/4/2022	650627955	HS: Eldorado for milk	30.24	
5295	HS Nutrition Service	5/5/2022	650627979	HS/EHS: Menard for milk.	100.80	
5295	HS Nutrition Service	5/5/2022	652436397	HS/EHS: Day for milk.	551.31	
5295	HS Nutrition Service	5/6/2022	651826139	HS: Ozona for milk.	50.40	
5295	HS Nutrition Service	5/9/2022	652436450	HS: Blackshear for milk.	241.98	
5295	HS Nutrition Service	5/10/2022	650628067	HS: Eden for milk.	27.72	
5295	HS Nutrition Service	5/10/2022	652038672	HS/EHS: Rio Vista for milk.	426.82	
5295	HS Nutrition Service	5/11/2022	650628131	HS: Eldorado for milk.	30.24	
5295	HS Nutrition Service	5/12/2022	650628173	HS/EHS: Menard for milk.	85.68	
5295	HS Nutrition Service	5/12/2022	652436592	HS/EHS: Day for milk.	459.43	
5295	HS Nutrition Service	5/13/2022	651826287	HS: Ozona for milk.	63.00	
5295	HS Nutrition Service	5/16/2022	652436711	HS: Blackshear for (90) 1% milk	220.95	
5295	HS Nutrition Service	5/17/2022	652038842	HS/EHS: Rio Vista for milk.	404.72	
5295	HS Nutrition Service	5/18/2022	650628310	HS: Eldorado for (11) 1% milk.	27.72	
5295	HS Nutrition Service	5/19/2022	650628349	HS/EHS: Menard for (14) 1% milk	35.28	
5295	HS Nutrition Service	5/19/2022	652436820	HS/EHS: Day for milk.	507.12	
5295	HS Nutrition Service	5/20/2022	651826427	HS: Ozona for (14) 1% milk	35.28	
5295	HS Nutrition Service	5/23/2022	652436930	HS: Blackshear for milk	241.98	
5295	HS Nutrition Service	5/24/2022	652038982	HS/EHS: Rio Vista for milk.	338.44	
5295	HS Nutrition Service	5/26/2022	650628498	HS/EHS: Menard for milk.	35.28	
5295	HS Nutrition Service	5/26/2022	652437057	HS/EHS: Day for milk.	396.65	
					5,267.04	Transaction Total
Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022					5,267.04	

**CVCOG**  
 Vendor Activity - Head Start Dean's Dairy Corporate  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

<u>Line Item Code</u>	<u>Line Item Title</u>	<u>Document Date</u>	<u>Document Number</u>	<u>Document Description</u>	<u>Expenses</u>
Report Opening/Current Balance					<hr/>
Report Transaction Totals					5,267.04 <hr/>
Report Current Balances					<hr/> <hr/>

**CVCOG**  
Vendor Activity - Head Start First Financial Credit Card  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5200	Employee Health and Welfare	4/26/2022	116264-018604	HS: bins, buckets, color paper, cello rolls,bows, popcorn	31.12
5200	Employee Health and Welfare	4/26/2022	582116590804248	HS:mgs,drks,glsss,clr,crkrs,cndy,tl st, grll brsh,nuts	148.16
5200	Employee Health and Welfare	5/6/2022	6	HS/EHS all centers: bowling for staff	956.25
5200	Employee Health and Welfare	5/31/2022	000001	HS only: boxed lunches	264.00
5293	HS Health & Disab Svc	5/12/2022	382132540199147	HS All Center: Cupcake, Card Stock, Storage Bins	39.64
5293	HS Health & Disab Svc	5/16/2022	616115	HS/EHS All Ctrs: ciabatta slider trays	69.98
5296	HS Parent Service	4/18/2022	302108733165513	HS/EHS BS,Day,RV: cookies, brownies, tea	27.66
5296	HS Parent Service	4/27/2022	317212	HS/EHS BS,Day,RV: sour cream, ranch, cucumbers, chips, fruit	58.23
5296	HS Parent Service	4/27/2022	617285	HS: Rio Vista for croissant & pinwheel platters	104.98
5296	HS Parent Service	5/17/2022	617165	HS Day,BS,Rio: lunches for staff during registration	165.00
5308	Head Start T & T A	4/12/2022	110472	HS: ALL Headstart Observer Recertification MM-FF	125.00
5308	Head Start T & T A	5/2/2022	16716675776062...	HS: Lyft ride MH CC	56.32
5308	Head Start T & T A	5/2/2022	AAMM 050222	HS Health: baggage fees	30.00
5308	Head Start T & T A	5/2/2022	Lyft 05-02-22	HS: Lyft cancellation fee CR FF	4.75
5308	Head Start T & T A	5/3/2022	148030	HS Admin: Hotel stay for National Head Start Conv. for C.R.	474.70
5308	Head Start T & T A	5/3/2022	16720663035858...	HS: Lyft ride MH CC	18.01
5308	Head Start T & T A	5/3/2022	16720931911774...	HS: 2 Lyft rides MH CC	28.96
5308	Head Start T & T A	5/3/2022	1946fc999f53	HS: Uber ride from airport to hotel CR CC	45.31
5308	Head Start T & T A	5/3/2022	38648486	HS: hotel stay from 05/02/22 - 05/03/22 CR CC	126.90
5308	Head Start T & T A	5/3/2022	38648487	HS: hotel stay from 05/02/22 - 05/03/22 OB CC	126.90

**CVCOG**  
Vendor Activity - Head Start First Financial Credit Card  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5308	Head Start T & T A	5/3/2022	38648488	HS: hotel stay from 05/02/22 - 05/03/22 CH CC	126.90
5308	Head Start T & T A	5/3/2022	38648489	HS: hotel stay from 05/02/22 - 05/03/22 MH CC	126.90
5308	Head Start T & T A	5/3/2022	38648490	HS: hotel stay from 05/02/22 - 05/03/22 SW CC	126.90
5308	Head Start T & T A	5/3/2022	b67be50663a1	HS: Uber ride from dinner to hotel CR CC	18.03
5308	Head Start T & T A	5/3/2022	be99475a636c	HS: Uber ride hotel to new hotel CR CC	25.57
5308	Head Start T & T A	5/3/2022	Lyft 05-22	HS: Lyft cancellation fee MH CC	7.00
5308	Head Start T & T A	5/4/2022	f5f65dfaa0a7	HS: Uber ride from dinner to hotel CR CC	11.75
5308	Head Start T & T A	5/5/2022	148020	HS: hotel stay from 05/03/22 - 05/05/22 SW CC	474.70
5308	Head Start T & T A	5/5/2022	148022	HS: hotel stay from 05/03/22 - 05/05/22 CM CC	474.70
5308	Head Start T & T A	5/5/2022	148026	HS EHSED: Hotel stay for SH/National Head Start Convention	474.70
5308	Head Start T & T A	5/5/2022	148029	HS: hotel stay from 05/03/22 - 05/05/22 MH CC	474.70
5308	Head Start T & T A	5/5/2022	16726210743692...	HS: Lyft ride MH CC	34.32
5308	Head Start T & T A	5/5/2022	47f03d917b1	HS: Uber ride from hotel to airport CR CC	54.30
5308	Head Start T & T A	5/5/2022	8001831009	HS: baggage fee CM CC	33.00
5308	Head Start T & T A	5/5/2022	8001831209	HS: baggage fee SW CC	33.00
5308	Head Start T & T A	5/5/2022	AAMH 050522	HS COMSP: Baggage Fees	33.00
5308	Head Start T & T A	5/5/2022	AAMM 050522	HS Health: baggage fees	33.00
5308	Head Start T & T A	5/5/2022	AASH 050522	HS EHSED: baggage fees	33.00
5308	Head Start T & T A	5/11/2022	163125	HS Health: Hotel stay for MM/National HS convention	126.90
5308	Head Start T & T A	5/11/2022	163130	HS Admin: Hotel stay for S.H./National HS Convention	126.90
5308	Head Start T & T A	5/17/2022	807185	HS: Blackshear for Continuing Education. DE FF	1,412.00



**CVCOG**  
Vendor Activity - Head Start First Financial Credit Card  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5308	Head Start T & T A	5/23/2022	112674	HS/EHS: Day for Observer recertification for C Hollis. SH FF	250.00
5308	Head Start T & T A	5/23/2022	1477434	EHS Menard,Day RV: online class-Start Strong	989.00
5309	Travel-In Region	4/25/2022	042522	HS/EHS: Menard & Eden for fuel to travel. MH FF	50.04
5309	Travel-In Region	4/28/2022	736988	HS/EHS Eden, Eldorado, Menard, Ozona: fuel for rental car	50.00
5451	Facility Maintenance	5/18/2022	842057	HS/EHS RV: Model 3110-Knox FDC lock	1,241.00
5453	HS Site Center Bldg Maint	5/31/2022	13233	HS/EHS Menard/Ozona: folding door, paint,mini blinds,blower	667.88
5510	Supplies	4/13/2022	903171	HS BS,Day,RV: napkins, ,plates, drinks, sandwiches, chp	172.42
5510	Supplies	5/12/2022	382132540199147	HS All Center: Cupcake, Card Stock, Storage Bins	7.27
5510	Supplies	5/18/2022	582138681060914	HS FAMCO: pens, notebook, planner	23.42
5510	Supplies	5/20/2022	010251	HS/EHS: Day for Planner organizers FF SH	120.36
5510	Supplies	5/27/2022	117263	HS All Ctrs: batteries, folders, pens,liners,note pads, wps	1,121.02
5510	Supplies	5/27/2022	302147683570366	HS All Ctrs: Dividers, velcro, post it's, notebooks	180.01
5510	Supplies	5/27/2022	462147681947396	HS All Ctrs: tape,laminator, hoses,shears, label mkr	1,204.36
5510	Supplies	5/31/2022	411373	HS All Ctrs: batteries, file folders, p. clips, tape, notes	1,474.50
5510	Supplies	5/31/2022	511341	HS/EHS all ctrs: paper clips	32.06
5510	Supplies	5/31/2022	511363	HS/EHS all ctrs: rubber bands	67.12
5512	HS Class Room Supplies	5/26/2022	462146578450915	EHS RV: wading pool , shut off valve and water hose	113.75
5512	HS Class Room Supplies	5/27/2022	117213	EHS Day: splash pad, dreft, washcloths	211.72
5512	HS Class Room Supplies	5/27/2022	117263	HS All Ctrs: batteries, folders, pens,liners,note pads, wps	1,121.02

**CVCOG**  
 Vendor Activity - Head Start First Financial Credit Card  
 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses	
5512	HS Class Room Supplies	5/27/2022	462147686537189	EHS Day: bikes, scooters, cups, teethers, c. diapers, bottle	703.44	
5512	HS Class Room Supplies	5/31/2022	211352	EHS Day: c prter paper, folders, dots, post its, prtr ink	1,964.94	
5512	HS Class Room Supplies	5/31/2022	302151653281161	EHS Day: baby bottles.teethers, chalk, tummy time	459.32	
5514	HS Medical Supplies	4/20/2022	042022	HS/EHS: Health for (40) Blank EAP. JL FF	290.55	
5514	HS Medical Supplies	4/21/2022	4052906-00	HS/EHS: HEALTH for (9) bubblegum toothpaste. JL FF	773.91	
5518	HS Diapers and Wipes	4/18/2022	382108735969756	HS Christoval: jce,chs, crkrs,ygt,orgs,crrts,clry,bnns,wps	13.68	
5753	Dues and fees	5/5/2022	37440	HS/EHS: ERSEA all centers for single side banner. SW FF	100.00	
5753	Dues and fees	5/9/2022	111948	HS Christoval/Ozona: observer recertification for A.B. & T.Y	250.00	
5753	Dues and fees	5/18/2022	555584	HS RV: CDA Initial application fee J. King	425.00	
5753	Dues and fees	5/24/2022	556940	HS Day: CDA renewal for J.C.	125.00	
5796	Safety	4/5/2022	405CW0002270758	HS Day: background check V.D.	3.32	
5796	Safety	4/11/2022	UZTX431F2R	HS Day: background check Verence Lowney	40.58	
5796	Safety	4/29/2022	405CW0002287063	HS/EHS RV: background check D.C.	3.32	
5796	Safety	5/3/2022	405CW0002289232	HS/EHS: ALL TG Universal Substitute Valerie Ramirez. SL FF	3.32	
5796	Safety	5/3/2022	405CW0002289300	HS/EHS: ALL TG Universal Substitute Marissa Ojeda SL FF	3.32	
5796	Safety	5/23/2022	405CW0002303236	EHS Day: background check for S.S.	9.46	
					<u>21,429.25</u>	Transaction Total
				Total 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970	21,429.25	

**CVCOG**  
Vendor Activity - Head Start First Financial Credit Card  
H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	4/18/2022	382108735969756	HS Christoval: jce,chs, crkrs,ygt,orgs,crrts,clry,bnns,wps	197.39
5295	HS Nutrition Service	4/19/2022	119132	EHS RV: baby food and formula	79.23
5295	HS Nutrition Service	5/10/2022	382130621342324	HS: Yogurt, Juices, Oranges, Crackers, Carrots, Bananas	124.31
5295	HS Nutrition Service	5/16/2022	382136745720011	HS: Blackshear for Soy Milk & Lack Free Milk	21.90
5295	HS Nutrition Service	5/16/2022	462136742141980	EHS:Day for Similac Advance Baby Formula and Distilled Water	98.70
5295	HS Nutrition Service	5/16/2022	616141	EHS RV: baby formula	89.95
5295	HS Nutrition Service	5/17/2022	213700895918	EHS: Day for (5) Similac Advance Baby Formula. MH FF	87.70
5295	HS Nutrition Service	5/17/2022	302137523860062	EHS: Rio Vista for Similac Infant Formula	84.10
5295	HS Nutrition Service	5/17/2022	382137566293526	EHS: Day for Similac Advance Baby Formula	87.70
5295	HS Nutrition Service	5/17/2022	850008	EHS RV: baby formula	68.56
5295	HS Nutrition Service	5/19/2022	219104	HS/EHS BS/Day/RV: Napkins and tortillas	54.88
5295	HS Nutrition Service	5/20/2022	382140598770605	EHS: Rio Vista for Similac Infant Formula	87.30
5295	HS Nutrition Service	5/20/2022	462140597698066	EHS: Rio Vista and Day for Similac Infant Formula	87.70
5295	HS Nutrition Service	5/20/2022	582140490343356	HS BS: Bread Loaf, Chicken Salad, Carrots, Fan	121.04
5295	HS Nutrition Service	5/25/2022	462145576072411	EHS RV/DAY: Baby formula	171.80
5295	HS Nutrition Service	5/26/2022	616202	EHS RV: baby formula	28.98
5295	HS Nutrition Service	5/26/2022	616212	EHS RV: Baby formula FF OB	22.98
5295	HS Nutrition Service	5/26/2022	616230	EHS Day: Baby formula	22.98
5295	HS Nutrition Service	5/26/2022	616240	EHS Day: Baby formula	58.48
5295	HS Nutrition Service	6/2/2022	582153473045776	EHS Day: Baby formula and soy milk	54.54
5513	HS Food Serv Sup	4/27/2022	417222	HS/EHS in town sites: foam cups and plates	463.58
5513	HS Food Serv Sup	5/10/2022	010162	HS/EHS BS,Day,RV: plates, bowls, plastic cutlery	961.30
5513	HS Food Serv Sup	5/19/2022	219104	HS/EHS BS/Day/RV: Napkins and tortillas	65.94

**CVCOG**  
 Vendor Activity - Head Start First Financial Credit Card  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5513	HS Food Serv Sup	5/20/2022	582140490343356	HS BS: Bread Loaf, Chicken Salad, Carrots, Fan	55.94
5513	HS Food Serv Sup	5/27/2022	462147686537189	EHS Day: bikes, scooters, cups, teethers, c. diapers, bottle	98.08
5513	HS Food Serv Sup	5/31/2022	302151653281161	EHS Day: baby bottles.teethers, chalk, tummy time	44.88
Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022					3,339.94
Report Opening/Current Balance					
Report Transaction Totals					24,769.19
Report Current Balances					

**CVCOG**  
Vendor Activity - Head Start Lowes Pay and Save  
H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	2/9/2022	220209-168-1-1-70	HS: Eldorado for (2) 2% Lactaid milk	8.58
5295	HS Nutrition Service	2/10/2022	220210-120-2-2-3	HS: Eldorado for bananas, corn tortillas & ranch style beans	19.23
5295	HS Nutrition Service	2/17/2022	220217-21-1-1-25	HS: Eldorado for vegetable oil, seasoning & tomato sauce	19.06
5295	HS Nutrition Service	2/23/2022	220223-21-1-1-3	HS: Eldorado for red apples, bananas & white rice	8.81
5295	HS Nutrition Service	3/21/2022	220321-120-1-1-4	HS: Eldorado Food for Children	6.88
5295	HS Nutrition Service	4/1/2022	220401-21-1-1-23	HS Eldorado: milk	4.99
5295	HS Nutrition Service	4/4/2022	220404-162-2-2-12	HS: Eden for biscuits, pasta, cornbread & corn tortillas	16.69
5295	HS Nutrition Service	4/4/2022	220404-239-2-2-35	HS: Ozona food for children	41.66
5295	HS Nutrition Service	4/5/2022	220405-21-1-1-12	HS Eld: bananas, carrots, cheese,milk,oranges,strawberries	40.68
5295	HS Nutrition Service	4/5/2022	220405-303-1-1-92	HS/EHS: Menard for bananas, corn tortillas & buns	26.08
5295	HS Nutrition Service	4/6/2022	220406-162-2-2-19	HS: Eden for bananas, cheese, enchilada sauce & pizza sauce	34.08
5295	HS Nutrition Service	4/8/2022	220408-118-2-2-2	HS Eldorado: bananas	4.30
5295	HS Nutrition Service	4/11/2022	220411-162-2-2-3	HS: Eden food for children	50.40
5295	HS Nutrition Service	4/11/2022	220411-239-2-2-27	HS: Ozona food for children	27.99
5295	HS Nutrition Service	4/13/2022	220413-120-1-1-28	HS Eld: apples, carrots, rice, milk, lettuce, strawberries	28.86
5295	HS Nutrition Service	4/13/2022	220413-155-1-1-2...	HS Eld:carrots, celery, salad, popcorn and lettuce	20.47
5295	HS Nutrition Service	4/13/2022	220413-303-1-1-53	HS/EHS: Menard for carrots, salad, corn tortillas & tomatoes	11.51
5295	HS Nutrition Service	4/14/2022	220414-162-2-2-3	HS: Eden for badia seasoning, cake mix & bread	13.56
5295	HS Nutrition Service	4/18/2022	220418-151-2-2-72	HS: Eden Food for Children	47.34
5295	HS Nutrition Service	4/18/2022	220418-272-2-2-68	HS: Ozona food for children	48.77
5295	HS Nutrition Service	4/19/2022	220419-21-1-1-69	HS Eld: bananas, grapes, chips	20.96
5295	HS Nutrition Service	4/20/2022	220420-162-2-2-3	HS: Eden for bananas	4.74
5295	HS Nutrition Service	4/22/2022	220422-21-1-1-17	HS Eld: milk	9.98

**CVCOG**  
 Vendor Activity - Head Start Lowes Pay and Save  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	4/25/2022	220425-120-1-1-25	HS Eld: bananas, salad, eggs, rice, milk,tomatoe,p. sauce	28.59
5295	HS Nutrition Service	4/25/2022	220425-65-3-3-7	HS: Eden food for children	44.28
5295	HS Nutrition Service	4/26/2022	220426-239-2-2-8	HS: Ozona for cake mix & cake frosting	4.68
5295	HS Nutrition Service	4/29/2022	220429-120-1-1-16	HS Eld: apples	3.99
5295	HS Nutrition Service	5/2/2022	220426-239-2-2-9	HS: Ozona food for children	27.43
5295	HS Nutrition Service	5/2/2022	220502-151-2-2-15	HS: Eden Food for Children	63.56
5295	HS Nutrition Service	5/2/2022	220502-151-2-2-2	HS: Eden Food for children	11.38
5295	HS Nutrition Service	5/2/2022	220502-21-1-1-27	HS: Eldorado Food for Children	72.43
5295	HS Nutrition Service	5/2/2022	220502-239-2-2-27	HS: Ozona Food for Children.	75.26
5295	HS Nutrition Service	5/3/2022	220503-168-1-1-30	HS: Eldorado for shredded lettuce	5.67
5295	HS Nutrition Service	5/3/2022	220503-278-1-1-19	HS/EHS: Menard Food for Children	33.04
5295	HS Nutrition Service	5/4/2022	220504-147-2-2-12	HS: Eden Food for Children	13.98
5295	HS Nutrition Service	5/4/2022	220504-21-1-1-11	HS: Eldorado for bananas	4.22
5295	HS Nutrition Service	5/4/2022	220504-21-1-1-51	HS: Eldorado for (2) tony pepperoni sauce	9.18
5295	HS Nutrition Service	5/4/2022	220504-245-1-1-80	HS: Ozona Food for Children.	13.21
5295	HS Nutrition Service	5/4/2022	220504-301-1-1-1...	HS/EHS: Menard Food for Children	6.98
5295	HS Nutrition Service	5/9/2022	220509-120-1-1-33	HS: Eldorado for alfredo sauce & pasta noodles	11.75
5295	HS Nutrition Service	5/9/2022	220509-239-2-2-40	HS: Ozona Food for Children & kitchen supplies	76.15
5295	HS Nutrition Service	5/11/2022	220511-162-2-2-14	HS: Eden Food for Children.	25.50
5295	HS Nutrition Service	5/12/2022	220512-168-1-1-21	HS: Eldorado Food for Children.	21.06
5295	HS Nutrition Service	5/12/2022	220512-303-1-1-36	HS/EHS: Menard Food for Children.	34.07
5295	HS Nutrition Service	5/16/2022	220516-162-2-2-17	HS: Eden Food for Children.	41.23
5295	HS Nutrition Service	5/16/2022	220516-21-1-1-62	HS: Eldorado for pasta sauce	7.17
5295	HS Nutrition Service	5/16/2022	220516-239-2-2-46	HS: Ozona Food for Children.	53.52
5295	HS Nutrition Service	5/17/2022	220517-168-1-1-24	HS: Eldorado Food for Children.	29.33
5295	HS Nutrition Service	5/17/2022	220517-283-5-5-10	HS: Ozona Food for children	4.68
5295	HS Nutrition Service	5/20/2022	220520-118-2-2-6	HS: Eldorado for bananas	4.30
5295	HS Nutrition Service	5/23/2022	220523-277-1-1-4	HS: Ozona Food for Children.	19.98
5295	HS Nutrition Service	5/25/2022	220525-120-1-1-22	HS: Eldorado Food for Children.	23.76
5295	HS Nutrition Service	5/26/2022	220526-277-2-2-15	HS: Ozona for Hawaiian punch & foam cups	4.19

**CVCOG**  
 Vendor Activity - Head Start Lowes Pay and Save  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses	
5513	HS Food Serv Sup	5/9/2022	220509-239-2-2-40	HS: Ozona Food for Children & kitchen supplies	9.18	
5513	HS Food Serv Sup	5/23/2022	220523-277-1-1-4	HS: Ozona Food for Children.	4.19	
5513	HS Food Serv Sup	5/26/2022	220526-277-2-2-15	HS: Ozona for Hawaiian punch & foam cups	2.19	
5753	Dues and fees	4/30/2022	220430	HS: Eldorado for service charge	<u>0.84</u>	
					<u>1,306.59</u>	Transaction Total
				Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022	1,306.59	
	Report Opening/Current Balance					
	Report Transaction Totals				<u>1,306.59</u>	
	Report Current Balances				<u><u>                    </u></u>	

**CVCOG**  
 Vendor Activity - Head Start Sysco  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5295	HS Nutrition Service	2/16/2022	278257875	HS: Blackshear Food for Children.	51.32
5295	HS Nutrition Service	4/6/2022	278293957a	HS/EHS: Eden for Ground beef bulk	0.00
5295	HS Nutrition Service	4/27/2022	278309010	HS: Blackshear Food for Children and Kitchen Supplies	1,679.50
5295	HS Nutrition Service	5/11/2022	278320557	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	0.00
5295	HS Nutrition Service	5/11/2022	278320557a	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	1,965.89
5295	HS Nutrition Service	5/11/2022	278320562	HS: Blackshear Food for Children & Kitchen Supplies	2,389.61
5295	HS Nutrition Service	5/11/2022	278320563	HS: Blackshear Food for Children	185.95
5295	HS Nutrition Service	5/11/2022	278320632	HS/EHS: Menard Food for Children & Kitchen Supplies	1,219.39
5295	HS Nutrition Service	5/12/2022	278321102	HS/EHS: Day Drop-ship for (2) Keebler animal cookie	43.84
5295	HS Nutrition Service	5/12/2022	278321106	HS/EHS: Rio Vista Drop-ship for (2) Keebler animal cookie	43.84
5295	HS Nutrition Service	5/12/2022	278321344	HS/EHS: Day Food for Children	2,541.07
5295	HS Nutrition Service	5/16/2022	278323952	HS/EHS: Day Drop-ship for orig cheezit crackers	88.92
5295	HS Nutrition Service	5/18/2022	278325550	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	1,760.15
5295	HS Nutrition Service	5/19/2022	278326299	HS/EHS: Day Food for Children & Kitchen Supplies	3,270.97
5295	HS Nutrition Service	5/23/2022	278329108	HS: Blackshear Food for children	1,409.67
5513	HS Food Serv Sup	4/27/2022	278309010	HS: Blackshear Food for Children and Kitchen Supplies	164.57
5513	HS Food Serv Sup	5/11/2022	278320557	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	0.00
5513	HS Food Serv Sup	5/11/2022	278320557a	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	335.40
5513	HS Food Serv Sup	5/11/2022	278320562	HS: Blackshear Food for Children & Kitchen Supplies	53.10
5513	HS Food Serv Sup	5/11/2022	278320632	HS/EHS: Menard Food for Children & Kitchen Supplies	176.41



**CVCOG**  
 Vendor Activity - Head Start Sysco  
 H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
 From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses	
5513	HS Food Serv Sup	5/18/2022	278325550	HS/EHS: Rio Vista Food for Children & Kitchen Supplies	126.65	
5513	HS Food Serv Sup	5/19/2022	278326299	HS/EHS: Day Food for Children & Kitchen Supplies	410.81	
					<u>17,917.06</u>	Transaction Total
				Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022	17,917.06	
					<u>17,917.06</u>	
	Report Opening/Current Balance				<u>17,917.06</u>	
	Report Transaction Totals				<u>17,917.06</u>	
	Report Current Balances				<u><u>17,917.06</u></u>	

**CVCOG**  
Vendor Activity - Head Start West Texas Fire Extinguisher  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022


Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5453	HS Site Center Bldg Maint	5/25/2022	257542	HS Christoval: Annual Fire Extinguisher Inspection	8.50
5453	HS Site Center Bldg Maint	5/31/2022	257848	HS Eden: Annual Fire Extinguisher Inspection	25.50
5510	Supplies	3/8/2022	252203-02	HS/EHS: Day for Supplies	78.46
5510	Supplies	4/11/2022	255148	HS: Blackshear for supplies	34.36
5510	Supplies	4/12/2022	255221	HS/EHS: Rio Vista for supplies	204.28
5510	Supplies	4/12/2022	255288	HS/EHS: Day for Cleaning supplies	467.19
5510	Supplies	4/19/2022	255649	HS/EHS: Day for (4) facial tissues.	110.20
5510	Supplies	4/21/2022	255815	HS/EHS: Day for cleaning supplies	290.05
5510	Supplies	4/22/2022	255844	HS/EHS: Rio Vista for supplies	366.08
5510	Supplies	4/22/2022	255845	HS: Blackshear for supplies	37.96
5510	Supplies	4/22/2022	255846	HS: Blackshear for supplies	163.57
5510	Supplies	4/26/2022	251909	HS/EHS: Rio Vista for trash can 32-44 gallon bags	39.24
5510	Supplies	4/26/2022	255848	HS: Ozona for supplies	116.85
5510	Supplies	4/26/2022	255848-01	HS: Ozona for 150017 Clear liner	29.55
5510	Supplies	4/29/2022	255844-01	HS/EHS: Rio Vista for (3) clear liners	44.33
5510	Supplies	5/3/2022	256216	HS/EHS: Menard for supplies	211.73
5510	Supplies	5/4/2022	256421A	HS/EHS: Day for Cleaning supplies & Kitchen Supplies	77.24
5510	Supplies	5/4/2022	256470	EHS: Day for cleaning Supplies	455.93
5510	Supplies	5/18/2022	255845-01	HS: Blackshear for supplies	11.29
5510	Supplies	5/24/2022	255848-02	HS: Ozona for 5oz translucent plastic cups	16.94
5510	Supplies	5/24/2022	257451	HS/EHS: Rio Vista for supplies	351.79
5510	Supplies	5/25/2022	257602	HS/EHS: Rio Vista for supplies	351.79
5512	HS Class Room Supplies	3/8/2022	252203-02	HS/EHS: Day for Supplies	78.47
5512	HS Class Room Supplies	4/11/2022	255148	HS: Blackshear for supplies	102.14
5512	HS Class Room Supplies	4/12/2022	255221	HS/EHS: Rio Vista for supplies	146.48
5512	HS Class Room Supplies	4/22/2022	255844	HS/EHS: Rio Vista for supplies	271.07

**CVCOG**  
Vendor Activity - Head Start West Texas Fire Extinguisher  
829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970  
From 5/1/2022 Through 5/31/2022

<u>Line Item Code</u>	<u>Line Item Title</u>	<u>Document Date</u>	<u>Document Number</u>	<u>Document Description</u>	<u>Expenses</u>	
5512	HS Class Room Supplies	4/22/2022	255845	HS: Blackshear for supplies	23.00	
5512	HS Class Room Supplies	4/22/2022	255846	HS: Blackshear for supplies	163.57	
5512	HS Class Room Supplies	4/26/2022	251909	HS/EHS: Rio Vista for trash can 32-44 gallon bags	39.24	
5512	HS Class Room Supplies	4/26/2022	255848	HS: Ozona for supplies	61.32	
5512	HS Class Room Supplies	5/3/2022	256216	HS/EHS: Menard for supplies	75.62	
5512	HS Class Room Supplies	5/18/2022	255845-01	HS: Blackshear for supplies	11.30	
5512	HS Class Room Supplies	5/24/2022	257450	HS/EHS: Day for gloves	353.10	
5512	HS Class Room Supplies	5/24/2022	257451	HS/EHS: Rio Vista for supplies	319.71	
5512	HS Class Room Supplies	5/25/2022	257602	HS/EHS: Rio Vista for supplies	319.71	
5753	Dues and fees	5/25/2022	F002775	HS/EHS: All TG finance charge	<u>20.00</u>	
					<u>5,477.56</u>	Transaction Total
				Total 829 - HHS-ACF Grant 829, Head Start FY 21-22 06CH010970	5,477.56	

**CVCOG**  
Vendor Activity - Head Start West Texas Fire Extinguisher  
H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022  
From 5/1/2022 Through 5/31/2022

Line Item Code	Line Item Title	Document Date	Document Number	Document Description	Expenses
5513	HS Food Serv Sup	3/8/2022	252203-02	HS/EHS: Day for Supplies	78.47
5513	HS Food Serv Sup	4/11/2022	255148	HS: Blackshear for supplies	34.36
5513	HS Food Serv Sup	4/12/2022	255221	HS/EHS: Rio Vista for supplies	168.13
5513	HS Food Serv Sup	4/12/2022	255290	HS/EHS: Day for kitchen supplies	138.36
5513	HS Food Serv Sup	4/18/2022	255290-01	HS/EHS: Day for (3) food service towels	115.26
5513	HS Food Serv Sup	4/19/2022	255221-01	HS/EHS: Rio Vista for food service towels	38.42
5513	HS Food Serv Sup	4/22/2022	255844	HS/EHS: Rio Vista for supplies	219.18
5513	HS Food Serv Sup	4/22/2022	255845	HS: Blackshear for supplies	23.01
5513	HS Food Serv Sup	4/22/2022	255846	HS: Blackshear for supplies	202.03
5513	HS Food Serv Sup	4/26/2022	255848	HS: Ozona for supplies	11.29
5513	HS Food Serv Sup	4/29/2022	255844-01	HS/EHS: Rio Vista for (3) clear liners	44.32
5513	HS Food Serv Sup	5/3/2022	256216	HS/EHS: Menard for supplies	106.58
5513	HS Food Serv Sup	5/4/2022	256421A	HS/EHS: Day for Cleaning supplies & Kitchen Supplies	185.48
5513	HS Food Serv Sup	5/18/2022	255845-01	HS: Blackshear for supplies	11.30
5513	HS Food Serv Sup	5/24/2022	255848-02	HS: Ozona for 5oz translucent plastic cups	16.95
5513	HS Food Serv Sup	5/24/2022	257451	HS/EHS: Rio Vista for supplies	32.08
5513	HS Food Serv Sup	5/25/2022	257602	HS/EHS: Rio Vista for supplies	32.08
Total H02 - Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022					1,457.30
Report Opening/Current Balance					_____
Report Transaction Totals					6,934.86
Report Current Balances					=====



## 1301 Program Governance

### **Part 1301 – Program Governance**

1301.10 Purpose

1301.20 Governing Body

1301.30 Policy Council and Policy Committee

1301.40 Parent Committees Family partnership services.

1301.50 Training

1031.60 Impasse Procedures

<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
1301.1	<p><b>Governing Body Purpose</b></p> <p>An agency, as defined in part 1305 of this chapter, must establish and maintain a formal structure for program governance that includes a governing body, a policy council at the agency level and policy committee at the delegate level, and a parent committee. Governing bodies have a legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs. Policy councils are responsible for the direction of the agency's Head Start and Early Head Start.</p>	
1301.2 (a)	<p><b>Governing Body Composition.</b></p> <p>The composition of a governing body must be in accordance with the requirements specified at section 642(c)(1)(B) of the Act, except where specific exceptions are authorized in the case of public entities at section 642(c)(1)(D) of the Act. Agencies must ensure members of the governing body do not have a conflict of interest, pursuant to section 642(c)(1)(C) of the Act.</p>	<p><b>Section 642(c)(1)(B)</b></p> <p>(B) COMPOSITION- The governing body shall be composed as follows:</p> <ul style="list-style-type: none"> <li>(i) Not less than 1 member shall have a background and expertise in fiscal management or accounting.</li> <li>(ii) Not less than 1 member shall have a background and expertise in early childhood education and development.</li> <li>(iii) Not less than 1 member shall be a licensed attorney familiar with issues that come before the governing body.</li> <li>(iv) Additional members shall: <ul style="list-style-type: none"> <li>(I) Reflect the community to be served and include parts of children who are currently or were formerly enrolled in Head Start programs; and</li> <li>(II) are selected for their expertise in education business administration or community affairs.</li> </ul> </li> </ul> <p><b>Section 642(c)(1)(C) of the Act:</b></p> <p>(C) CONFLICT OF INTEREST- Members of the governing body shall</p> <ul style="list-style-type: none"> <li>(i) not have a financial conflict of interest with the Head Start agency;</li> <li>(ii) Not receive compensation for serving on the governing body or for providing services to the Head Start agency;</li> </ul>

<p>1301.2 (b) (1)</p>	<p><b>Governing Body Duties and Responsibilities</b> The Governing body is responsible for activities specified at section 642(c)(1)(E)</p>	<p>(iii) not be employed, nor shall members of their immediate family be employed, by the Head Start agency; and Operate as an entity independent of staff employed by the Head Start agency.</p> <p><b>Section 642(c)(1)(D) of the Act:</b> (D) EXCEPTION- If an individual holds a position as a result of public election or political appointment, and such position carries with it a concurrent appointment to serve as a member of a Head Start agency governing body, and such individual has any conflict of interest described in clause (ii) or (iii) of subparagraph (C)</p> <ul style="list-style-type: none"> <li>(i) such individual shall not be prohibited from serving on such body and the Head Start agency shall report such conflict to the Secretary; and</li> <li>(ii) If the position held as a result of public election or political appointment provides compensation, such individual shall not be prohibited from receiving such compensation.</li> </ul> <p><b>Section 642(c)(1)(E) of the Act:</b> (E) RESPONSIBILITIES – The governing body shall-</p> <ul style="list-style-type: none"> <li>(i) have legal and fiscal responsibilities for administering and overseeing programs including the safeguarding of Federal funds;</li> <li>(ii) adopt practices that assure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection (d)(1), and fully participate in the development, planning and evaluation of the Head Start/Early Head Start programs involved;</li> <li>(iii) be responsible for ensuring compliance with Federal laws (including regulations) and applicable, State tribal, and local laws (including regulations); and</li> <li>(iv) be responsible for other activities, including- <ul style="list-style-type: none"> <li>(I) selecting the service areas;</li> <li>(II) establish procedures and criteria for recruitment selection and enrollment of children; <b>(see 1302.14)</b></li> <li>(III) reviewing all applications for funding and amendments to applications for funding for programs under this subchapter;</li> <li>(IV) establishing procedures and guidelines for accessing and collecting information described in subsection (d)(2);</li> </ul> </li> </ul>
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(2)	The governing body must use ongoing monitoring results,	<p>(V) reviewing and approving all major policies of the agency, including:</p> <ul style="list-style-type: none"> <li>(aa) the annual self-assessment and financial audit</li> <li>(bb) such agency’s progress in carrying out the programmatic and fiscal provisions in such agency’s grant application, including implementation of corrective actions; and</li> <li>(cc) personnel policies of such agencies regarding the hiring, evaluation, termination, and compensation of agency employees;</li> </ul> <p>(VI) developing procedures for how members of the policy council are selected, consistent with paragraph (2)(B) See 1301.3B</p> <p>(VII) approving financial management, accounting, and reporting policies, and compliance with laws and</p> <ul style="list-style-type: none"> <li>(aa) approval of all major financial expenditures of the agency;</li> <li>(bb) annual approval of the operating budget of the agency;</li> <li>(cc) selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who shall report all critical accounting policies and practices to the governing body; and</li> <li>(dd) monitoring of the agency’s actions to correct any audit findings and of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices;</li> </ul> <p>(VIII) reviewing results from monitoring conducted under section 641A©, including appropriate follow up activities,</p> <p>(IX) approving personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any-other person in an equivalent position with the agency;</p> <p>(X) establishing, adopting, and periodically updating written standards of conduct that establish standards and formal procedures for disclosing, addressing, and resolving</p> <p><b>Section 642(d)(2) of the Act:</b></p>
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<p>1301.2 (c) (1)  (2)  (i)  (ii)</p>	<p>data on <u>school readiness goals</u>, other information described in <u>§1302.102</u>, and information described at section <u>642(d)(2)</u> of the Act to conduct its responsibilities.</p> <p><b>Governing Body</b> <b><u>Advisory Committees</u></b> A governing body may establish advisory committees as it deems necessary for effective governance and improvement of the program. If a governing body establishes an advisory committee to oversee key responsibilities related to program governance, it must:</p> <p>(i) Establish the structure, communication, and oversight in such a way that the governing body continues to maintain its legal and fiscal responsibility for the Head Start Agency; and,</p> <p>(ii) Notify the responsible HHS official of its intent to establish such an advisory committee.</p>	<p>(d) PROGRAM GOVERNANCE ADMINISTRATION- (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure them having accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including -</p> <p>(A) monthly financial statements, including credit card expenditures;</p> <p>(B) monthly program information summaries;</p> <p>(C) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;</p> <p>(D) monthly reports of meals and snacks provided through programs of the Department of Agriculture;</p> <p>(E) the financial audit;</p> <p>(F) the annual self-assessment, including any findings related to such assessment;</p> <p>(G) the communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates;</p> <p>(H) Communication and guidance from the Secretary; and the program information reports.</p> <p>Follow Standard</p> <p>Follow Standard</p>
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<p>1301.3 (d) (1)</p> <p>(2)</p> <p>(3)</p> <p>(4)</p> <p>1301.3 (e)</p>	<p><b>Policy Council and Policy Committees</b></p> <p><b><u>Term</u></b></p> <p>A member will serve for one year.</p> <p>If the member intends to serve for another year, s/he must stand for re-election.</p> <p>The policy council, and policy committee at the delegate level, must include in its bylaws how many one-year terms, not to exceed five terms, a person may serve.</p> <p>A program must seat a successor policy council, or policy committee at the delegate level, before an existing policy council, or policy committee at the delegate level, may be dissolved.</p> <p><b>Policy Council and Policy Committees</b></p> <p><b><u>Reimbursement</u></b></p> <p>A program must enable low-income members to participate fully in their policy council or policy committee</p>	<p>(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 the program information reports.</p> <p>A member will serve a one-year term after they have been elected by the peers of their Head Start Center. Elections will be held as soon as possible but within two months of the Head Start Center start date. <b>Site supervisors and Family Service Workers may recruit parent volunteers when volunteers do not step forward.</b></p> <p>The member must be re-elected every year by the peers of their Head Start Center and may serve up to 5 term years. The term of office for a member of the Policy Council will extend from his/her time of election until the day on which the new Policy Council Member is elected and seated the following year.</p> <p><b>The Concho Valley Council of Governments Head Start/Early Head Start Policy Council By-Laws</b> states the length of membership for any voting representative will not exceed a lifetime total of 5 years.</p> <p>Anytime during a term, a parent vacates his/her position, the center alternate will fill the vacancy. If the alternate declines to advance to the vacant position, elections will be held at the Head Start Center as soon as possible. <b>Site supervisors and Family Service Workers may recruit parent volunteers when volunteers do not step forward.</b></p> <p><b>The Concho Valley Council of Governments Head Start/Early Head Start Policy Council By-Laws</b> states that those members whose total annual income is equal to</p>
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	<p>responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the low-income members.</p>	<p>or below the poverty guideline will be eligible for mileage reimbursement if they are traveling outside of their hometown. Mileage reimbursement may include: roundtrip mileage to meetings and all required training. An alternate is subject to the reimbursement if they qualify in the absence of their voting member.</p>
<p><b>§1301.4</b> (a)</p>	<p><b>Parent Committees</b> <b><u>Establishing Parent Committees</u></b> A program must establish a parent committee comprised exclusively of parents of currently enrolled children as early in the program year as possible. This committee must be established at the center level for center-based programs and at the local program level for other program options. When a program operates more than one option, parents may choose to have a separate committee for each option or combine membership. A program must ensure that parents of currently enrolled children understand the process for elections to the policy council or policy committee and other leadership opportunities.</p> <p><b>Parent Committees</b> <b><u>Requirements of Parent Committees</u></b> Within the parent committee structure, a program may determine the best methods to engage families using strategies that are most effective in their community, as long as the program ensures the parent committee carries out the following minimum responsibilities:</p> <p>(1) Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families;</p> <p>(2) Have a process for communication with the policy council and policy committee; and</p>	<ol style="list-style-type: none"> <li>1. Parent committees will be established in the first two months of the school start date and be composed exclusively of Head Start/Early Head Start Parents.</li> <li>2. Every Parent will have the opportunity to participate on the parent committee.</li> <li>3. Where centers have Head Start and Early Head Start the parent committee may be combined but if not will work together for the betterment of the school.</li> <li>4. The election process of Policy Council Representatives/Alternates and policy committee members will take place as soon as possible but with-in 2 months of the Head Start Center start date.</li> <li>5. <b>Policy Council/Parent Committee Facts, Tasks, and Duties</b> will be handed out to parents prior to election and discussed at the first parent meeting detailing process for elections, roles and responsibilities, and leadership positions and opportunities.</li> </ol> <p>All parents have the opportunity to participate and are encouraged to join the parent committee and policy council. Information on the function and importance of these entities are posted, distributed by <b>Welcome Packet</b>, media, flyers, and discussed in the parent meeting prior to elections and throughout the year.</p> <p>Parent committees are encouraged to participate in the following: school readiness goals, center/classroom engagements for learning and socialization, and involvement of planning for parent training topics of the <b>Parent Education Training Survey</b>.</p> <p>The policy council member will present information at policy committee meetings</p>

(3)	Within the guidelines established by the governing body, policy council or policy committee, participate in the recruitment and screening of Early Head Start and Head Start employees.	and in their absence the responsibility will fall upon the Site Supervisor. Current policy council minutes can be found on the parent board.  The screening committee is established by volunteers of elected Policy Council Members. They can volunteer on the <b>Policy Council/Committee Information Sheet</b> . Human Resources will contact screening committee members prior to a screening for participation.
<b>§1301.5</b>	<b>Training</b> An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in §1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.	The governing body and policy council representatives will be trained <b>every two years</b> on the following: roles and responsibilities, performance standards, code of conduct, confidentiality, rules of order, screening committee, nepotism, Policy Council by-laws, budgeting, conflict of interest, policies and procedures, methods on how to collect and complete accurate eligibility information from families and third party sources, strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, privacy, actions taken against staff, families, or participants who attempt to provide or intentionally provide false information. This training will take place within 180 days of the beginning of a new term for the governing body and or policy council.
<b>§1301.6</b> (a)          (1)  (2)	<b>Impasse Procedures</b> To facilitate meaningful consultation and collaboration about decisions of the governing body and the policy council, each agency’s governing body and policy council jointly must establish written procedures for resolving internal disputes between the governing board and policy council in a timely manner that include impasse procedures. These procedures must:  Demonstrate that the governing body considers proposed decisions from the policy council and that the policy council considers proposed decisions from the governing body;	<b>Procedure:</b> It is the intent of the Governing Board and the Policy Council to establish the internal dispute resolution procedure, to achieve resolution of disputes and/or impasses that may occur when concurrence and approval is required by both the Governing Board and the Policy Council, pursuant to the Agency’s personnel policies and procedures and the Program Governance. Whenever a dispute arises relating to governance and management responsibilities of the Governing Board and the Policy Council, either party may initiate this dispute resolution procedure. It is the intent of the Policy Council and the Governing Board to equitably and fairly resolve any and all disputes utilizing the earliest level possible through this procedure.  <b>Internal Dispute Resolution:</b> <b>Step 1:</b> The Governing Board and Policy Council, with the assistance of the Executive Director and Head Start Director shall first attempt to informally resolve the dispute. The Executive Director shall facilitate communications between the two parties in an effort to ensure that both parties have sufficient background

(3)	<p>If there is a disagreement, require the governing body and the policy council to notify the other in writing why it does not accept a decision; and, Describe a decision-making process and a timeline to resolve disputes and reach decisions that are not arbitrary, capricious, or illegal.</p>	<p>information to understand each respective position. If the matter is resolved in this process, the Executive Director shall confirm the resolution in writing to both the Governing Board and the Policy Council and the resolution shall be affirmed by both parties. <b>Step 2:</b> If Step 1 fails to resolve the dispute informally, the Executive Committee Chairperson of the Governing Board and the Chairperson of the Policy Council shall conduct a formal joint meeting in an effort to resolve the dispute. This joint meeting shall be held not less than (2) and not more than (10) days after a written request by either party has been made. Both parties may agree to utilize outside persons, and a mediator may be selected by mutual agreement of the Governing Board and Policy Council.</p>
(b)	<p>If the agency's decision-making process does not result in a resolution and an impasse continues, the governing body and policy council must select a mutually agreeable third-party mediator and participate in a formal process of mediation that leads to a resolution of the dispute.</p>	<p><b>Impasse Procedure:</b> <b>Step 3:</b> If Step 2 fails, and a resolution cannot be reached, the Impasse procedures will be initiated. The Governing Board and the Policy Council shall submit the impasse to a local Dispute Resolution Center/Organization, and shall utilize their professional services. Procedures for conducting the mediation process shall be binding upon the Policy Council and the Governing Board. Written reports regarding the issues/concerns to be resolved shall be submitted to the mediation center not less than (10) days after completion of Step 2.</p>
(c)	<p>For all programs except American Indian and Alaska Native programs, if no resolution is reached with a mediator, the governing body and policy council must select a mutually agreeable arbitrator whose decision is final.</p>	<p>The Mediation center's decision shall be rendered within (30) days after completion of the hearing, and shall be final and binding upon all parties.</p>



# Part 1302 Program Operations

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## **Section**

1302.1 Overview

## **Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance**

1302.10 Purpose

1302.11 Determining community strengths, needs, and resources.

1302.12 Determining, verifying, and documenting eligibility

1302.13 Recruitment of children.

1302.14 Selection process.

1302.15 Enrollment.

1302.16 Attendance.

1302.17 Suspension and expulsion.

1302.18 Fees.

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<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
<b>§1302.1</b>	<p><b>Overview.</b>  This part implements these statutory requirements in Sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start, Early Head Start, American Indian and Alaska Native and Migrant or Seasonal Head Start programs. This part covers the full range of operation from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, these provisions do not narrow the scope or quality of services covered in previous regulations. Instead, these regulations raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.</p>	
<b>Subpart A</b>	<b>Eligibility, Recruitment, Selection Enrollment and Attendance</b>	
<b>§1302.10</b>	<p><b>Purpose.</b> This subpart describes requirements of grantees for determining community strengths, needs and resources as well as recruitment areas. It contains requirements and procedures for the eligibility determination, recruitment, selection, enrollment and attendance of children and explains the policy concerning the charging of fees.</p>	
<b>§1302.11</b>	<b>Determining community strengths, needs, and resources.</b>	
(a)	<b><u>Service area.</u></b>	

Standard	Performance Standard	Plan of Action
(1)	A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.	Service Area established and approved.
(i)	A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near-reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation.	Not applicable
(ii)	If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of a eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.	Not applicable
(2)	If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.	If the program decides to change the service area, the programs will do the following: <ol style="list-style-type: none"> <li>1. Distribute surveys within the community</li> <li>2. Assess the community assessment</li> <li>3. Analyze data</li> </ol>

Standard	Performance Standard	Plan of Action
<p>(b)</p> <p>(1)</p> <p>(i)</p> <p>(A)</p> <p>(B)</p> <p>(C)</p>	<p><b><u>Community wide strategic and needs assessment (community assessment).</u></b></p> <p>To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. This community assessment use data that describes community strengths, needs, and resources and include, at a minimum;</p> <p>The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:</p> <p>Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432(6)(A);</p> <p>Children in foster care; and</p> <p>Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;</p>	<p>4. Hold meeting with staff, governing body and policy groups if results show a need the program would request approval from the Governing Board and Policy groups. Proposal would be submitted to ACF office for approval.</p> <p>A community assessment will be conducted once over a five-year grant period.</p> <p>We will use data that describes community strengths, needs and resources and include:</p> <ol style="list-style-type: none"> <li>1. The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic locations, race ethnicity, and languages they speak.</li> <li>2. Children experiencing homelessness in collaboration with McKinney-Vento Local Education Agency Liaisons</li> <li>3. Children in foster care</li> <li>4. Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies</li> <li>5. Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies</li> <li>6. Typical work, school, and training schedules of parents with eligible children</li> <li>7. Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local re-schools, and the approximate number of eligible children served</li> <li>8. Resources that are available in the community to address the needs of eligible children and their families</li> </ol>

Standard	Performance Standard	Plan of Action
(ii)	Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;	<p>9. Strengths of the community</p> <p>Administration staff will compile all information into one Community Assessment and will have a planning meeting with the Governing Body, Policy Council, Site Supervisors and Management staff to establish goals. The Community Assessment will be taken before the Governing Body and the Policy Council for approval.</p>
(iii)	Typical work, school, and training schedules of parents with eligible children;	
(iv)	Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local re-schools, and the approximate number of eligible children served;	
(v)	Resources that are available in the community to address the needs of eligible children and their families; and,	
(vi)	Strengths of the community.	
(2)	A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.	
(3)	A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be	Not applicable

Standard	Performance Standard	Plan of Action
<p>§1302.12(a)</p> <p>(a)</p> <p>(1)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(2)</p> <p>(3)</p>	<p>supported by other funding sources, including private pay, in addition to the program’s eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.</p> <p><b>Determining, verifying, and documenting eligibility.</b></p> <p><u>Process overview.</u></p> <p>Program staff must:</p> <p>Conduct an in-person interview with each family unless paragraph (a)(2) of this section applies;</p> <p>Verify information as required in paragraphs (h) and (i) of this section; and,</p> <p>Create an eligibility determination record for enrolled participants according to paragraph (k) of this section.</p> <p>Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family.</p> <p>If a program has an alternate method to reasonably determine eligibility based on its community assessment, geographic and administrative data, or from other reliable data sources, it may petition the responsible HHS official to waive requirements in paragraphs (a)(1)(i) and (ii) of this section.</p>	<p>Program staff will complete a face-to-face application with the legal guardian of the child enrolling. The Family Service Worker, Site Supervisors or ERSEA Manager will verify age and income. This will be documented on the <b>“Eligibility Worksheet”</b>.</p> <p>The program has an <b>“Eligibility Worksheet”</b> that follows paragraph (k).</p> <p>A program staff may interview the legal guardian of the child enrolling over the phone when they have made every effort to complete a face-to-face application. All efforts will be documented on a <b>“Enrollment Status”</b> and will be attached to <b>“Eligibility Worksheet”</b> of the application. The Family Service Worker, Site Supervisors or ERSEA Manager will verify age and income.</p> <p>Not applicable</p>

Standard	Performance Standard	Plan of Action
(b)	<u>Age requirements.</u>	
(1)	For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.	Early Head Start provides services for children birth to age three (3).
(2)	For Head Start, a child must:	Head Start provides services for children ages three (3) to five (5). A child must be three (3) prior to September 1 <sup>st</sup> (as established by the local school district) to be considered for enrollment at the beginning of the school year. After a child turns three (3) (after September 1 <sup>st</sup> ) as vacancies occur, they may be considered for an enrollment opportunity. These children will be placed on the appropriate waiting list on their 3 <sup>rd</sup> birthday.
(i)	Be at least three years of or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located; and,	
(ii)	Be older than the age required to attend school.	A child who turns 5 before September 1 <sup>st</sup> is not age eligible for Head Start.
(3)	For Migrant or Seasonal Head Start, a child must be younger than compulsory school age by the date used to determine public school eligibility for the community in which the program is located.	Not applicable
(c)	<u>Eligibility requirements.</u>	
(1)	A pregnant woman or a child is eligible if:	A pregnant woman or a child is eligible, if: a family's total annual income is equal to or less than the poverty income guidelines as defined by the U.S. Department of Health and Human Services.
(i)	The family's income is equal to or below the poverty line; or,	; or, the family receives public assistance such as TANF, SNAP or SSI (Supplemental Security Income) (does not include survivor or Social Security benefits). Family must provide current statement from the state or local public assistance agency that shows the

Standard	Performance Standard	Plan of Action
(ii)	The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments; or,	families is potentially eligible to receive public assistance or is receiving public assistance. Head Start or Early Head Start will utilize the most current income guidelines until they are replaced by a new version for the following school year.
(iii)	The child is homeless, as defined in part 1305; or,	A child is eligible for Head Start or Early Head Start, if the child is homeless under the McKinney-Vento Homeless Assistance Act. Homeless children means individuals who lack a fixed, regular and adequate nighttime residence; and includes children that are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement; children who have a primary nighttime residence that is public or private place not designed for or ordinarily used as a regular sleeping accommodations for human beings; children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
(iv)	The child is in foster care.	A child is eligible for Head Start and Early Head Start if they are placed in 24-hour substitute care, placed away from their parents or guardians and for whom the state agency has placement and care responsibility.
(2)	If the family does not meet a criterion under paragraph (c)(1) of 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 in accordance with paragraph (d) of this section.	All Over income children or pregnant woman will only be considered for approval when the <b>“Income Eligible Waiting List”</b> and <b>“130% Waiting List”</b> has been exhausted and efforts have been made to find income eligible children or pregnant woman. This number will not exceed 10% of funded enrollment. The Family Service Workers must submit flyers and <b>“Flyer Tracking”</b>

Standard	Performance Standard	Plan of Action
<p>(d)</p> <p>(1)</p> <p>(i)</p> <p>(ii)</p> <p>(2)</p> <p>(i)</p>	<p><b><u>Additional allowances for programs.</u></b></p> <p>A program may enroll an additional 35 percent of participants whose families do not meet a criterion described in paragraph (c) of this section and whose incomes are below 130 percent of the poverty, if the program:</p> <p>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 paragraph (c) of this section; and,</p> <p>Establishes criteria that ensure pregnant women and children eligible under the criteria listed in paragraph (c) of this section are served first.</p> <p>If a program chooses to enroll participants who do not meet a criterion in paragraph (c) of this section, 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:</p> <p>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;</p>	<p>to the ERSEA Manager before approval is granted. The ERSEA Manager will track all over income children and pregnant woman.</p> <p>The program may accept 35% of families' whose incomes are between 100-130% of the poverty guidelines. The program will maintain an Income Eligible, 130% and Over Income Waiting List for Head Start, Early Head Start and Pregnant Moms program throughout the year. Children and pregnant woman on the 130% Waiting List will only be considered for approval when the Income Eligible Waiting List has been exhausted and all efforts have been made to find income eligible children and pregnant woman. The Family Service Workers must submit flyers, newspaper clippings, bulletins, e-mails, etc. and "Flyer Tracking" to the ERSEA Manager before approval is granted. The ERSEA Manager may request for staff to make additional recruitment efforts when efforts are not sufficient. The ERSEA Manager will track all 130% children and pregnant woman.</p> <p>ERSEA Manager will track this information and report as requested.</p>



Standard	Performance Standard	Plan of Action
(ii)	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;	
(iii)	Efforts, including outreach, to be fully enrolled with eligible pregnant women or children;	
(iv)	Policies, procedures, and selection criteria it uses to serve eligible children;	
(v)	Its current enrollment and its enrollment for the previous year;	
(vi)	The number of pregnant women and children served, disaggregated by the eligibility criteria in paragraphs (c) and (d)(1) of this section; and,	
(vii)	The eligibility criteria category of each child on the program's waiting list.	
(e)	<b><u>Additional allowances for Indian tribes.</u></b>	
(1)	Notwithstanding paragraph (c)(2) of this section, a tribal program may fill more than 10 percent of its enrollment with participants who are eligible under the criteria in paragraph (c) of this section, if:	Not Applicable
(i)	The tribal program who served all eligible pregnant women or children who wish to be enrolled from Indian and non-Indian families living within the approved service area of the tribal agency;	Not Applicable

Standard	Performance Standard	Plan of Action
(II)	The tribe has resources with its grant, without using additional funds from HHS intended to expand Early Head Start or Head Start services, to enroll pregnant women or children whose family incomes exceed low-income guidelines or who are not otherwise eligible; and,	Not applicable
(III)	At least 51 percent of the program’s participants meet an eligibility criterion under paragraph (c)(1) of this section.	Not applicable
(2)	If another program does not serve the approved service area, the program must serve all eligible Indian and non-Indian pregnant women or children who wish to enroll before serving over-income pregnant women or children.	Not applicable
(3)	A program that meets the conditions of this paragraph (c) must annually set criteria that are approved by the policy council and the tribal council for selecting over-income pregnant women or children who would benefit from program services.	Not applicable
(4)	An Indian tribe or tribes that operates both an Early Head Start program and a Head Start program may, at its discretion, at any time during the grant period involved, reallocate funds between the Early Head Start program and the Head Start program in order to address fluctuations in client populations, including pregnant women and children from birth to compulsory school age. The reallocation of such funds between programs by an Indian tribe or tribes during a year may not serve as a basis for any reduction of the base grant for either program in succeeding years.	Not Applicable

Standard	Performance Standard	Plan of Action
(f)	<b><u>Migrant or Seasonal eligibility requirements.</u></b> A child is eligible for Migrant or Seasonal Head Start, if the family meets an eligibility criterion in paragraphs (c) and (d) of this section; and the family's income comes primarily from agricultural work.	Not Applicable
(g)	<b><u>Eligibility requirements for communities with 1,000 or fewer individuals.</u></b>	
(1)	A program may establish its own criteria for eligibility provided that it meets the criteria outlines in section 645(a)(2) of the Act.	Not Applicable
(2)	No child residing in such community whose family is eligible under criteria described in paragraphs (c) through (f) of this section, may be denied an opportunity to participate in the program under the eligibility criteria established under this paragraph (g).	
(h)	<b><u>Verifying age.</u></b> Program staff must verify a child's age according to the 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.	Age will be determined by verifying one of the following documents; legal birth certificate, Baptismal certificate (with seal), Medicaid card, Passport or shot record. If doing so creates a barrier for the family to enroll the child, no documentation is required.
(i)	<b><u>Verifying eligibility.</u></b>	
(1)	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.	Staff with ERSEA training must verify all current money wages or salary before deductions; except from net income from non-farm self-employment & net income from farm self-employment; the following may be verified for proof of income; check stubs, current W-2, Income Tax Forms from previous year,

Standard	Performance Standard	Plan of Action
(i)	<p>If the family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, program staff may accept written statements from employers, including individuals who are self-employed, for the relevant time period and use information provided to calculate total annual income with appropriate multipliers.</p>	<p>Unemployment compensation, Worker' compensation, Social Security, Supplemental security income, Public assistance or welfare payments (TANF), Veterans' payments, Survivor benefits, Disability benefits, Pension or retirement income, Interest income, Dividends; Rents, royalties and estates and trusts, Educational assistance, Child support, Alimony, Financial assistance from outside of the household, military income (including pay and allowances), or foreign government pensions. Other sources when approved by the ERSEA Manager. The period of time to be considered for eligibility is: 1) the twelve months immediately preceding the month in which application for enrollment of the child was made, or 2) for the calendar year immediately preceding the calendar year in which the application is made, whichever more accurately reflects the family's current needs</p> <p>If a family cannot provide all W-2 forms, pay stubs, or pay envelopes for the relevant time period families must provide an <b>"Employment Verification"</b> form from all employers. Appropriate staff with ERSEA training must verify with the person who completed the <b>"Employment Verification"</b> that the information is accurate and this will be documented on the form. Staff with ERSEA training will use the formula below to calculate the income, when applicable.</p> <p><b>Income will be calculated for a 12-month period using the following formula:</b></p> <ul style="list-style-type: none"> <li>• <b>Weekly X 52</b></li> <li>• <b>Every two weeks X 26</b></li> <li>• <b>Twice a month X 24</b></li> <li>• <b>Monthly X 12</b></li> </ul>

Standard	Performance Standard	Plan of Action
(ii)	<p>If the family reports no income for the relevant time period, a program may accept the family's signed declaration to the effect, if program staff describes efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility, if the family gives written consent. If a family gives consent to contact third parties, program staff must adhere to program safety and privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k)(2) of this section.</p>	<p>When a family reports no income for the relevant time period staff will complete a <b>"No Income Verification"</b> form. The <b>"No Income Verification"</b> will state who pays their rent, if they receive SNAP, WIC, and/or Medicaid. Information pertinent to the family's situation will be documented on the <b>"No Income Verification"</b>. Staff with ERSEA training will seek information from a 3<sup>rd</sup> party with parents' consent and complete the appropriate section on the <b>"No Income Verification"</b>. <b>"No Income Verification"</b> must be approved by the ERSEA Manager.</p>
(iii)	<p>If the family can demonstrate a significant change in income for the relevant time period, program staff may consider current income circumstances.</p>	<p>As per section 645 (a) of the Head Start Act, we will consider at the time of enrollment, information that most accurately reflects the needs of the family with documentation on the <b>"Enrollment Status"</b>.</p>
(2)	<p>To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family is potentially eligible to receive public assistance.</p>	<p>If a family receives TANF, SNAP or Supplemental Security Income no other income will be calculated. TANF, SNAP or Supplemental Security Income makes the family income eligible. The TANF, SNAP or Supplement Security document from the state or local public assistant agency must be current in order to be applicable.</p>
(3)	<p>To verify whether a family is homeless, a program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting that child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or</p>	<p>For a child to be documented under homeless a family must provide a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness. These documents must be kept and attached to</p>

Standard	Performance Standard	Plan of Action
	<p>application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness.</p> <p>(i) If a family can provide one of the documents described in this paragraph (i)(3), program staff must describe efforts made to verify the accuracy of the information provided and state whether the family is eligible because they are homeless.</p> <p>(ii) If a family cannot provide one of the documents described in this paragraph (i)(3) to prove the child is homeless, a program may accept the family’s signed declaration to that effect, if, in a written statement, program staff describe the child’s living situation that meets the definition of homeless in part 1305 of this chapter.</p> <p>(iii) Program staff may seek information from third parties who have firsthand knowledge about a family’s living situation, if the family gives written consent. If the family gives consent to contact third parties, program staff must adhere to program privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k) of this section.</p> <p>(4) To verify whether a child is in foster care, program staff must accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment.</p>	<p>“Eligibility Worksheet” along with the “Family Residency Verification” form.</p> <p>Staff with ERSEA training will contact the person that wrote the statement and document on the “Family Residency Verification” the accuracy of the information provided.</p> <p>Staff with ERSEA training can fill out the “Family Residency Verification” to attest that a child is homeless under McKinney-Vento Homeless Assistance Act when a family cannot provide official documents verifying homelessness.</p> <p>Staff with ERSEA training will seek information from a 3<sup>rd</sup> party with parents’ consent and complete the appropriate section of “Family Residency Verification”.</p> <p>In order for a child to be counted as child in Foster Care or Kinship Care a family/guardian must provide the Family Service Worker, Site Supervisor or ERSEA Manager with a current court order or legal or government-issued document or written statement from a government child welfare official demonstrating the child is in foster care or kinship care. These documents must be kept and attached to “Eligibility Worksheet” form.</p>

Standard	Performance Standard	Plan of Action
(j)	<p><b><u>Eligibility duration.</u></b></p>	
(1)	<p>If a child is determined eligible under this section and is participating in a Head Start program, he or she will remain eligible through the end of the succeeding program year except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services.</p>	<p>Each child enrolled in the Head Start Program will be remain eligible through the end of the second year.</p> <p>When a family drops from Head/Early Head and then decides to re-apply, the family will need to complete a new application. The child will be placed on appropriate Waiting List according to their income.</p>
(2)	<p>Children who are enrolled in a program receiving funds under the authority of section 645A of the Act remain eligible while they participate in the program.</p>	
(3)	<p>If a child moves from an Early Head Start program to a Head Start program, program staff must verify the family's eligibility again.</p>	<p>Early Head Start children enrolled remain eligible until their 3<sup>rd</sup> birthday or according to their transition plan.</p>
(4)	<p>If a program operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program must ensure, whenever possible, the child receives Head Start services until enrolled I school, provided the child is eligible.</p>	<p>Early Head Start children must complete an application for Head Start and income must be verified to determine family's eligibility. Early Head Start children are given extra points as determined on the "<b>Selection Criteria</b>" for Head Start enrollment opportunities.</p>
(k)	<p><b><u>Records</u></b></p>	

Standard	Performance Standard	Plan of Action
(1)	A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically.	All eligibility determination records must be kept and stapled to the <b>“Eligibility Worksheet”</b> in each child’s ERSEA file. Calculating tape must be attached to the eligibility records, when applicable.
(2)	Each eligibility determination record must include:	
(i)	Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section;	The <b>“Eligibility Worksheet”</b> can only be filled out by those individuals who have had the ERSEA Training.
(ii)	A statement that program staff has made reasonable efforts to verify information by:	Staff will complete the <b>“Eligibility Worksheet”</b> which includes the following:
(A)	Conducting either an in-person, or a telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and,	<ol style="list-style-type: none"> <li>1. How the application was conducted and if the telephone interview was conducted all efforts made will be documented on a narrative.</li> <li>2. Income Resource including homeless and Foster Care.</li> <li>3. Family’s eligibility status such as Income Eligible, 130% or Over Income.</li> <li>4. Family unit size.</li> <li>5. The Poverty Guidelines</li> <li>6. Family’s total yearly income.</li> </ol>
(B)	Describing efforts made to verify eligibility, as required under paragraph (h) through (i) of this section; and, 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.	Eligibility Worksheet will be signed and dated when income and shot record documents are submitted and make application complete to be placed on the Waiting List.
(iii)	A statement that identifies whether:	
(A)	The family’s income is below income guidelines for its size, and lists the family’s size;	All income verified and enrollment status, if applicable must be located with the <b>“Eligibility Worksheet”</b> .
(B)	The family is eligible for or, in the absence of child care, potentially eligible for public assistance;	



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(C)	The child is a homeless child or the child is in foster care;	
(D)	The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or,	
(E)	The family was determined to be eligible under the criterion in paragraph (d)(1) of this section.	
(3)	A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.	
(I)	<p><b><u>Program policies and procedures on violating eligibility determination regulations.</u></b></p> <p>A program must establish written policy and procedures that describe all actions taken against staff who intentionally violate federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Early Head Start or Head Start services.</p>	<p>If accusations are brought against a staff regarding falsification of an applicant's eligibility the person with the information must report the accusation to the ERSEA Manager. The Head Start Director and ERSEA Manager will meet with staff, parent/guardian and all involved. If it is determined a staff has intentionally violated federal and program eligibility determination regulations and enrolled pregnant women or child that was not eligible to receive Early Head Start or Head Start services will be a terminated. Employees who intentionally commit fraud on income information may suffer legal consequences of arrest, fines, expulsions, incarceration, etc. These charges might be federal, local state and civil suits.</p> <p>If accusations are brought against families or a pregnant mom regarding falsification of their eligibility the person with the information must report the accusation to the ERSEA Manager. The Head Start Director and ERSEA Manager will meet with staff, parent/guardian and all involved. If it is determined that family or pregnant mom has intentionally violated federal and program eligibility determination regulations the family or pregnant mom</p>

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		<p>will not be a placed on the waiting list or the child's slot or pregnant mom's slot will be considered vacant. Families who intentionally commit fraud on income information may suffer legal consequences of arrest, fines, expulsions, incarceration, etc. These charges might be federal, local state and civil suits.</p>
(m)	<p><b><u>Training on eligibility.</u></b></p>	
(1)	<p>A program must train all governing body, policy council, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must, at a minimum:</p>	<p>ERSEA Manager will train all governing body, policy council, Site Supervisor, Family Service Workers on federal regulations and program policies and procedures. Training will include methods to collect complete and accurate eligibility information from families and third-party sources.</p>
(i)	<p>Include methods on how to collect complete and accurate eligibility information from families and third-party sources;</p>	
(ii)	<p>Incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,</p>	<p>Governing body, policy council, Site Supervisor/Family Service Worker will be given strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy.</p>
(iii)	<p>Explain program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.</p>	<p>Training will explain policies and procedures with regard to falsifying information. See (I) Program Policies and procedures on violating eligibility determination regulation.</p>
(2)	<p>A program must train management and staff members who make eligibility determinations within 90 days of hiring new staff.</p>	<p>ERSEA Manager will train new staff within 90 days of hiring.</p>

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<p>(3)</p> <p>(4)</p> <p><b>§1302.13</b></p>	<p>A program must train all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.</p> <p>A program must develop policies on how often training will be provided after the initial training.</p> <p><b><u>Recruitment of children.</u></b></p> <p>In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program. A program must include specific efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care.</p>	<p>ERSEA Manager will train new governing body and policy council members within 180 days of the beginning of the term.</p> <p>Training will be every year with staff members and policy council and every other year with governing body.</p> <p><b><u>See Annual Schedule of Events for Head Start and Early Head Start at End of Plan</u></b></p> <p><b><u>Pregnant Woman</u></b></p> <table border="1" data-bbox="1121 761 1892 1421"> <thead> <tr> <th data-bbox="1121 761 1671 800">ACTION</th> <th data-bbox="1671 761 1892 800">TIMELINE</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 800 1671 907">Current Selection Criteria and Poverty Guidelines will be implemented for the upcoming school year, when applicable.</td> <td data-bbox="1671 800 1892 907">March/April</td> </tr> <tr> <td data-bbox="1121 907 1671 980">Request help from Policy Council and parents to recruit pregnant woman.</td> <td data-bbox="1671 907 1892 980">as needed</td> </tr> <tr> <td data-bbox="1121 980 1671 1088">Consult with Dr's office and school counselors to inform them upcoming openings in the Pregnant Mom's Program.</td> <td data-bbox="1671 980 1892 1088">as needed</td> </tr> <tr> <td data-bbox="1121 1088 1671 1421">           Distribute flyers and brochures to (but not limited to):           <ul style="list-style-type: none"> <li>• Agencies serving children with Disabilities</li> <li>• DHS office</li> <li>• WIC</li> <li>• Public Libraries</li> <li>• School Districts</li> <li>• Clinics</li> </ul> </td> <td data-bbox="1671 1088 1892 1421">as needed</td> </tr> </tbody> </table>	ACTION	TIMELINE	Current Selection Criteria and Poverty Guidelines will be implemented for the upcoming school year, when applicable.	March/April	Request help from Policy Council and parents to recruit pregnant woman.	as needed	Consult with Dr's office and school counselors to inform them upcoming openings in the Pregnant Mom's Program.	as needed	Distribute flyers and brochures to (but not limited to): <ul style="list-style-type: none"> <li>• Agencies serving children with Disabilities</li> <li>• DHS office</li> <li>• WIC</li> <li>• Public Libraries</li> <li>• School Districts</li> <li>• Clinics</li> </ul>	as needed
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		<ul style="list-style-type: none"> <li>• Shelters</li> <li>• Workforce</li> <li>• Convenient and/or Grocery Stores</li> <li>• Laundry Mats</li> <li>• Restaurants</li> <li>• Centers</li> <li>• Post Office</li> <li>• Dr.'s office</li> <li>• Dentist office</li> <li>• Churches</li> <li>• Utility offices</li> <li>• Community Centers</li> <li>• Housing Authority</li> </ul>	
		Complete applications with prospective pregnant woman.	as needed
		Approve all applications and place on Waiting List (Applications approved will be valid through July of each school year)	as needed
		Pregnant Woman will be accepted as slots become available, income eligible woman with the highest points determined by the Selection Criteria will be accepted first.	as needed
		Pregnant Woman from the 130% or Over Income Waiting List will only be accepted when the income eligible waiting list has been exhausted. 130% and Over income pregnant woman will only be accepted with the approval of the ERSEA Manager	as needed

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<p>§1302.14</p> <p>(a)</p> <p>(1)</p> <p>(2)</p> <p>(3)</p>	<p><u>Selection process.</u></p> <p><u>Selection criteria.</u></p> <p>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 as describes in §1302.11(b), 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) (20 U.S.C. 1400 et seq.) and, other relevant family or child risk factors.</p> <p>If a program serves migrant or seasonal families, it must select participants according to criteria in paragraph (a)(1) of this section, and give priority to children whose families can demonstrate they have relocated frequently within the past two-years to pursue agricultural work.</p> <p>If a program operates in a service area where Head Start eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day, the program must prioritize younger children as part of the selection criteria in paragraph (a)(1) of this section. If this priority would disrupt partnerships with local education agencies, then it is not required. An American Indian and Alaska Native or Migrant or Seasonal Head Start program must consider whether such prioritization is appropriate in their community.</p>	<p>The Selection Criteria will be reviewed to reflect any changes that may have impacted the communities. The ERSEA Manager Site Supervisors and FSW will draft changes that are needed. The “<b>Selection Criteria</b>” will be reviewed and approved in February or March if revisions are made.</p> <p>Concho Valley Council of Governments Head Start/Early Head Start will utilize the “<b>Selection Criteria</b>” to prioritize entry into the program. The “<b>Selection Criteria</b>” will determine points given to each child and the child with the highest points will be accepted into the program first.</p> <p><b>Head Start</b>-If children have the same number of points, priority will be given to the 4-year-old or the child that will be turning 4 first according to the date of birth and if children have the same date of birth the family who completed their application first has priority. <b>If the family completed the application on the same day, then the family with lowest annual income will have priority.</b> A child’s points will only change when a child has been determined by the LEA to be eligible for special education or related services.</p> <p><b>Early Head Start:</b> If children have the same points, the family who completed the application first has priority. If the family completed the application on the same day, then the family with lowest annual income will have priority.</p> <p><b>Pregnant Women:</b> If the Pregnant Women have the same points, the pregnant women who completed their application first will have priority.</p> <p><b>Head Start/Early Head Start/Pregnant Woman 130% &amp; Over Income Waiting List:</b> If children or Pregnant Woman have the</p>

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(4)	A program must not deny enrollment based on a disability or chronic health condition or its severity.	same points the family with lowest annual income will have priority.
(b)	<u>Children eligible for services under IDEA.</u>	We do not deny enrollment based on disability or chronic health condition or its severity.
(1)	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.	
(2)	If the requirement in paragraph (b)(1) of this section 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 in paragraph (a) of this section.	Not less than 10 percent of the total funded enrollment will be children with disabilities who are determined to be eligible for special education and related services as determined by the local education agency and the early intervention agency.
(c)	<u>Waiting List.</u> 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.	Head Start, Early Head Start and Pregnant Women will have three separate waiting list and children and pregnant woman will be placed according to their income determined and ranked with points determined through the Selection Criteria. Income Eligible Waiting List will have children or pregnant woman whose income falls equal or below the poverty guidelines. 130% Waiting List will have children or pregnant women whose income falls between 101%-130%. Over Income Waiting List will have children or pregnant women whose income is over the 130%.

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<p>§1302.15</p> <p>(a)</p> <p>(b)</p> <p>(1)</p> <p>(2)</p> <p>(3)</p> <p>(c)</p>	<p><b>Enrollment.</b></p> <p><u>Funded enrollment.</u> A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.</p> <p><u>Continuity of enrollment.</u></p> <p>A program must make efforts to maintain enrollment of eligible children for the following year.</p> <p>Under exceptional circumstances, a program may maintain a child’s enrollment in Head Start for a third year, provided that family income is verified again. A program may maintain a child’s enrollment in Early Head Start as describes in §1302.12(j)(2).</p> <p>If a program serves homeless children or children in foster care, it must make efforts to maintain the child’s enrollment regardless of whether the family or child moves to a different service area, or transition the child to a program in a different service area, as required in §1302.72(a), according to the family’s needs.</p> <p><u>Reserved slots.</u> If a program determines from the community assessment there are families experiencing homelessness in the area, or children in foster care that could benefit from services, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness and</p>	<p>In both Head Start and Early Head Start, funded enrollment level will be maintained: vacancies will be filled as soon as possible but not to exceed 30 calendar days.</p> <p>Open enrollment will be held in the Spring for enrollment opportunity for the following school year.</p> <p>3<sup>rd</sup> year students will have to re-enroll and income eligibility and “Selection Criteria” will be re-established. 3<sup>rd</sup> year students who are income eligible will remain in the Head Start program. 3<sup>rd</sup> year students who are over income will be placed on the “<b>130% Waiting List</b> ”&amp;“<b>Over Income Waiting List</b>” and selection process will be followed.</p> <p>We will work with families to maintain the child’s enrollment when feasible and will collaborate with the new service area to transition children.</p> <p>Follow standard</p>

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	<p>children in foster, when a vacancy occurs. Mo more than three percent of a program’s funded enrollment slots may be reserved. If the reserved enrollment slot is not filled within 30 days, the enrollment slot becomes vacant and then must be filled in accordance with paragraph (a) of this section.</p> <p><u>Other enrollment.</u> Children from diverse economic backgrounds who are funded with other sources, including private pay, are not considered part of a program’s eligible funded enrollment.</p> <p><u>State immunization enrollment requirements.</u> A program must comply with state immunization enrollment and attendance requirements, with the exception of homeless children as described in §1302.16(c)(1).</p> <p><u>Voluntary parent participation.</u> Parent participation in any program activity is voluntary, including consent for data sharing, and is not required as a condition of the child’s enrollment.</p> <p><b>Attendance.</b></p>	<p>Not applicable</p> <p>Follow state requirements. Homeless children and foster children shall be admitted temporarily for 30 days if acceptable evidence of vaccination is not available. The child will be referred to an appropriate health provider to obtain the required the vaccinations.</p> <p>Follow standard</p>
<p><b>§1302.16</b></p> <p>(a)</p> <p>(1)</p>	<p><u>Promoting regular attendance.</u> A program must track attendance for each child.</p> <p>A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child’s well-being.</p>	<p>Attendance is taken daily and tracked through Child Plus.</p> <p>Each day a child is absent the Site Supervisor/Family Service Worker or designated staff will contact the family before the day ends and document efforts and/or reasons the child was absent in Child Plus under attendance notes. If a child is absent due to an illness (attach Dr’s note, if available) or family emergency no further action is required. If a child is absent for the 2<sup>nd</sup> consecutive day and no contact has been made a home visit will</p>



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	<p>(2) A program must implement strategies to promote attendance. At a minimum, a program must:</p> <p>(i) Provide information about the benefits of regular attendance;</p> <p>(ii) Support families to promote the child’s regular attendance;</p> <p>(iii) 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,</p> <p>(iv) 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.</p>	<p>be conducted by the Family Service Worker and documented on the “<b>2<sup>nd</sup> Consecutive Day Home Visit/No Contact Notes</b>” form. When these absences are resulting from other factors including temporary family problems, that affects the child’s regular attendance will be addressed by the Family Service Worker who will provide the appropriate family support and will be sensitive to each family situation. Information gathered will be documented on the “<b>Narrative</b>” form or “<b>2<sup>nd</sup> Consecutive Day Home Visit/No Contact Notes</b>” form. Child Plus Report 2320-Individual Attendance report will be submitted to the ERESA Manager on the 4<sup>th</sup> consecutive day a child is out.</p> <p>Head Start and Early Head Start will implement the following strategies to promote attendance:</p> <ol style="list-style-type: none"> <li>1. At “<b>Meet the Teacher</b>” or Parent Meeting, <b>staff</b> will share the Attendance Works video.</li> <li>2. Share attendance letter at the beginning of the year and as needed throughout the year.</li> <li>3. Conduct Home visit when child is absent for 2 consecutive days and no contact has been made.</li> <li>4. Contact daily when child is absent. All efforts and contacts will be documented in Child Plus under attendance notes and if necessary, a “<b>Narrative</b>” may be attached to this Report for additional communication.</li> </ol> <p>Within 60 days of program operation and thereafter an “<b>Attendance Success Plan</b>” will be developed by the Family Service Worker on individual children with patterns of absences that puts them at risk of missing 10% of program days per year. The “<b>Attendance Success Plan</b>” will be completed with the family at a face-to-face meeting with information showing the</p>

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(3)	<p>If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child’s attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in §1302.17.</p>	<p>family the number of days missed in relation to the number of days attended. This form will explain strategies that will be taken to improve attendance including intensive case management when necessary. The “<b>Attendance Success Plan</b>” must be submitted to the ERSEA Manager upon completion.</p> <p>When all the above efforts have been made and child’s attendance does not resume, the child’s slot must be considered an enrollment vacancy. All documentation must be presented to the ERSEA Manager for final decision on the enrollment vacancy.</p>
(b)	<p><u>Managing systematic program attendance issues.</u>            If a program’s monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program’s absentee rate. The program must use this data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in §1302.102(b) and inform its continuous improvement efforts as described in §1302.102(c).</p>	<p>When the Grantee falls below 85% the Site Supervisor and/or Family Service Worker will complete an “<b>85% Below</b>” form that explains why the attendance fell below 85% and the steps taken to rectify the problem. The “<b>85% Below</b>” form is due to the ERSEA Manager on the 5<sup>th</sup> of each month.</p>
(c)	<p><u>Supporting attendance of homeless children.</u></p>	
(1)	<p>If a program determines a child is eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents. A program must work with</p>	<p>If a child is determined homeless, the child to be enrolled temporarily for 30 days without immunization records. The Family Service Worker will work with the families to become Texas state compliant with current immunization requirement of the State of Texas.</p>

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<p>(2)</p> <p><b><u>§1302.17</u></b></p> <p>(a)</p> <p>(1)</p> <p>(2)</p> <p>(3)</p>	<p>families to get children immunized as soon as possible in order to comply with state licensing requirements.</p>	
	<p>If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.</p>	<p>The Family Service Worker will assist children experiencing homelessness and unable to attend classes regularly with community transportation where available.</p>
	<p><b><u>Suspension and expulsion.</u></b></p>	
	<p><u>Limitations on suspension.</u></p>	
	<p>A program must prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.</p>	<p>No child may be suspended without Head Start Directors Approval.</p>
<p>A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.</p>	<p>Head Start and Early Head Start will prohibit or severely limit the use of suspension due to a child’s behavior. If, as a last resort, suspension is necessary, it will only be temporary in nature.</p>	
<p>Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialist, or other resources – as needed, to determine no other reasonable option is appropriate.</p>	<p>Temporary suspension will only be used as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.</p> <p>If the teaching staff has a concern regarding a child’s behavior, the teacher will begin documenting the child’s behavior on the “<b>Behavior Observation Notes</b>”. Documentation must include the following information and continue for a period of 10 days:</p> <ol style="list-style-type: none"> <li>a. What happened immediately before the problem behavior;</li> </ol>	

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		<ul style="list-style-type: none"> <li>b. Describe the problem behavior (exactly what did the child do or say);</li> <li>c. do or say);</li> <li>d. What happened immediately after the problem behavior;</li> <li>e. The activity the child was participating in at the time of the problem behavior;</li> <li>f. problem behavior;</li> <li>g. The time of day the behavior occurred;</li> <li>h. The child(ren) he/she was playing with at the time of the problem behavior.</li> <li>i. Problem behavior.</li> </ul> <p>The teaching staff will then discuss concerns with the Health/Mental Health Manager and may be consulted with the Mental Health Professional on contract for help with strategies that can be used in the classroom. If the strategies are not effective a referral to the Mental Health Professional may be initiated, with permission from the parents/guardians.</p> <p>The child will be returned to full participation in all program activities as quickly as possible, while ensuring child safety. The Site Supervisor, teaching staff, parents/guardians and/or the Mental Health Professional will develop a written plan of action, <b>(Health and Developmental Initial Plan)</b> will include the following action steps:</p> <ul style="list-style-type: none"> <li>• An initial meeting with the parents/guardians;</li> <li>• A return date;</li> <li>• Written steps that will be taken in the classroom to enable the child’s participation in all program activities;</li> <li>• How often meetings and or home visits will take place with the parents/guardians to ensure the child’s continued participation; (Health and Developmental Follow-up Notes)</li> </ul>
(4)	<p>If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:</p>	
(i)	<p>Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;</p>	
(ii)	<p>Developing a written plan to document the action and supports needed;</p>	
(iii)	<p>Providing services that include home visits; and,</p>	
(iv)	<p>Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.</p>	
(b)	<p><u>Prohibition on expulsion.</u></p>	
(1)	<p>A program cannot expel or unenroll a child from Head Start because of a child’s behavior.</p>	
(2)	<p>When a child exhibits persistent and serious challenging behaviors, a program must explore all</p>	

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	<p>possible steps and document all steps taken to address such problems, and facilitate the child’s safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis disability, consulting with the parents and the child’s teacher, and:</p>	<p>If the teaching staff has a concern regarding a child’s behavior, the teacher will begin documenting the child’s behavior on the “<b>Behavior Observation Notes</b>”. Documentation must include the following information and continue for a period of 10 days:</p> <ol style="list-style-type: none"> <li>a. What happened immediately before the problem behavior;</li> <li>b. Describe the problem behavior (exactly what did the child</li> <li>c. do or say);</li> <li>d. What happened immediately after the problem behavior;</li> <li>e. The activity the child was participating in at the time of the</li> <li>f. problem behavior;</li> <li>g. The time of day the behavior occurred;</li> <li>h. The child(ren) he/she was playing with at the time of the</li> <li>i. Problem behavior.</li> </ol> <p>The teaching staff will then discuss concerns with the Mental Health/Health Manager and the Mental Health Professional on contract for help with strategies that can be used in the classroom. If the strategies are not effective a referral to the Mental Health Professional and/or the LEA may be initiated, with permission from the parents/guardians.</p>
(i)	<p>If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or</p>	
(ii)	<p>If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child’s eligibility for services.</p>	<p>If a child has an IFSP or and IEP, we must consult with ECI or the LEA to ensure the child continues to receive the needed support services.</p>
(3)	<p>If, after a program has explored all possible steps and documented all steps taken as described in paragraph</p>	<p>If a child does not have an IFSP or an IEP, we must collaborate, with parental consent, with ECI or the LEA to determine the child’s eligibility for services.</p>

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<p><b>§1302.18</b></p> <p>(a)</p> <p>(b)</p> <p>(1)</p> <p>(2)</p>	<p>(b)(2) of this section, a program, in consultation with the parents, the child’s teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child’s continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.</p> <p><b>Fees</b></p> <p><u>Policy on fees.</u> A program must not charge eligible families a fee to participate in Head Start, including special events such as field trips, and cannot in any way condition an eligible child’s enrollment or participation in the program upon the payment of a fee.</p> <p><u>Allowable fees.</u></p> <p>A program must only accept a fee from families of enrolled children for services that are in addition to services funded by Head Start, such as child care before and after funded Head Start hours.</p> <p>In order to support programs serving children from diverse economic backgrounds or using multiple</p>	<p>If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child’s teacher, the agencies responsible for implementing the IFSP or the IEP (if applicable), and the mental health consultant, determines that the child’s continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement</p> <p>There are no program fees for income eligible families to participate in our Head Start or Early Head Start program.</p> <p>Follow standard</p> <p>Follow standard</p>

Standard	Performance Standard	Plan of Action
	funding sources, a program may charge fees to private pay families and other non-Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.	
<p><b>HS/EHS</b>  <b>Service Area: ERSEA</b>  <b>Procedure: Application Process</b>  <b>References: None</b></p> <p><b>Prior to submitting the application to the ERSEA Manager, the Intake Staff will:</b></p> <ol style="list-style-type: none"> <li>1. Review entire application to ensure that it is complete and begin Enrollment Status page to document all activities.</li> <li>2. Family Service Worker enters the application into Child Plus and sets their Enrollment History as New with date that is on the Eligibility Worksheet and writes in application number on the Enrollment Status.</li> <li>3. Submit the following items: <ul style="list-style-type: none"> <li>• Complete Application with Enrollment Status notes.</li> <li>• Head Start/Early Head Start Eligibility Worksheet with copies of Income (Calculated Selection Criteria Points)</li> <li>• Age documentation</li> <li>• Compliance Certification Form</li> <li>• Medical Card (if applicable)</li> <li>• Health (Physical &amp; Dental, if applicable)</li> <li>• Health-Consents, Authorizations, &amp; Releases and Health History (Completed June-April for current school year)</li> <li>• Admission</li> <li>• IEP/IFSP (if applicable)(points are not given unless a current IEP/IFSP is in place)</li> </ul> </li> </ol> <p>If any of these items are missing, follow up must occur at the site, prior to sending the application to the ERSEA Manager.</p> <ol style="list-style-type: none"> <li>4. Submit all documents in a folder with label, including child's name (last, first), site name with Head Start or Early Head Start, and child's date of birth. (Manila folder for income eligible, gray folders for 130% and red folders for over.) Place folder in Pink envelope and submit to ERSEA Manager. Rural will e-mail during school year.</li> </ol> <p><b>Application arrives at Administration Office:</b></p> <ol style="list-style-type: none"> <li>1. ERSEA Manager reviews application and contents to ensure that the file is ready to process. If the application is incomplete the file is returned to the site for additional follow-up prior to processing. The ERSEA Manager will document on the Enrollment Status any</li> </ol>		

Standard	Performance Standard	Plan of Action
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errors found and inform the Family Service Worker. The application must be resubmitted within one week. If it is not, then an explanation is required and will be documented on the Enrollment Status.

2. ERSEA Manager processes the application by initialing the Eligibility Worksheet.
3. Depending upon site's enrollment, the following is followed:

**Child is placed on appropriate Waiting List (Income Eligible, 130% and Over Income) prior to school starting:**

- a. ERSEA Manager and Family Service Worker and/or Site Supervisor discuss the classroom placement.
- b. The ERSEA Manager/Family Service Worker sends the family an acceptance letter. The letter indicates any entry needs needed prior to the beginning of school with dates to submit documents.
- c. The ERSEA Manager or Family Service Worker and/or Site Supervisor document date letter was sent on Accept date on Waiting List.
- d. The ERSEA Manager/Family Service Worker will flag the application if there are any specific concerns (mental health and/or special needs) and route it to the content area Managers.

**Child placed on appropriate Waiting List (due to full center)**

- a. The Family Service Worker sends the family a letter indicating that the child has been placed on the Waiting List.
- b. The Family Service Worker makes a copy of letter sent and placed in file.



CONCHO VALLEY  
COUNCIL OF GOVERNMENTS

HEAD START/EARLY HEAD START



ANNUAL RECRUITMENT SCHEDULE OF EVENTS

Month	Schedule of Events
<b>January/ February (kick off)</b>	<ul style="list-style-type: none"> <li>• ERSEA Team assist in reviewing Selection Criteria to see if points need to be changed using the Community Assessment Data</li> <li>• ERSEA Team review current enrollment forms and update if necessary.</li> <li>• ERSEA Team assist in updating flyers if necessary.</li> <li>• Family Service Workers begin 2<sup>nd</sup> year updates with children that are returning.</li> <li>• All sites determine Pre-Registration dates for April.</li> </ul>
<b>March/ April</b>	<ul style="list-style-type: none"> <li>• ERSEA Manager completes Recruitment Training with all persons responsible for completing applications in March.</li> <li>• ERSEA Team sets goal for the number of applications needed for the following school year.</li> <li>• Site Supervisors begin contacting families of children on the waiting list (that were not selected for enrollment and are not kindergarten eligible) to see if they are still interested in services and to let them know of Pre-Registration dates.</li> </ul>



<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
	<ul style="list-style-type: none"> <li>• Designated staff begin to contact LEAs, West Texas Rehab and ECI see if there are age eligible children for the program and inform them of Pre-Registration dates.</li> <li>• Designated staff will email MOU partners about Pre-Registration dates.</li> <li>• Recruitment Material is created and/or purchased and sent to sites.</li> <li>• Rural Site Supervisors will advertise Pre-Registration in local newspaper, marquess, and radio station if available</li> <li>• Designated staff for San Angelo will advertise Pre-Registration in local newspaper, magazine, marquees, and radio station.</li> <li>• Set up recruitment stations at local events, when feasible.</li> </ul>	
<b>May/July</b>	<ul style="list-style-type: none"> <li>• Complete Pre-Registration application and waiting list turned in the month of May.</li> <li>• ERSEA Manager will approve Pre-Registration applications.</li> <li>• ERSEA Manager or Family Service Workers send out acceptance letters.</li> <li>• Conduct Summer Registration Days in June and/or July for sites that are not full and do not have a waiting list.</li> <li>• Sites that are not full continue to work on incomplete files.</li> <li>• Schedule accepted children's one on one visit to complete all other forms needed to start on the first day of school.</li> </ul>	
<b>August</b>	<ul style="list-style-type: none"> <li>• Recruitment is ongoing and is conducted accordingly to each Site's needs.</li> <li>• Files are approved, placed on waiting list and accepted for sites that are not fully enrolled.</li> <li>• 130% and Over income families are accepted if no one is on the Income Eligible Waiting List.</li> </ul>	
<b>September/ December</b>	<ul style="list-style-type: none"> <li>• Recruitment is ongoing and is conducted accordingly to each site's needs. Each site should at all times maintain full enrollment along with a waiting list.</li> <li>• Set up recruitment stations at local events.</li> </ul>	
<b>A file is considered for enrollment slots only if the ERSEA Manager has approved it.</b>		



## 1302 Education and Child Development Program Services

### **Subpart C – Education and Child Development Program Services**

1302.30 Purpose.

1302.31 Teaching and the learning environment.

1302.32 Curricula.

1302.33 Child screenings and assessments.

1302.34 Parent and family engagement in education and child development services.

1302.35 Education in home-based programs.

1302.36 Tribal language preservation and revitalization.



Standard	Performance Standard	Plan of Action
(a)		<ol style="list-style-type: none"> <li>1. Teachers and other relevant staff are provided professional development on program policies and procedures.</li> <li>2. Staff and classrooms are monitored using the Monitoring Protocol, CLASS tool and are provided Coaching as needed to ensure teaching staff and other relevant staff provide responsive care, effective teaching and appropriate supervision that promote healthy development and children’s growth aligned with the Head Start and Early Head Start Early Learning Outcomes Framework: Birth to Five. (ELOF)</li> <li>2. Teaching staff are provided support from their Site Supervisor as well as ongoing professional development from the administrative staff.</li> <li>4. Head Start and Early Head Start Teaching staff are observed at least two times during the program year by reliable CLASS observers using the CLASS tool.</li> <li>5. Coaching may be provided to teachers as needed.</li> </ol>
(b)		
(1)		<ol style="list-style-type: none"> <li>1. Head Start and Early Head Start teaching staff are provided professional development on the CLASS domains and dimensions; Emotional Support, Classroom Organization and Instruction Support.</li> </ol>
(i)		<ol style="list-style-type: none"> <li>2. Head Start teaching practices are aligned with the CLASS domains, dimensions and indicators.</li> <li>3. All teaching staff rely on a consistent daily schedule and routines to foster trust and emotional security.</li> <li>4. All teaching staff develop lesson plans with a variety of activities that promote language development, higher-order thinking skills, problem-solving and emotional and behavioral skill development.</li> </ol>

Standard	Performance Standard	Plan of Action
(ii)		<p>1. All teaching staff develops lesson plans that provide intentional learning experiences that build upon the individual needs of children and focus on the growth and development of children as defined in the ELOF. (Early Learning Outcomes Framework).</p> <p>2. All teaching staff must provide a consistent daily schedule with routines and transitions that include intentional learning opportunities.</p>
(iii)		<p>1. All teaching staff use assessment data to plan individualization, as well as large and small group activities.</p>
(iv)		<p>1. Teaching practices and learning experiences focus on the 5 domains outlined in the ELOF. Infant/Toddler Domains: Approaches to Learning including initiative, curiosity and creativity; Social and Emotional Development including social studies; Language and Communication, Cognition, Perceptual, Motor and Physical Development. Preschooler Domains: Approaches to Learning, Social and Emotional Development, Language and Communication, Literacy, Mathematics Development, Scientific Reasoning, Perceptual, Motor and Physical Development.</p>
(2)		<p>1. We will provide training for staff on bilingualism and biliteracy and their importance to dual language learners.</p>
(i)		<p>1. For infants and toddler dual language learners, teaching staff will focus on the child’s development of their home language while planning English rich language experiences.</p>

Standard	Performance Standard	Plan of Action
(ii)		<p>1. For preschool age, dual language learners, teaching staff will focus on both English language acquisition and the continued development of the child’s home language, when possible.</p> <p>2. The learning environment will include culturally and linguistically appropriate materials.</p>
		<p>1. If staff do not speak the home language of all children in the classroom, the program or teaching staff will try to identify volunteers who speak children’s home language(s) to help support the continued development of their home language as well as supporting their acquisition of the English language.</p>
		<p>1. The indoor learning environment will be arranged in well-defined learning centers and will be supplied with developmentally appropriate STEAM materials that will allow for choices, creative expression, exploration and experimentation.</p> <p>2. The outdoor learning environment offers adequate space and will be supported by appropriate materials and equipment to allow for choices, exploration and experimentation.</p>
		<p>1. The infant/toddler learning environment will provide developmentally appropriate daily routines within a flexible schedule to promote individualization and small group activities.</p> <p>2. The learning environment will be arranged to allow infant/toddlers the opportunity to explore and experience a variety of sensory and motor materials in a safe manner.</p>
(iii)		
(c)		
(1)		



Standard	Performance Standard	Plan of Action
(e)		<ol style="list-style-type: none"> <li>1. All teaching staff develop a classroom daily activity schedule to help establish routines that are age appropriate for learning and meet the developmental needs of the children.</li> <li>2. The routines are planned and include a specified time to allow children to nap or rest for Head Start. Early Head Start will be flexible in nap time, especially for infants. Nap time will be listed on their daily schedule but will be flexible to where the infant/toddler can nap when needed throughout the day.</li> <li>3. No child will be forced to rest or nap.</li> <li>4. An alternative supervised activity may be provided to children who do not wish to rest or nap.</li> </ol>
(1)		
(2)		<ol style="list-style-type: none"> <li>1. The program will provide breakfast, lunch and a snack daily for all children.</li> <li>2. Bottle-fed children will be held while fed to support socialization.</li> <li>3. Teaching staff will sit with the children during meals and snacks to model appropriate behavior and promote language development through conversations.</li> <li>4. Teaching staff will promote family style dining to develop independence and self-help skills.</li> <li>5. Teaching staff will allow sufficient time to eat.</li> <li>6. Food will not be used as a reward or punishment.</li> <li>7. Children will be encouraged to eat a variety of foods but will not be forced to eat or finish their food.</li> </ol>
(3)		<ol style="list-style-type: none"> <li>1. Routines such as hand washing, toileting and transition activities should be positive interactions between teaching staff and children. These are seen as opportunities for skills development. Transitions are intentional and learning will be embedded as individual, small groups and large groups of children are moving from one activity to another.</li> </ol>



Standard	Performance Standard	Plan of Action
<p>(4)</p> <p><b>§1302.32</b></p> <p>(a)</p> <p>(1)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p>		<p>1. Physical activity and gross motor movement will be included as an integral part of the daily schedule.</p> <p>2. Physical activity will not be used as a reward or punishment.</p> <p>1. The program uses a researched-based developmentally appropriate early childhood curriculum for the children we serve.</p> <p>1. Our curricula has standardized training procedures and materials to support implementation.</p> <p>1. Our curricula are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five. (ELOF)</p> <p>2. Our Head Start curricula are also aligned with state learning standards and are content-rich to promote measurable progress toward develop and learning.</p> <p>1. Our curricula have organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.</p>

Standard	Performance Standard	Plan of Action
<p>(2)</p> <p>(b)</p> <p><b>§1302.33</b></p> <p>(a)</p> <p>(1)</p>		<p>1. Teaching staff receive training, ongoing support and supervision regarding the utilization and implementation of the curricula.</p> <p>Follow Standard</p> <p>See <b>“Behavioral Screening Policy”</b> See <b>“Developmental Screening Policy”</b></p> <p><b>Policy: Head Start/Early Head Start Behavioral Screening Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered prior to the screenings.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. A timely and systematic approach toward screening identifies children who need to be referred for more formal assessments</li> </ol>

Standard	Performance Standard	Plan of Action
(2)		<p>in order to receive the benefit of intervention, or other related services.</p> <p>4. At enrollment, staff will explain to parents that we are required to do a Behavioral Screening for each child within 45 days calendar days of entry into the program. At this time the parent will be asked to sign a <b>“Consent, Authorizations and Releases”</b> form giving staff permission to conduct a Behavioral Screening.</p> <p>5. Within 45 days of their start date and not prior to the child entering the program teaching staff will complete a <b>Health and Behavior Observation Form 10</b> for each child. The <b>Health and Behavior Observation Form 10</b> is a brief screening describing children’s general demeanor in several areas: health, behavior, performance and communication.</p> <p>6. Early Head Start parents/guardians are asked to complete a <b>“Mental Wellness Checklist 0-2”</b> within 2 weeks of their start date and not prior to the child entering the program into the program and within 2 weeks of the required age according to the <b>“TH Steps Medical Checkup Periodicity Schedule” (EPSDT)</b>, regarding their child’s behavior. Head Start parents/guardians are asked to complete a <b>“Mental Wellness Checklist 3-5”</b> within 45 days of their start date and not prior to the child entering the program regarding their child’s behavior.</p> <p>7. The <b>“Health and Behavior Observation, Form 10”</b> and <b>“Mental Wellness Checklists”</b> may be reviewed by the Mental Health Professional on contract to help identify any concerns that my need intervention.</p> <p>8. If the teaching staff have concerns with a child’s mental wellness, the teaching staff will review the child’s <b>“Mental Wellness Checklist”</b> and discuss the concern with the Health /Mental Health Manager to determine if a referral would be beneficial.</p> <p><b>Policy: Head Start Developmental Screening</b></p>
(3)		
(i)		
(ii)		
(4)		

Standard	Performance Standard	Plan of Action
		<p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered prior to the screenings being completed.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. A timely and systematic approach toward screening identifies children who may need a formal assessment in order to receive the benefit of early intervention. In collaboration with each child’s parent, and within 45 days of their start date and not prior to the child entering the program, staff will administer a linguistically and age-appropriate developmental screening.</li> <li>4. At enrollment, staff will explain to parents/guardians that we are required to do a developmental screening within 45 days of entry into the program to determine each child’s current level of development and to identify possible concerns regarding a child’s development, so we can develop an individualized approach to learning for each child. <b>This is not applicable to second- and third-year children unless they did not receive the screening during their first year (late enrollment).</b></li> <li>5. Parents/guardians will be asked to sign the <b>“Consents, Authorizations &amp; Release”</b> form giving permission for Head Start staff to conduct the developmental screening.</li> <li>6. If parents/guardians do not allow the developmental screening, staff will discuss with parents/guardians what the screening is and why we are required to conduct a screening.</li> <li>7. <b>If noncompliance is exhibited after barriers are addressed and education is provided parent/guardian will be asked to sign the “Decline of Services” form. The “Decline of Services” form will be filed in place of the LAP-D.</b></li> <li>8. Teaching staff will use the screening tool appropriate for the age of the child and will screen the child in their primary language.</li> </ol>

Standard	Performance Standard	Plan of Action
		<p>9. Screenings should be administered during a quiet part of the day or if ratios allow, children may be taken to an area outside the classroom to conduct the screening.</p> <p>10. All newly enrolled children must have a developmental screening within 45 days of entry into the program.</p> <p>11. When children are uncooperative or unresponsive, the child should be given more time in the classroom to feel comfortable and secure. The developmental screening must take place within 45 calendar days of the child’s start date.</p> <p>12. Staff will follow the instructions for administering the LAP-D as outlined on the screening tool.</p> <ul style="list-style-type: none"> <li>• If the result is “<b>PASS</b>”, no further action or testing is needed. If the result is “<b>REFER</b>”, <ol style="list-style-type: none"> <li>1. The teaching staff will rescreen the child in approximately 2 weeks to 10 days. If the child fails the rescreen then:</li> <li>2. The teaching staff or other designated staff will discuss the results of the screening with parents and with their consent will complete the <b>Health and Developmental Initial Plan (H&amp;D)</b> and obtain parent signature. Parents will also be asked to signed a <b>Parent-Guardian Consent to Exchange Information</b> with the LEA.</li> <li>3. Send copies of the H&amp;D, the Consent to Exchange Information and the LAP-D to Head Start Education Manager. The original copy of the documents will be placed in the Education section of the Childs file.</li> <li>4. The Head Start Education Manager will initiate and send the referral to LEA and will send a copy to the site to be placed in the education section of the child’s file. If parent or guardian declines services the parent will be asked to sign the decline of services. The decline of services will be attached to the H&amp;D and will be placed in the education section of the child’s file.</li> </ol> </li> </ul>

Standard	Performance Standard	Plan of Action
		<p>5. → If the child is determined eligible for services a copy of the ARD packet/IEP will be placed in the Disability Section of the child's federal file.</p> <p>6. The results of the developmental screening and information received from parents will be used to plan individual instruction for each child.</p> <p><b>Policy: Early Head Start Developmental Screening (Developmental Screening) (D-Check)</b></p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Early Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered prior to the screenings being completed.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. Early Head Start staff will fill out the D-Check Cover Sheet and the front of the D-CHECK Screening Packet with the Child's full name, date of birth, age in months and date of screening. Leave nothing Blank.</li> <li>4. Find the child's current age in months and count backwards six months. Begin to administer D-Check Screening at this age and continue up to current age in months.</li> <li>5. The initial D-Check Screenings must be completed within the first 2 weeks of the Child's start date</li> <li>6. Complete every item for each developmental milestone column. (Thinking/Learning, Receptive Language/ Hearing, Expressive Language, Gross Motor, Fine Motor/Vision, Social /Emotional, Self-Help/Nutrition).</li> <li>7. Conduct the D-Check Screening according to <b>the "TH STEPS Medical Checkup Periodicity Schedule" (EPSDT)</b>. For example: If a child enters the program at 5 months of age you must complete an initial D-Check Screening for 0-5 months within 2 weeks of their enrollment. Then, following the <b>"TH STEPS Medical Checkup Periodicity Schedule"</b></li> </ol>

Standard	Performance Standard	Plan of Action
		<p>(EPSDT), when the child turns 6 months you must complete the D-Check Screening again, for the appropriate age group. The D-Check Screening must be conducted on or within two weeks of the child's birthday. For Example, if the child's birthday is 3/17, the D-Check cannot be completed before the 17<sup>th</sup> of the month.</p> <p>8. Make a copy to the D-Check Screening, file the original in the student file.</p> <p><b>Policy: Referral Process for Failing the Developmental Check (D-Check) Screening</b> If a child scores 2 – X's in any one developmental milestone column (Example: 2-X's in Expressive Language) the teaching staff will begin the referral process.</p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. The teaching staff will complete the Health and Developmental Initial Plan (H&amp;D) and obtain parent signature. The parents will also sign a Parent/Guardian Exchange of Information with ECI.</li> <li>2. Submit copy of the <b>H&amp;D</b>, the Exchange of Information, and copy of the D-Check to Early Head Start Education Manager and the Disability Manager. The original copy of the will be placed in the Childs file.</li> <li>3. The Disability Manager will initiate referral to ECI and will send a copy to the Site to be placed in the child's file. If parent/or guardian declines services the parent will be asked to sign the <b>"Decline of Services"</b> form. The decline of services will be attached to the H&amp;D and will be placed in the child's file.</li> <li>4. <b>If a child is eligible for services a copy of the IFSP will be placed in the Disability Section of the child's federal file.</b></li> </ol>

<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
(5)		
(i)		Follow Standard
ii)		Follow Standard
(A)		Follow Standard
(B)		Follow Standard
(b)		



Standard	Performance Standard	Plan of Action
(1)		<ol style="list-style-type: none"> <li>1. Teachers conduct development assessments 3 times a year, when feasible.</li> <li>2. Teachers observe children in different setting throughout the day and document using checklists or anecdotal notes.</li> <li>3. Teachers use information from checklists and anecdotal notes to evaluate children’s developmental level and progress in meeting School Readiness Goals, which are aligned with Head Start Early Learning Outcomes Framework: Ages birth to five. (HSELOP)</li> <li>4. Data from assessments are used to individualize instruction for each child and shared with parents during conferences and home visits.</li> </ol>
(2)		<ol style="list-style-type: none"> <li>1. Data from assessments and information from parents are used to determine each child’s strength and needs and to establish goals for each child throughout the program year.</li> <li>2. Teachers plan intentional activities for individual children, small groups of children or during whole group time to develop skills needed to meet children’s goals.</li> </ol>
(3)		<ol style="list-style-type: none"> <li>1. If concerns arrive through data and with parent’s consent, a child will be referred to the appropriate professional for further evaluation.</li> </ol>

Standard	Performance Standard	Plan of Action
(c)		Follow Standard
(1)		
(2)		Follow Standard
(i)		Follow Standard
(ii)		Follow Standard
(iii)		Follow Standard
(3)		Follow Standard

Standard	Performance Standard	Plan of Action
<p>(4)</p> <p>(d)</p> <p><b>§1302.34</b></p> <p>(a)</p>		<p>Follow Standard</p> <p>Follow Standard</p> <p>1. Staff recognizes parents as their child's life long educator. The program provides training on child development, positive</p>

Standard	Performance Standard	Plan of Action
(b)		<p>discipline and guidance. Parents are encouraged to participate in classroom activities and home to school connection.</p>
(1)		<p>1. Parents are welcome and encouraged to visit the Head Start/Early Head Start center during operating hours.</p>
(2)		<p>1. Teachers communicate with parents to ensure they are well-informed about their child’s routines, activities and behavior by posting the daily schedule and flyers regarding extra activities planned and provide information in a monthly newsletter.</p>
(3)		<p>2. Teachers communicate children’s positive behavior daily, if necessary, teachers may request a private meeting with parents.</p>
(4)		<p>1. Teachers conduct two parent teacher conferences per year to discuss and share children’s developmental progress.</p>
(5)		<p>1. Parents are encouraged to review the lesson plans and make suggestions for goals and activities.</p>
(5)		<p>2. Parents are encouraged to share their knowledge and interests on topics and activities.</p>
(5)		<p>3. Teachers share with parents, activities they can do at home to extend their child’s learning.</p>

Standard	Performance Standard	Plan of Action
(6)		<p>1. Parents and family members are encouraged to volunteer in the classroom and participate in group activities.</p>
(7)		<p>1. At the beginning of each child's entry into the program, parents are informed of the screenings and assessments required and are given the results during <b>parent-teacher conferences</b>, home visits and informal communication with parents.</p> <p>1. Teachers will conduct at least 2 home visits during the program year when feasibly possible.  2. Teacher home visits will take place in the home unless otherwise requested by parents.</p>
(8)		Not Applicable
§1302.35		Not Applicable
§1302.36		Not Applicable



# 1302 Health Program Services

## **Subpart D – Health Program Services**

1302.40 Purpose.

1302.41 Collaboration and communication with parents.

1302.42 Child Health status and care.

1302.43 Oral health practices.

1302.44 Child nutrition.

1302.45 Child mental health and social and emotional well-being.

1302.46 Family support services for health, nutrition, and mental health.

1302.47 Safety practices.

Standard	Performance Standard	Plan of Action
Subpart D	Health Program Services	
§1302.40	<b>Purpose.</b>	
(a)	A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child’s growth and school readiness.	
(b)	A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.	
§1302.41	<b>Collaboration and communication with parents.</b>	
(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.	
(b)	At a minimum, a program must:	
(1)	Obtain advance authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services; and,	<ol style="list-style-type: none"> <li>1. Encourage parents/guardians to discuss their reasons for refusal of health services.</li> <li>2. Family Service Worker (FSW) will share information and/or brochures explaining the important of a variety of health services.</li> </ol>
		<p><b>Policy: Decline of Services</b></p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. If parents/guardians refuse to give authorization for health services after barriers are addressed and education is provided, with approval from the Health Manager, the child’s parent/guardian will be asked to sign the <b>Decline of Services</b></li> </ol>

Standard	Performance Standard	Plan of Action
(2)	Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.	<p>form. (This form should be attached behind the specific <b>Health and Developmental Initial Follow-up Plan</b> for the services being denied.)</p> <p><b>Policy: Emergency Response Systems</b></p> <p><b>Procedures:</b></p> <ol style="list-style-type: none"> <li>1. Emergency telephone numbers should be displayed next to each telephone in the center, including portable telephones.</li> <li>2. When calling about an emergency be prepared to give the following information to the emergency response team: <ul style="list-style-type: none"> <li>• Name of the caller;</li> <li>• Agency;</li> <li>• Nature of emergency;</li> <li>• Telephone number</li> <li>• Address;</li> <li>• Directions;</li> <li>• Location of injured person</li> <li>• Number and age of person involved;</li> <li>• Condition of person involved</li> <li>• What help has already been provided.</li> </ul> </li> <li>3. Each classroom teacher, teacher assistant, and substitute will be trained as to where the children’s emergency contact information is kept and emergency numbers are posted.</li> <li>4. Copies of the following information will accompany staff and children when they go outside to play, for fire drills, and/or any other time they leave the classroom. <ul style="list-style-type: none"> <li>• Form 2935 <b>State Admission Information</b> Texas Department of Family and Protective Services will be used as the Emergency Contact Information for each child.</li> </ul> </li> <li>5. Form 2935 <b>State Admission Information</b> must be updated monthly with parents using the <b>Monthly Emergency Updates</b> and filed in the State Files.</li> </ol>



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<p>§1302.42</p>	<p><b>Child Health status and care.</b></p> <p>(a) <u>Source of health care.</u></p> <p>(1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child’s ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.</p> <p>(2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Services, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.</p> <p>(b) <u>Ensuring up-to-date child health status.</u></p> <p>(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:</p> <p>(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as</p>	<ol style="list-style-type: none"> <li>1. Interview parents/guardians at the time of enrollment to determine if the child has a health care and dental provider that serves as a <b>Medical Home</b>, that can continue beyond the time of Head Start/Early Head Start enrollment.</li> <li>2. Interview parents/guardians at the time of enrollment to determine the source of funding for health care.</li> <li>3. Assist families with accessing health care via Medicaid or SCHIP.</li> <li>4. Give a list of health care providers to families, update as changes occur.</li> <li>5. A list of health care providers will be placed in the <b>Welcome Packet</b> and/or <b>Operational Policies and Procedures</b>. Parents will sign stating they received a copy.</li> </ol> <ol style="list-style-type: none"> <li>1. The Head Start/Early Head Start program will follow the <b>Texas Health Steps Medical Checkups Periodicity Schedule (EPSDT)</b> for children birth through twenty years of age.</li> <li>2. The Head Start/Early Head Start program will follow the <b>Center for Disease Prevention Immunization Schedule</b>.</li> <li>3. Ask parents/guardians for information on the enrolled child’s last immunization, medical, dental, or mental health visit and/or screening from their health care provider.</li> <li>4. If dental and physical is not obtained by the first day of entry into the program a <b>Health and Developmental Initial Plan</b> will be initiated. The FSW will update information using the <b>Health and</b></li> </ol>

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	<p>prescribed by the Early and Periodic Screening, diagnosis, and treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;</p>	<p><b>Developmental Initial Plan</b> until follow-up treatment is complete or ongoing care is established.</p> <ol style="list-style-type: none"> <li>5. Familiarize parents/guardians with schedule of preventive care. (Refer to <b>Early and Periodic Screening, Diagnostic, and Treatment Schedule</b>).</li> <li>6. If necessary, have parents/guardians sign a <b>Parent/Guardian Consent to Exchange Information</b> form to request the above-mentioned information from their health care provider.</li> <li>7. Review data from the health care provider to determine if the child is up-to-date on a schedule of age-appropriate preventive and primary health care.</li> <li>8. If there are any concerns or missing data on the physical or dental exam, that have not been addressed by the health care professional, designated staff will initiate a <b>Health and Developmental Initial Plan</b>. The <b>Health and Developmental Initial Plan</b> will indicate the concern that has not been addressed by the health care professional. If available, literature will be provided to parent/guardians. and referred to appropriate health staff.</li> <li>9. The FSW will continue to update the <b>Health and Developmental Initial Plan</b> using the <b>Health and Developmental Follow-up Notes</b> until treatment is complete or on-going care is established.</li> <li>10. The FSW will attach all <b>Health and Developmental Follow-up Notes</b> to the <b>Health and Developmental Initial Follow-up Plan</b> and file in the appropriate section of the children’s file.</li> <li>11. If noncompliance is still exhibited after barriers are addressed and education is provided, with approval of the Health Manager the child’s parent/guardian will be asked to sign the <b>Decline of Services</b> form.</li> </ol> <p><b>Policy: Anemia Screening</b>  <b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Early Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered during and/or prior to the screenings being completed.</li> <li>2. Children enrolled in Early Head Start will have hemoglobin/hematocrit screenings according to the EPSDT Periodicity Chart. (These screenings may be obtained from an</li> </ol>

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		<p>outside source – example WIC, THSteps physical, Head Start physical, other.)</p> <ol style="list-style-type: none"> <li>3. If anemia screening is not obtained by the first day of entry into the program the FSW will discuss, with the parent/guardian, the requirement and the reason for obtaining an anemia test and provide them with literature. <b>Health and Developmental Initial Plan</b> will be initiated. The FSW will update information using the <b>Health and Developmental Follow-up Notes</b> until follow-up treatment is complete or ongoing care is established.</li> <li>4. Children with abnormal hemoglobin/hematocrit levels will be referred to their medical provider for further evaluation.</li> <li>5. If the physician does not perform anemia screening, parent/guardian will be referred to other sources for obtaining this screening</li> <li>6. Anemia blood screening may be performed on-site when results cannot be obtained from other sources as often as feasibly possible to keep children up-to-date according to the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b>. Parents/guardians will be asked to sign the <b>Consent for Anemia and Lead Screen</b> form prior to blood being drawn. Parents/guardians will be informed of when blood will be drawn. Anemia blood screening will be performed on-site by qualified health staff or provider or agency. Document results on the <b>Lead &amp; Anemia Screening Results</b> form and <b>Early Head Start Health Tracking</b>.</li> <li>7. If the anemia screening results are abnormal, designated staff will initiate a <b>Health and Developmental Initial Plan</b>. The <b>Health and Developmental Initial Plan</b> will indicate the anemia level, anemia literature will be provided to parent/guardians, and the referral information.</li> <li>8. The FSW will attach all <b>Health and Developmental Follow-up Notes</b> to the <b>Health and Developmental Initial Plan</b> and file in the appropriate section of the children’s file.</li> <li>9. If noncompliance is exhibited after barriers are addressed and education is provided, with approval of the Health Manager the child’s parent/guardian will be asked to sign the <b>Decline of Services</b> form.</li> </ol>

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		<p><b>EXPECTED VALUES: The following hemoglobin/hematocrit are considered normal:</b></p> <ul style="list-style-type: none"> <li>• Hgb-11.3-14.1 g/dl Hct-33-41%</li> </ul> <p><b>Policy: Blood Lead Screening</b></p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Head Start/Early staff will inform parent/guardian of the types and purposes of all screenings to be administered during and/or prior to the screenings being completed.</li> <li>2. Children enrolled in Early Head Start will have Blood Lead screenings according to the EPSDT Periodicity Chart. (These screenings may be obtained from an outside source – example WIC, THSteps physical, Head Start physical, other.)</li> <li>3. If Blood Lead screening is not obtained by the first day of entry into the program staff will discuss, with the parent/guardian, the requirement and the reason for obtaining a lead test and provide them with literature. <b>Health and Developmental Initial Plan</b> will be initiated. Staff will update information using the <b>Health and Developmental Follow-up Notes</b> until follow-up treatment is complete or ongoing care is established.</li> <li>4. Children with abnormal blood lead levels will be referred to their medical provider for further evaluation.</li> <li>5. If the physician does not perform a blood lead screening, parent/guardian will be referred to other sources for obtaining this screening.</li> <li>6. Blood Lead screening may be performed on-site when results cannot be obtained from other sources as often as feasibly possible to keep children up-to-date according to the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b>. Parents/guardians will be asked to sign the <b>Consent for Anemia and Lead Screen</b> form prior to blood being drawn. Parents/guardians will be informed of when blood will be drawn. Blood Lead screening will be performed on-site by qualified health staff or provider or agency. Document results on the <b>Lead &amp; Anemia Screening Results</b> form and <b>Health Tracking</b>.</li> <li>7. If the lead results are abnormal, designated staff will initiate a <b>Health and Developmental Initial Plan</b>. The <b>Health and Developmental Initial Plan</b> will indicate the lead level, lead</li> </ol>

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		<p>literature will be provided to parent/guardians, and the referral information.</p> <ol style="list-style-type: none"> <li>8. The FSW will attach all <b>Health and Developmental Follow-up Notes</b> to the <b>Health and Developmental Initial Plan</b> and file in the appropriate section of the children’s file.</li> <li>9. If noncompliance is exhibited after barriers are addressed and education is provided, with approval of the Health Manager the child’s parent/guardian will be asked to sign the <b>Decline of Services</b> form.</li> </ol> <p><b>Expected Values:</b></p> <ul style="list-style-type: none"> <li>• <b>Negative Risk</b></li> <li>• <b>&lt; 5</b></li> </ul> <p><b>TB QUESTIONNAIRE:</b></p> <ol style="list-style-type: none"> <li>1. Head Start/Early staff will inform parent/guardian of the types and purposes of all screenings to be administered during and/or prior to the screenings being completed.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. A <b>TB Questionnaire</b> will be completed according to the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b>. Early Head Start children must have questionnaire within 2 weeks of entry into the program according to the age requirement on the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b>. Head Start children must complete the questionnaire within 45 days of entry into the program but not prior to the child’s first day of class. Staff will complete this questionnaire with parent/guardians.</li> <li>4. If yes or I don’t know is answered on the questionnaire the FSW will complete a <b>Health and Developmental Initial Plan</b> and provide parent/guardian with information on TB exposure. Child will also be required to have a TB skin test, if the provider deems it necessary.</li> <li>5. The FSW will update information using the <b>Health and Developmental Follow-up Notes</b> until follow-up treatment is complete or ongoing care is established.</li> <li>6. <b>TB Questionnaire</b> will be filed in child’s health file and results will be documented on <b>Health Tracking Log</b>.</li> </ol>

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		<p>7. If noncompliance is exhibited after barriers are addressed and education is provided, with approval of the Health Manager the child's parent/guardian will be asked to sign the <b>Decline of Services</b> form.</p> <p><b>Policy: Child Immunization Requirements</b>  <b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Program applicants must submit an official immunization record stating child's full name and date of birth generated from a state or local health authority, including a registry, with their enrollment application.</li> <li>2. A new enrollee must have at least one of each age-appropriate mandatory immunization and is on schedule to receive subsequent doses as rapidly as medically feasible according to <b>The Center for Disease Control Prevention</b> or an exemption statement authorized by the <b>Department of State Health Services Immunization Branch</b> to attend the program.</li> <li>3. Any child may be placed on the <b>Waiting List</b> if immunizations are up to date, have an authorized exemption statement or must provide a statement from the doctor as to when the remaining immunizations will be completed and will be approved by the Health Manager on a case-by-case basis.</li> <li>4. Staff will place a copy of the child's most current immunization record in the child's Head Start/Early Head Start Health File and place a copy in the DHS File.</li> <li>5. All children attending Head Start/Early Head Start must remain current on all immunizations. The Health Manager and/or the FSW will review the immunization status of a provisionally enrolled child every 30 days to ensure continued compliance and completing the required doses of vaccine(s). If appropriate doses have not been received at the end of a 30-day period, the child is no longer in compliance, and will be excluded until the appropriate doses are received.</li> <li>6. The Health Manager and/or the FSW will communicate with families of a child enrolled provisionally about needed immunizations by completing the <b>Immunization Notice Form</b> and give a copy to the parent/guardian.</li> </ol>

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(ii)	Assist parent with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).	<ol style="list-style-type: none"> <li>7. The Health Manager and/or the FSW will provide assistance to ensure parents are informed and have the resources needed to complete or remain current with their child’s immunizations.</li> <li>8. If immunizations are not brought currently the exclusion date The Health Manager and/or the FSW will complete the <b>Immunization Notice Form</b> excluding the child from attending classes until the child is current with immunizations or has a doctor’s note stating why the child is not current and when the child will be current</li> <li>9. The FSW will attach a copy of the updated immunization record or doctor’s note to the <b>Immunization Notice Form</b> and file in the appropriate section of the children’s file and copies sent to the Health Manager.</li> <li>10. The Health Manager and/or the FSW will continue to work with the family until the child is completely up to date on all required age-appropriate immunizations.</li> </ol> <ol style="list-style-type: none"> <li>1. The Health Manager and/or the FSW will continue to review the <b>Health and Developmental Initial Plan</b> for children that are not up-to-date.</li> <li>2. The Health Manager and/or the FSW will work with families to ensure they are informed and have the resources needed to complete the requirements. (State Medicaid/EPDDT program)</li> <li>3. Continue to update the <b>Health and Developmental Initial Plan</b> using the <b>Health and Developmental Follow-up Notes</b> until follow-up is complete or ongoing care is established.</li> <li>4. The FSW will attach all <b>Health and Developmental Follow-up Notes</b> to the <b>Health and Developmental Initial Plan</b> and file in the appropriate section of the children’s file. Copies will be sent to the Health Coordinator.</li> </ol>
(1)	Within 45 days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.	<ol style="list-style-type: none"> <li>1. At enrollment, parents/guardian will be informed regarding the screenings that are required within 45 days of enrollment and asked to sign a <b>Health-Consent, Authorization and Release</b> form giving Head Start/Early Head Start permission to conduct the screenings.</li> <li>2. If noncompliance is exhibited after barriers are addressed and education is provided, with approval of the Health Manager, the</li> </ol>

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		<p>child's parent/guardian will be asked to sign the <b>Decline of Services</b> form.</p> <ol style="list-style-type: none"> <li>3. See Hearing Screening Policy</li> <li>4. See Vision Screening Policy</li> </ol> <p><b>HEARING SCREENING POLICY</b>  <b>PROCEDURE: HEAD START</b></p> <ol style="list-style-type: none"> <li>1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered prior to the screenings being completed.</li> <li>2. Parental consent for screenings will be obtained prior to the screening. Head Start children will receive a hearing screening using a standardized screening tool within 45 days of entry into the program.</li> <li>3. Children 3, 4, and 5 years of age initial screenings will be performed by trained Head Start staff or other trained professionals using the <b>Pure Tone Audiometer or other state approved equipment.</b></li> <li>4. Results will be documented on the <b>Vision and Hearing Screener Report</b>, the tracking form and a copy will be attached to the <b>State Admission Form.</b></li> <li>5. All children failing to respond or failing the test will be re-screened within 3 – 4 weeks of the initial test using the <b>Pure Tone Audiometer or other state approved equipment.</b></li> <li>6. If a 3-year-old child fails the rescreen, parent/guardian(s) and staff will complete the questions on the <b>3-Year-Old Vision and Hearing Screener Report</b> taken from <b>THSteps Hearing Checklist for Parents</b>. If the parents/guardians answered No to any of the questions a <b>Health and Developmental Initial Plan</b> will be developed with the parent/guardian and appropriate referral will be initiated.</li> <li>7. If a 4 or 5-year-old child fails the re-screen or fails to respond to the <b>Pure Tone Audiometer or other state approved equipment</b>, a <b>Health and Developmental Initial Plan</b> will be developed with the parent/guardian and appropriate referral will be initiated.</li> </ol>



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		<p>8. Continue to update the <b>Health and Developmental Initial Plan</b> using the <b>Health and Developmental Follow-up Notes</b> until follow-up treatment is complete or ongoing care is established.</p> <p>9. The FSW will attach all <b>Health and Developmental Follow-up Notes</b> to the <b>Health and Developmental Initial Plan</b> and file in the appropriate section of the children’s file.</p> <p><b>EHS HEARING SCREENING PROCEDURE:</b></p> <ol style="list-style-type: none"> <li>1. Early Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered prior to the screenings.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. Early Head Start parent/guardian will complete the <b>THSteps Hearing Checklist for Parents</b> at all required ages according to the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b> within 2 weeks of entry into the program and within 2weeks of the required age according to the schedule.</li> <li>4. If parents answer <b>NO</b> to any of the questions on the <b>THSteps Hearing Checklist for Parents</b> or if parents /EHS staff has other concerns a <b>Health and Developmental Initial Plan</b> will be developed with the parent/guardian and appropriate referral will be initiated.</li> <li>5. Document results as Refer.</li> <li>6. The <b>Health and Developmental Initial Plan</b> will be updated using the <b>Health and Developmental Follow-up Notes</b> until treatment is complete or ongoing care is established.</li> <li>7. The <b>Health and Developmental Initial Plan</b> will be filed in child’s health folder.</li> <li>8. All results will be documented on the electronic tracking system and attached to the <b>State Admission Form</b>.</li> </ol> <p><b>VISION SCREENING PROCEDURE: HEAD START</b></p> <ol style="list-style-type: none"> <li>1. Head Start staff will inform parent/guardian of the types and purposes of all screenings to be administered during prior to the screenings.</li> </ol>

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		<ol style="list-style-type: none"> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. Head Start children will receive a vision screening within 45 days of entry into the program.</li> <li>4. The vision screening for children 3, 4, and 5 years of age will be performed by trained Head Start staff or other trained professionals using the <b>10-foot HOTV Vision Chart or other state approved equipment or chart.</b></li> <li>5. Results will be documented on the <b>Vision &amp; Hearing Screener Report</b> form and a copy will be attached to the <b>State Admission Form</b>. Results will also be documented on the health tracking form.</li> <li>6. All children who fail to respond or fail the test will be re-screened using the <b>10-foot HOTV Vision Chart or other state approved equipment or chart</b> within 2-3 weeks of the initial test.</li> <li>7. If a 3-year-old fails to respond or fails the rescreening, staff will perform the <b>Corneal Light Reflex and Cover Test immediately following the rescreen.</b></li> <li>8. If a 3-year-old fails the <b>Corneal Light Reflex or the Cover Test</b> the staff will complete a <b>Health and Developmental Initial Plan</b> with the parent/guardian and a referral will be made to the appropriate health provider.</li> <li>9. If a 4 or 5-year-old child fails the re-screen or fails to respond after being re-screened, a <b>Health and Developmental Initial Plan</b> will be developed with the parent/guardian and a referral will be made to the appropriate health provider.</li> <li>10. The FSW will continue to update the <b>Health and Developmental Initial Plan</b> using the <b>Health and Developmental Follow-up Notes</b> until follow-up treatment is complete or ongoing care is established.</li> <li>11. If a parent/guardian refuses to authorize treatments, staff will provide parents/guardians with information (education) regarding the services being requested for their child.</li> <li>12. If noncompliance is exhibited after barriers are addressed and education is provided, the child's parent/guardian will be asked to sign the <b>Decline of Services</b> form.</li> <li>13. The FSW will file the <b>Health and Developmental Initial Plan</b>, the <b>Health and Developmental Follow-up Notes</b> and if applicable,</li> </ol>

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(3)	If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.	<p>the <b>Decline of Services</b> form in the appropriate area of the children's file.</p> <p><b>VISION SCREENING PROCEDURE: EARLY HEAD START</b></p> <ol style="list-style-type: none"> <li>1. Early Head Start Staff will inform parent/guardian of the types and purposes of all screenings to be administered during and/or prior to the screening being completed.</li> <li>2. Parental consent for screenings will be obtained prior to the screening.</li> <li>3. Vision screening will be completed within 2 weeks of entry into the program and within 2weeks of the required age according to the <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b></li> <li>4. The Early Head Start staff will use the Vision Questionnaire form. A <b>NO</b> response on the questionnaire will require a referral.</li> <li>5. The FSW will develop an <b>Initial Health and Developmental Plan</b> and discuss results with parent/guardian and refer to his/her health care provider.</li> <li>6. The <b>Health and Developmental Initial Plan</b> will be updated using the <b>Health and Developmental Follow-up Notes</b> until treatment is complete or ongoing care is established.</li> <li>7. All results will be entered into the electronic tracking system.</li> <li>8. If a parent/guardian refuses to authorize treatments The Health Manager and/or the FSW will provide parents/guardians with information regarding the services being requested for their child.</li> <li>9. If noncompliance is exhibited after barriers are addressed and education is provided, the child's parent/guardian will be asked to sign the <b>Decline of Services</b> form. (This form should be attached behind the specific service being declined).</li> <li>10. The FSW will file the <b>Health and Developmental Initial Plan</b> any <b>Health and Developmental Follow-up Notes</b> and if applicable, the <b>Decline of Services</b> form in the appropriate section in the children's file.</li> </ol> <p>Not Applicable</p>

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(4)	<p>A program must identify each child’s nutritional health needs, taking into account available health information, including the child’s health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisor Committee.</p>	<ol style="list-style-type: none"> <li>1. Parents/guardians will complete a <b>Nutrition Assessment</b> during the enrollment process.</li> <li>2. Upon entry in the EHS Program an <b>Infant Feeding Schedule</b> is obtained from the parent/guardian and updated monthly or upon parent’s request; if request is within the age-appropriate schedule</li> <li>3. Obtain a physician’s note for any nutritional health problems and special dietary requirements.</li> <li>4. If a child or parent/guardian has a religious reason for a food substitution, discuss with contract dietitian an alternate meal pattern and document justification for substitutions. Alternative meal pattern will be discussed with parent /guardian to ensure food substitution meets religious reasons.</li> <li>5. Refer to child’s IEP/IFSP for any nutritional related accommodations required for children with disabilities.</li> <li>6. Develop a <b>Memorandum of Understanding</b> with Community Agencies such as: WIC, Texas Extension Office on Nutrition-related needs for Head Start/Early Head Start Families.</li> <li>7. Ask the Health Services Advisory Committee to contribute their knowledge of existing nutrition related prevalent health problems that will impact families.</li> <li>8. Use the information obtained from the above sources in planning program services.</li> <li>9. Disseminate nutrition information to children, parent/guardian, and staff based on identified needs.</li> </ol>
(c) (1)	<p><u>Ongoing Care.</u></p> <p>A program must help parents continue to follow recommended schedules of well-child and oral health care.</p>	<ol style="list-style-type: none"> <li>1. Communicate with parents/guardians to determine date and time of next appointment.</li> <li>2. Remind parents/guardians of upcoming appointments.</li> <li>3. Inform parents/guardians to follow recommended <b>TH Steps Medical Checkup Periodicity Schedule (EPSDT)</b> and <b>Texas Department of State Health Services.</b></li> <li>4. Update and monitor tracking systems at lease weekly to ensure all children’s health needs are current and kept up to date.</li> </ol> <p>1. Staff will welcome parents/guardians every morning.</p>

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(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.	<ol style="list-style-type: none"> <li>2. Teachers and/or the Teacher Assistant will complete <b>Daily Well Check</b> with parent/guardian as the child arrives to school.</li> <li>3. The FSW Staff will review any abnormal screenings, physical, dentals result with parent/guardian.</li> </ol>
(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.	<ol style="list-style-type: none"> <li>1. The FSW will communicate with parents/guardians about the importance of a dental checkup.</li> <li>2. The Teacher and/or the Teacher Assistant will follow the requirements by ensuring the following: <ul style="list-style-type: none"> <li>○ For children age two and over: Once daily, after a meal, to encourage self-help skills the children may apply or the teacher may assist children with applying a small smear of fluoride toothpaste on their toothbrush.</li> <li>○ For children between one and two years of age: Once daily, after a meal staff must brush children's teeth with a soft bristled toothbrush, using a small smear (grain of rice amount is usually recommended for this age group) of toothpaste that contains fluoride.</li> </ul> </li> <li>3. Water Reports will be reviewed for fluoride levels.</li> </ol>
(d)	<u>Extended follow-up care.</u>	
(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.	<ol style="list-style-type: none"> <li>1. Upon notification/knowledge of abnormal results/recommended follow-up treatment staff will work with parents/guardians to make arrangements to get appropriate treatment completed.</li> <li>2. The FSW will develop a <b>Health and Developmental Initial Plan</b> and discuss results with parent/guardian and refer to his/her health care provider.</li> <li>3. The <b>Health and Developmental Initial Plan</b> will be updated using <b>Health and Developmental Follow-up Notes</b> until treatment is complete or ongoing care is established.</li> </ol>
(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	<ol style="list-style-type: none"> <li>1. A summary of results, referrals, Health &amp; Developmental Follow-up plans will be entered into the electronic tracking system. (Child Plus).2. If a parent/guardian refuses to authorize treatment the Health Services staff will provide parents/guardians with information regarding the services being requested for their child.</li> </ol>

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(3)	with a health, oral health, social and emotional, or developmental problem.  A program must assist parents, as needed, in obtaining any prescribed medications, aids, or equipment for medical and oral health conditions.	<ol style="list-style-type: none"> <li>2. If noncompliance is exhibited after barriers are addressed and education is provided, the child's parent/guardian will be asked to sign the <b>Decline of Services</b> form. This form should be attached behind the specific service being declined.</li> <li>3. The FSW will file the <b>Health and Developmental Initial Plan</b> and <b>Health and Developmental Follow-up Notes</b>, referrals and if applicable, the <b>Decline of Services</b> form in the appropriate section in the children's file.</li> </ol>
(e)	<u>Use of funds.</u>	
(1)	A program must use program funds for the provision of diapers and formula for enrolled children during the program day.	Follow Standard.
(2)	A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.	<ol style="list-style-type: none"> <li>1. Head Start/Early Head Start staff will refer family/pregnant woman to public health insurance programs, (Medicaid, SCHIP).</li> <li>2. If families are denied for public health insurance, they must provide documentation showing the child and/or pregnant woman was denied.</li> <li>3. If the child and/or pregnant woman do not have a medical or dental provider, the FSW will determine which provider to refer the child/pregnant woman to, based on established agreements with medical and dental providers.</li> <li>4. The FSW staff will contact local community agencies to see if funds are available to help cover cost.</li> <li>5. When determined no other funds are available and appropriate documentation has been collected, the FSW will complete a <b>Request for Payment of Services</b> that contains the following information: Pregnant woman and/or Child's name, parents/guardians name, Medical or Dental Provider, type of medical or dental care that is needed and cost of services. The</li> </ol>

Standard	Performance Standard	Plan of Action
<p><b>§1302.43</b></p>	<p><b>Oral health practices.</b></p> <p>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.</p>	<p><b>Request for Payment of Services</b> will be forwarded to Head Start Director for approval.</p> <p>6. The <b>Request for Payment of Services</b> will be returned to the Health Manager. Once approved the Health Manager will meet with parents/Pregnant Woman and Health care provider to make arrangements for services.</p> <ol style="list-style-type: none"> <li>1. Each child will have his/her own toothbrush and toothpaste labeled with his/her first &amp; last name. Each storage slot must be labeled with the child's first and last name.</li> <li>2. Provide new toothbrushes to each child at least, but not limited to every three months. <b>Site Supervisors will create a colored toothbrush schedule and send it to the Health Manager. The colored toothbrushes must be changed every 3 months.</b></li> <li>3. Toothbrushes and toothpaste will be stored out of reach of children when not in use. If tooth brush storage does not have an attached cover or lid to cover the tooth brushes then a cover will be placed over the storage box.</li> <li>4. Head Start/Early Head Start staff will use activities to promote effective dental hygiene in conjunction with meals for infants, toddlers, and preschool children.</li> <li>5. Staff will follow the requirements by ensuring the following: <ul style="list-style-type: none"> <li>○ For children age two and over: Once daily, <b>after lunch</b>, to encourage self-help skills the children may apply or the teacher may assist children with applying a small smear of fluoride toothpaste on their toothbrush.</li> <li>○ For children between one and two years of age: Once daily, after a meal staff must brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.</li> </ul> </li> <li>6. For infants under the age of one: staff must wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe infants' gums after each feeding. Staff must wash their hands after each individual child's gums have been cleaned.</li> </ol>

Standard	Performance Standard	Plan of Action
<p>§1302.44</p> <p>(a) (1)</p> <p>(2)</p> <p>(i)</p> <p>(ii)</p>	<p><b>Child nutrition.</b></p> <p><u>Nutrition service requirements.</u> A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31(e)(2).</p> <p>Specifically, a program must:</p> <p>Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child’s daily nutritional needs;</p> <p>Ensure each child in a program that operates for six hours or more per day receives meals, snacks that provide one half to two thirds of the child’s daily nutritional needs, depending upon the length of the program day;</p>	<ol style="list-style-type: none"> <li>1. Head Start/Early Head Start participates in the <b>Child and Adult Care Food Program.</b></li> <li>2. Head Start/Early Head Start staff will talk with the family about any food allergies, special diet requests, or other nutrition concerns that have been identified on the <b>Nutritional Assessment</b> form.</li> <li>3. Obtain a doctor’s statement if accommodations for special diet are required.</li> <li>4. If a child or parent/guardian has a religious reason for a food substitution, discuss with contract dietitian an alternate meal pattern and document justification for substitutions. Alternative meal pattern will be discussed with parent /guardian to ensure food substitution meets religious reasons.</li> <li>5. Develop nutritionally balanced menus and provide a variety of foods which includes cultural and ethnic preferences.</li> <li>6. In Head Start we serve Family Style. In Early Head Start Family Style will begin at age two.</li> </ol> <p>Not applicable</p> <ol style="list-style-type: none"> <li>1. Develop cycle menus that are nutritionally balanced, fit meal patterns, provide a variety, account for cultural differences, and meet current budgetary constraints.</li> <li>2. Use the CACFP meal pattern chart to plan menus for infants, toddlers, and young children ages 3-5.</li> <li>3. Provide each child with breakfast, lunch and snack.</li> <li>4. Cooks will follow the <b>Food Buying Guide</b> to ensure proper amounts are being prepared for children.</li> <li>5. Cooks will prepare enough food that will allow for seconds for children who would like them.</li> <li>6. Infants will be fed on demand or per parent’s instructions (<b>See Infant Feeding Schedule</b>).</li> <li>7. Post the current menu in the kitchen, classrooms and parent boards.</li> <li>8. A supply of drinking water will always be available at every meal, after active play and throughout the day.</li> </ol>



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(iii)	Serve three – to five-year-old’s meals and snacks that conform to USDA requirements in 7 CFR parts 210,220, and 226, and are high in nutrients and low in fat, sugar, and salt;	Follow the Standard
(iv)	Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7CFR parts 210,220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;	<ol style="list-style-type: none"> <li>1. Parents/Guardians will be informed of the USDA meal pattern guidelines for infants.</li> <li>2. Parents will complete the <b>Required Food Components/Feeding Schedule and CACFP Infant feeding Preference</b> for children ages 0 – 11 months of age.</li> <li>3. Because of the risk of choking infants and toddlers will not be served hot dogs, whole grapes, hard raw vegetable, popcorn, whole nuts, or any other choking hazardous foods.</li> <li>4. Because of the risk children younger than 1 year of age will not be served honey, cow’s milk, or eggs unless accompanied by a doctor’s note.</li> <li>5. When foods are on the menus that pose a high risk of choking or posing health risks toddlers will be served foods appropriate for their age.</li> <li>6. If a child cannot eat what is served, a doctor’s note will be required. Once the doctor’s note or approval statement is received, staff will assign the child a number (the same number that is assigned to the child at the beginning of the program year) and write it on the doctor’s note or approval statement. The original doctor’s note and/or approval statement will be filed in the child’s nutrition file. A copy of the doctor’s note will be sent to the Cook, Nutrition Manager, Health Manager, and Site Supervisor and to the classroom teacher.</li> <li>7. The copy of the doctor’s note or approval statement will be posted with the child’s redacted and number issued to child. The copy of the doctor’s note or approval statement will be posted under the <b>Special Diet Poster</b> to maintain confidentiality. The</li> </ol>

Standard	Performance Standard	Plan of Action
(v)	Ensure bottle-fed infants are never laid down to sleep with a bottle;	<p><b>Special Diet Poster</b> will only be posted if there is a child on a special diet.</p> <p>8. Ensure infants and young toddlers are fed on demand to the extent possible.</p>
(vi)	Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;	<ol style="list-style-type: none"> <li>1. EHS staff will hold infants and establish eye contact while feeding the infants. They will never be propped up or laid down with bottles.</li> <li>2. Breast feeding mothers are encouraged to come to the Early Head Start site to feed their baby.</li> <li>3. Infants will not be laid down to sleep with a bottle.</li> <li>4. Staff will supervise all feedings in order to minimize the risk of choking.</li> <li>5. Infant cereal will be served with a spoon unless there is a medical reason which a doctor's note will be required.</li> </ol>
(vii)	Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based options;	Not applicable
(viii)	Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,	<ol style="list-style-type: none"> <li>1. Proper storage and handling of breast milk and infant formula is necessary to prevent spoilage, to minimize bacterial growth, and to ensure that each infant received his or her own mother's milk or the correct formula.</li> <li>2. When a parent brings breast milk into the center, they must have the container clearly labeled with child's name and the date it was expressed.</li> <li>3. Unused breast milk and liquid formula will be discarded after 48 hours, if refrigerated, or after 3 months if frozen. Once frozen breast milk thaws it is never to be refrozen.</li> <li>4. If breast milk or formula is to be warmed, bottles will be placed on bottle warmer per bottle warmer directions, after which the</li> </ol>

Standard	Performance Standard	Plan of Action
<p>(ix)</p> <p>(b)</p> <p><b>§1302.45</b></p> <p>(a)</p> <p>(1)</p>	<p>Make safe drinking water available to children during the program day.</p> <p><u>Payment sources.</u> A program must use funds from USDA food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.</p> <p><b>Child mental health and social and emotional well-being.</b></p> <p><u>Wellness promotion.</u> To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must:</p> <p>Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with</p>	<p>bottle is shaken and tested on the preparer’s wrist before feeding. Bottles of formula or breast milk are never warmed in a microwave.</p> <ol style="list-style-type: none"> <li>5. All bottles of breast milk and formula are refrigerated until immediately before feeding any contents remaining after a feeding are discarded immediately.</li> <li>6. Home visitors and other staff will work with parents/guardians to find safe methods for storing and handling breast milk and infant formula in the home.</li> <li>7. There will a designated area for mothers who wish to breastfeed during program hours.</li> </ol> <ol style="list-style-type: none"> <li>1. Each center will use only an approved water supply.</li> </ol> <p>Follow Standard</p> <ol style="list-style-type: none"> <li>1. Staff will secure an MOU or Contract with a Mental Health Professional to provide services or consultations to staff, children and families.</li> </ol>

Standard	Performance Standard	Plan of Action
(2)	<p>challenging behaviors and other social, emotional, and mental health concerns;</p> <p>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;</p>	<ol style="list-style-type: none"> <li>2. Staff will secure MOUs with community agencies to help provide mental health services directly or indirectly.</li> <li>3. If teaching staff/center staff or parents/guardians have concerns about a child’s mental health, the Mental Health Manager/or Mental Health Professional will be consulted, the child’s <b>Mental Wellness Checklist</b> will be shared with the Mental Health Professional to help determine if the child may need intervention services and if necessary, a referral will be initiated, with parent’s/guardian’s permission.</li> <li>4. A <b>Health and Developmental Initial Follow-Up Plan</b> will be completed by the center staff/teaching staff when concerns are noted by the staff or parents. The <b>Health and Developmental Initial Follow-Up Plan</b> will be updated using the <b>Health and Development Follow-Up Notes</b> until treatment is complete or ongoing care is established.</li> </ol>
(3)	<p>Obtain parental consent for mental health consultation services at enrollment; and,</p>	<p>Follow Standard</p>
(4)	<p>Build community partnerships to facilitate access to additional mental health resources and services, as needed.</p>	<ol style="list-style-type: none"> <li>1. Staff will secure MOUs with community agencies to help provide mental health services directly or indirectly.</li> </ol>
(b)	<p><u>Mental health consultants.</u> A program must ensure mental health consultants assists:</p>	
(1)	<p>The program to implement strategies to identify and support children with mental health and social and emotional concerns;</p>	<p>Follow Standard</p>
(2)	<p>Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and</p>	<p>Follow Standard</p>

Standard	Performance Standard	Plan of Action
(3)	social and emotional functioning; Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation;	Follow Standard
(4)	Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,	Follow Standard
(5)	In helping both parents and staff to understand mental health and access mental health interventions, if needed.	Follow Standard
(6)	In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.	Follow Standard
<b>§1302.46</b>	<b>Family support services for health, nutrition, and mental health.</b>	
(a)	<u>Parent collaboration.</u> Programs must collaborate with parents to promote children’s health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.	<ol style="list-style-type: none"> <li>1. FSW’s will collaborate with parents/guardians that express concern about health, nutrition, and mental health services.</li> <li>2. Parents/guardians will complete a <b>Health Assessment and Nutrition Assessment</b> prior to enrollment into the program.</li> <li>3. Upon enrollment parents/guardians will be supplied with a <b>Welcome Packet</b>.</li> <li>4. Parents/guardians will complete the <b>Parent Education Training Survey</b>.</li> <li>5. Parent will complete a <b>Mental Wellness Checklist</b> within 45 days of entry date and again by February 28<sup>th</sup>.</li> <li>6. FSW’s will share and evaluate family’s health and well-being during the Family Partnership process, and provide services if needed.</li> </ol>

Standard	Performance Standard	Plan of Action
(b)	<p><u>Opportunities.</u></p>	
(1)	Such collaboration must include opportunities for parents to:	
(i)	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;	<ol style="list-style-type: none"> <li>1. Upon enrollment parents/guardians will be supplied with a <b>Welcome Packet.</b></li> <li>2. FSW's will share information and education with parents/guardians during home visits and parent meetings.</li> </ol>
(ii)	Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and 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;	<ol style="list-style-type: none"> <li>1. Parents/guardians will complete a <b>Health Assessment and Nutrition Assessment</b> prior to enrollment into the program.</li> <li>2. FSW's will share information and education with parents/guardians during home visits and parent meetings.</li> </ol>
(iii)	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;	<ol style="list-style-type: none"> <li>1. Upon enrollment parent/guardians will be supplied with a <b>Welcome Packet.</b></li> <li>2. FSW's will share information and education with parents/guardian during home visits and parent meetings.</li> </ol>
(iv)	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	<ol style="list-style-type: none"> <li>1. Parents/guardians will complete a <b>Mental Wellness Checklist.</b></li> <li>2. FSW's will share information and education with parents/guardians during home visits and parent meetings.</li> </ol>

Standard	Performance Standard	Plan of Action
(v)	<p>their child and promote their child’s social and emotional development; and,</p> <p>Learn about appropriate vehicle and pedestrian safety for keeping children safe.</p>	<ol style="list-style-type: none"> <li>1. Upon enrollment parents/guardians will be supplied with a <b>Welcome Packet</b> that includes vehicle and pedestrian safety information.</li> <li>2. Vehicle and pedestrian safety will be on the curriculum within the first 30 days of school.</li> </ol>
(2)	<p>A program must provide ongoing support to assist parents’ navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:</p>	
(i)	<p>In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;</p>	<ol style="list-style-type: none"> <li>1. Upon completing enrollment application parent/guardian will indicate the status of health insurance.</li> <li>2. If needed the FSW’s will initiate a <b>Health and Developmental Initial Plan</b> and refer parents/guardians to health insurance agencies and help parents/guardians navigate through health systems.</li> <li>3. FSW’s will share information and education with parents/guardians during home visits and parent meetings.</li> </ol>
(ii)	<p>In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,</p>	<ol style="list-style-type: none"> <li>1. FSW’s will review any diagnostic and treatment procedures with parent/guardians.</li> <li>2. FSW’s will collaborate with parents/guardians that express concern about health, nutrition and mental health services.</li> </ol>
(iii)	<p>In familiarizing their children with services, they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.</p>	<ol style="list-style-type: none"> <li>1. Upon completing enrollment application, the FSW’s will explain to parent/guardian of all services and screening that the child will receive while in the program.</li> <li>2. FSW’s will share information and education with parents/guardians on the importance of ongoing family care.</li> </ol>

Standard	Performance Standard	Plan of Action
<p><b>§1302.47</b></p> <p>(a)</p> <p>(b)</p> <p>(1)</p> <p>(i)</p>	<p><b>Safety practices.</b></p> <p>A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult <u>Caring for our Children Basics</u>, available at: <a href="http://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf">http://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf</a> for additional information to develop and implement adequate safety policies and practices described in this part.</p> <p>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:</p> <p><u>Facilities.</u> All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:</p> <p>Meet licensing requirements in accordance with §1302.21(d)(1) and 1302.23(d);</p>	<ol style="list-style-type: none"> <li>1. We have a system of health and safety practices that ensure children are kept safe at all times.</li> <li>2. Administration Staff and Site Supervisors will review safety procedures with new staff prior to staff beginning job duties at the center.</li> <li>3. Staff will be trained on safety practices yearly during pre-service training.</li> <li>4. Staff will be trained on safety practices periodically and as needed during staff training and meetings.</li> <li>5. The Program will follow State Minimum Standard for Child-Care Centers.</li> </ol> <ol style="list-style-type: none"> <li>1. The facilities used by a program must meet state, tribal, or local licensing requirements, even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.</li> <li>2. 1302.23(d) – Not applicable.</li> </ol>



Standard	Performance Standard	Plan of Action
(ii)	Clean and free from pests;	<ol style="list-style-type: none"> <li>1. Head Start/Early Head Start facilities will be treated for pests on an as needed basis by a licensed professional or an Integrated Pest MGMT person.</li> <li>2. If a specific problem has been noted, the appropriate treatment will be given upon the advice of the licensed professional.</li> <li>3. The service will be conducted after the children have left for the day or on days that the children will not be attending.</li> </ol>
(iii)	Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety;	<ol style="list-style-type: none"> <li>1. Follow recommendations of the state and local authorities involving water and soil contaminants.</li> </ol>
(iv)	Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;	<ol style="list-style-type: none"> <li>1. Indoor premises will be cleaned daily.</li> <li>2. Remove excess garbage and food from classrooms after meals.</li> <li>3. Playground will be checked daily and documented on the <b>Center Daily Health and Safety Checklist</b>.</li> <li>4. Lead free paint will be used when painting interior and exterior surfaces.</li> <li>5. Follow State Minimum Standard of Child-Care Centers.</li> </ol>
(v)	Well lit, including emergency lighting;	<ol style="list-style-type: none"> <li>1. Flashlights are placed in each room used by children in an easily accessible designated area.</li> <li>2. Flashlights will be tested daily and documented on the <b>Classroom Daily Health and Safety Checklist</b> and <b>Center Daily Health and Safety Checklist</b>.</li> <li>3. Classroom will have safe and effective lighting.</li> </ol>
(vi)	Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;	<ol style="list-style-type: none"> <li>1. Fire extinguishers are in each center, checked/recorded monthly on the <b>Fire Safety Practices</b> form 7263 and inspected once a year and serviced every 6 years by a fire extinguisher service professional.</li> <li>2. Train staff on the use and location of fire extinguishers</li> </ol>

Standard	Performance Standard	Plan of Action
<p>(vii)</p> <p>(viii)</p>	<p>Free from firearms or other weapons that are accessible to children;</p>	<p><b>First Aid Kits must be:</b></p> <ul style="list-style-type: none"> <li>○ Clearly labeled;</li> <li>○ Kept in a clean and sanitary condition;</li> <li>○ Easily accessible to all staff;</li> <li>○ Stored in a designated location known to all employees; and</li> <li>○ Kept out of the reach of children;</li> <li>○ The First Aid Kit must be checked monthly to ensure it is fully stocked with the required supplies and supplies have not expired;</li> <li>○ Staff will take the first aid kit whenever leaving the center;</li> <li>○ Site Supervisors will train staff, substitutes, and volunteers where the first aid kit is kept.</li> </ul> <p><b>Texas Department of Family and Protective Services 746.4003</b></p> <p>3. First Aid Kits must contain the following:</p> <ul style="list-style-type: none"> <li>○ A guide to first aid and emergency care;</li> <li>○ Adhesive tape;</li> <li>○ Antiseptic solution or wipes;</li> <li>○ Cotton balls;</li> <li>○ Multi-size adhesive bandages;</li> <li>○ Scissors;</li> <li>○ Sterile gauze pads;</li> <li>○ Thermometer;</li> <li>○ Tweezers;</li> <li>○ Waterproof, disposable gloves.</li> </ul> <p>4. Site Supervisor/designated staff will complete monthly inventory.</p> <p>5. Restock first aid supplies after use or as supplies expire.</p> <p>6. Each center will have an inventory check list. The <b>First Aid Kit Checklist</b> must be kept in the First Aid Kit.</p> <p>7. Notify Health Manager/designated staff when supplies are needed to restock the First-Aid Kit.</p> <p><b>Must follow Texas Department of Family and Protective Services. §746.3707.</b></p> <p>1. Toilets and hand washing facilities will be adequate, cleaned daily, in working condition, and easily reached by the children.</p>

Standard	Performance Standard	Plan of Action
(ix)	<p>Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children’s activities; and,</p> <p>Kept safe through an ongoing system of preventative maintenance.</p>	<p>2. Toileting and diapering areas will be separate from areas used for cooking, eating, or children’s activities.</p> <p>1. The <b>Classroom Daily Health/Safety Checklist and Center Daily Health and Safety Checklist</b> will be completed daily.</p> <p>2. If any repairs or maintenance is required a <b>Repair and Maintenance Request</b> will be submitted to the Facility Manager. Attach pictures if applicable of before and after.</p> <p>3. Facility Manager will follow-up on <b>Repair and Maintenance Request</b> with staff.</p> <p>4. Follow-up will continue until work is complete.</p>
(2)	<p><u>Equipment and materials.</u> Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:</p> <p>Be clean and safe for children’s use and are appropriately disinfected;</p>	<p>1. Toys must be removed after being placed in children’s mouth once child is finished playing with the toy, or immediately after coming into contact with bodily secretions. These toys will be placed in a container labeled soiled toys.</p> <p>2. All materials purchased will be made of non-toxic materials.</p> <p>3. At the end of everyday contaminated toys will be sanitized. Sanitizing required a four-step process. For the sanitizing process to be effective, you must follow these steps in order:</p> <ol style="list-style-type: none"> <li>1) Wash with water and soap</li> <li>2) Rinse with clear clean water</li> <li>3) Soak in or spray on a disinfecting solution (at least 2 minutes)</li> <li>4) Allowing the surface to air dry.</li> <li>5) For Toys: 1 tablespoon bleach per 1-gallon tap water.</li> <li>6) For classroom surfaces and bathrooms, spills of bodily fluids, Crib rails, diaper changing tables: ¼ cup bleach per 1-gallon tap water.</li> </ol>
(i)		

Standard	Performance Standard	Plan of Action
(ii)	Be accessible only to children for whom they are age appropriate;	<p>4. Staff will prepare bleach solution daily and store in a labeled container stating the contents and date prepared.</p> <p>1. Staff will provide child size tables, chairs, equipment, toys, materials and other furniture that is age appropriate to the children served.</p> <p>2. Adaptations will be made as needed for children with disabilities.</p>
(iii)	Be designed to ensure appropriate supervision of children at all times;	<p>1. Provide direct access from the building onto an appropriately fenced area when possible.</p> <p>2. Under no circumstances will a child be left alone or unsupervised while in the care of staff, volunteers that can be counted in child-staff ratio, therapist and consultants.</p> <p>3. HS/EHS classroom staff must know the children and how many children they are responsible for at all times.</p> <p>4. HS/EHS Classroom staff must use the classroom <b>Transition Roll-Call</b> to take roll call of the children before transitioning to a location outside of the classroom and upon arrival to new location.</p> <p>5. Both classroom staff must also count the children after roll call and communicate this number to each other.</p> <p>6. While moving to a new location one staff must position themselves at the front of the line and one staff must position themselves at the back of the line.</p> <p>7. During outdoor play or other play activities, the staff must position themselves at opposite ends of the area and move around as necessary so all children can be visually supervised at all times.</p> <p>8. Both classroom staff must count children several times during outside play/activity and communicate this number to each other to ensure all children are accounted for at all times.</p> <p>9. Both staff must count the children once they are back in the classroom and communicate this number to each other.</p> <p>10. Assure that there is an appropriate number of adults with the children at all times, based on the number of children present.</p> <p>11. Outdoor playgrounds are enclosed with fences and two gates and/or two exits where applicable.</p>

Standard	Performance Standard	Plan of Action
(iv)	Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,	1. The indoor and outdoor space used by the Early Head Start and Head Start children will be independent of each other.
(v)	Be kept safe through an ongoing system of preventative maintenance.	<ol style="list-style-type: none"> <li>1. Complete daily the <b>Classroom Daily Health and Safety Checklist, Center Daily Health and safety Checklist</b> and <b>Daily Playground Safety Checklist</b> and report any unsafe conditions to the designated person immediately.</li> <li>2. If any repairs or maintenance is required a <b>Repair and Maintenance Request</b> will be submitted to the Facility Manager and Compliance Specialist for reviews. Attach pictures if applicable before and after.</li> <li>3. Facilities Manager will follow-up on the <b>Repair and Maintenance Request</b>.</li> <li>4. Follow-up will continue until work is complete.</li> </ol>
(3)	<u>Background checks.</u> All staff have complete background check in accordance with §1302.90(b).	<b>See 1302.90(b) Personnel policies.</b>
(4)	<u>Safety training.</u>	
(i)	<u>Staff with regular child contact.</u> All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and	<ol style="list-style-type: none"> <li>1. During new hire orientation required paperwork will be completed with new staff.</li> <li>2. Staff will be supplied with all required and appropriate trainings.</li> <li>3. Site Supervisors will review procedures with new staff prior to staff beginning job duties at the site.</li> <li>4. Staff will receive training yearly during pre-service training.</li> <li>5. Staff will be trained on procedures periodically and as needed during all staff training, meetings and individual training if needed.</li> </ol>

<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
	<p>as appropriate based on staff roles and ages of children they work with, training in:</p> <p>(A) The prevention and control of infectious diseases;</p> <p>(B) Prevention of sudden infant death syndrome and use of safe sleeping practices;</p> <p>(C) Administration of medication, consistent with standards for parental consent;</p> <p>(D) Prevention and response to emergencies due to food and allergic reactions;</p> <p>(E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;</p> <p>(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;</p> <p>(G) Emergency preparedness and response planning for emergencies;</p> <p>(H) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;</p> <p>(I) Appropriate precautions in transporting children, if applicable;</p> <p>(J) First aid and cardiopulmonary resuscitation; and,</p> <p>(K)</p>	

Standard	Performance Standard	Plan of Action
<p>(ii)</p> <p>(5)</p> <p>(i)</p>	<p>Recognition and reporting of child abuse and neglect, in accordance with the requirements at (b)(5) of this section.</p> <p><u>Staff without regular child contact.</u> All staff with no regular responsibility for or contact with children have initial orientation training with three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program’s emergency and disaster preparedness procedures.</p> <p><u>Safety practices.</u> All staff and consultant follow appropriate practices to keep children safe during all activities, including, at a minimum:</p> <p>Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;</p>	<ol style="list-style-type: none"> <li>1. During new hire orientation required paperwork will be completed with new staff.</li> <li>2. Staff will be supplied with all required and appropriate trainings.</li> <li>3. Site Supervisors will review procedures with new staff prior to staff beginning job duties at the site.</li> <li>4. Staff will receive training yearly during pre-service training.</li> <li>5. Staff will be trained on procedures periodically and as needed during all staff trainings, supervisor meetings and individual training if needed.</li> </ol> <ol style="list-style-type: none"> <li>1. Abuse includes: mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child.</li> </ol> <p>Neglect includes:</p> <ul style="list-style-type: none"> <li>○ Failure to provide a child with food, clothing, shelter and/or medical care.</li> <li>○ Leaving a child in a situation where the child is at risk of harm.</li> </ul> <ol style="list-style-type: none"> <li>2. <b>The Texas Department of Protective Regulatory System</b> telephone number is: <b>1-800-252-5400</b> and the website is <a href="http://www.txabusehotline.org">www.txabusehotline.org</a></li> <li>3. Each Head Start/Early Head Start staff person is responsible for reporting cases of suspected or identified child abuse to TDPRS following these procedures: <ul style="list-style-type: none"> <li>○ All suspected child abuse is reported immediately by the person who suspects the abuse. It will be documented on the <b>Initial/Follow-up for Reporting Child Abuse/Neglect Case to TDPRS</b> by the person making the report and immediately given to the FSW/Site supervisor and to the ERSEA Manager. A copy of the <b>Initial Report/Follow-up Form for Reporting Child Abuse/Neglect Case to TDPRS</b> will be forwarded to the ERSEA Manager.</li> </ul> </li> </ol>

Standard	Performance Standard	Plan of Action
(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;	<ul style="list-style-type: none"> <li>○ The FSW/Site Supervisor or ERSEA Manager will do a follow up with TDPRS.</li> <li>○ When and where appropriate, the FSW/ Site Supervisor or ERSEA Manager will work closely with TDPRS and family members to provide advocacy and support to the family. Follow up contact(s) with TDPRS regarding what is happening to the child and the family after the investigation will be made and noted.</li> </ul> <ol style="list-style-type: none"> <li>4. Confidentiality of records concerning child abuse reports will be maintained. These records will be placed in an envelope labeled confidential with the Case # and in a confidential file. Information regarding suspected abuse is not considered part of the child's education record but will be stored for seven years.</li> <li>5. It is our agency's preference to have Head Start or Early Head Start staff member who made the report present during the TDPRS interview with the child, but this is subject to TCPRS caseworker discretions.</li> <li>6. If child is removed due to suspected abuse, every effort will be made to coordinate with TDPRS to keep the child at the current site location or transfer to another site.</li> <li>7. <u>Staff will be trained on child abuse &amp; neglect before they start assigned job duties and yearly thereafter.</u></li> </ol> <ol style="list-style-type: none"> <li>1. Cribs and mats will be spaced three feet apart when occupied.</li> <li>2. Children must be assigned to the same crib and mat to help avoid spreading of contagious illnesses.</li> <li>3. Children under 18 months of age will use firm mattresses or mats.</li> <li>4. Soft bedding, blankets or toys will not be allowed in the cribs with the babies.</li> <li>5. Linens will be washed on a weekly basis, as well as immediately following an illness, and after accidents. Crib sheets for infants will be washed on a daily basis.</li> <li>6. Cribs and mats will be disinfected on a weekly basis or as needed.</li> </ol>



Standard	Performance Standard	Plan of Action
(iii)	Appropriate indoor and outdoor supervision of children at all times;	<ol style="list-style-type: none"> <li>1. Provide direct access from the building onto an appropriately fenced area when possible.</li> <li>2. Under no circumstances will a child be left alone or unsupervised while in the care of staff, volunteers that can be counted in child-staff ratio, therapist and consultants.</li> <li>3. HS/EHS classroom staff must know the children and how many children they are responsible for at all times.</li> <li>4. HS/EHS Classroom staff must use the classroom <b>Transition Roll-Call</b> to take roll call of the children before transitioning to a location outside of the classroom and upon arrival to new location.</li> <li>5. Both classroom staff must also count the children after roll call and communicate this number to each other.</li> <li>6. While moving to a new location one staff must position themselves at the front of the line and one staff must position themselves at the back of the line.</li> <li>7. During outdoor play or other play activities, the staff must position themselves at opposite ends of the area and move around as necessary so all children can be visually supervised at all times.</li> <li>8. Both classroom staff must count children several times during outside play/activity and communicate this number to each other to ensure all children are accounted for at all times.</li> <li>9. Both staff must count the children once they are back in the classroom and communicate this number to each other.</li> <li>10. Assure that there is an appropriate number of adults with the children at all times, based on the number of children present.</li> <li>11. Outdoor playgrounds are enclosed with fences and two gates and/or two exits where applicable.</li> </ol>
(iv)		<ol style="list-style-type: none"> <li>1. During the registration process, an <b>Admission Information Form</b> will be completed with the names of those persons authorized to pick up the child.</li> <li>2. Staff will ask for picture identification of the person picking the child up and verify that person is on the pick-up list. Copy of picture identification must be made and stapled to the sign in</li> </ol>

Standard	Performance Standard	Plan of Action
	Only releasing children to an authorized adult, and;	<p>sheet. This step will continue until staff is familiar with persons on the pick-up list.</p> <ol style="list-style-type: none"> <li>3. If the legal guardian would like to add or remove a person from the pick-up list on the <b>Admission Information Form</b> the legal guardian must complete an <b>Add/Remove Authorization for Releasing a Child Form</b> in person. (Forms will be stapled to the <b>Admission Information Form</b>.)</li> <li>4. In cases where the parent wishes to deny access to the non-custodial parent, they will be required to provide the program with appropriate copies of legal documentation (custody decree, restraining order, termination of parental rights).</li> <li>5. In cases where potential kidnapping or violence is an issue, photographs of the person should be provided to assist staff in identifying these individuals.</li> <li>6. In cases where there are concerns on the part of the custodial parent, but there is no legal documentation available, the FSW will make appropriate referrals to legal aid or other legal counsel.</li> <li>7. If an adult shows up to the site and does not have authorization for pick up the child: <ol style="list-style-type: none"> <li>1) Staff will escort the adult to the office,</li> <li>2) Staff will inform this person that there is documentation on file prohibiting release of the child,</li> <li>3) Staff will ask the adult to leave the center,</li> <li>4) If the adult refuses to leave, staff will contact the police,</li> <li>5) Staff will contact custodial parent and ERSEA Manager to inform them of the incident.</li> </ol> </li> </ol> <p>Under <u>NO</u> circumstances will letters or phone calls be accepted to make any changes to the <b>Add/Remove Authorization for Releasing a Child Form</b>. Disciplinary action <u>WILL</u> be taken if a child is released to an unauthorized person.</p> <p>Any person authorized to pick up a child other than the parent/guardian must be at least 18 years old.</p> <p>If the person designated to pick up the child demonstrates inability to safely transport the child, the staff will suggest another form of transportation. However, if the person designated insists on</p>

Standard	Performance Standard	Plan of Action
(v)	All standards of conduct described in §1302.90(c).	<p>transporting the child, staff will notify the local law enforcement of the situation to ensure the safety of the child.</p> <ol style="list-style-type: none"> <li>All staff, consultants, contractors, and volunteers will be asked to review, sign and abide by the program’s Standard of Conduct as listed in §1302.90(c)</li> </ol>
(6)		<ol style="list-style-type: none"> <li>Plan and implement training for staff, volunteers, and children in hand washing procedures.</li> </ol>
(i)	<p><u>Hygiene practices.</u> All staff systematically and routinely implement hygiene practices that at a minimum ensure:</p> <p>Appropriate toileting, hand washing, and diapering procedures are followed;</p>	<ol style="list-style-type: none"> <li>Wash hands with soap and running water for 20 seconds when performing the following: This applies to staff and all children. <ul style="list-style-type: none"> <li>After diapering or toileting;</li> <li>Before setting tables;</li> <li>Before handling, preparing and consuming food;</li> <li>After handling animals;</li> <li>Before and after dispensing medication;</li> <li>After cleaning or using cleaning products;</li> <li>After arriving at the center daily;</li> <li>After outdoor activities;</li> <li>Before and after playing in the water table;</li> <li>After playing in the sand table.</li> </ul> </li> <li>Place hand washing posters in all restrooms and at all sinks as a reminder.</li> <li>Provide hand washing soap and paper towels at every sink.</li> </ol> <ol style="list-style-type: none"> <li>Classroom staff will be trained on <b>Diaper Changing Procedures.</b></li> <li>Early Head Start staff will record eliminations and document on <b>Cuddle Grams</b> and give to the parent/guardian daily.</li> </ol> <p><u>Diaper Changing Procedure:</u></p> <ol style="list-style-type: none"> <li>A designated area will be established specifically for diapering that is not located in or near any food handling areas.</li> </ol>

Standard	Performance Standard	Plan of Action
		<ol style="list-style-type: none"> <li>2. Surfaces of mats will be kept clean, waterproof, and free of cracks, tears and crevices.</li> <li>3. Only Head Start/Early Head Start staff or the child's parent/guardian will engage in the diapering of a child.</li> </ol> <p><b><u>Early Head Start Procedure:</u></b></p> <ol style="list-style-type: none"> <li>1. Wash hands thoroughly;</li> <li>2. Get supplies ready, including applying gloves;</li> <li>3. Protect the surface with clean, non-porous disposable paper;</li> <li>4. Place child on diapering surface keeping one hand on child or child safety mechanism at all times;</li> <li>5. Undress the child to expose diaper. If clothes are soiled place clothes in plastic bag;</li> <li>6. Wipe from front to back using each cloth or towel only once</li> <li>7. Put soiled wipes in soiled diaper;</li> <li>8. Place soiled diaper in lined trash can (if possible, tuck diaper in gloves);</li> <li>9. Dispose gloves in trash can &amp; close trash lid;</li> <li>10. Diaper &amp; dress the child;</li> <li>11. Wash child's hands at the sink;</li> <li>12. Return child to supervised area;</li> </ol> <p>If area became soiled clean, sanitize area. Sanitizing requires a four-step process. For the sanitizing process to be effective, you must follow these steps in order:</p> <ol style="list-style-type: none"> <li>1. Wash with soap and water;</li> <li>2. Rinse with clean water;</li> <li>3. Soak in or spray on a disinfected solution (at least 2 minutes);</li> <li>4. Allow the surface to air dry.</li> <li>5. Wash hands thoroughly;</li> <li>6. Record on diaper changing schedule.</li> </ol> <p><b><u>Head Start Procedure:</u></b></p> <ol style="list-style-type: none"> <li>1. Wash hands thoroughly;</li> <li>2. Get supplies ready, including applying gloves;</li> <li>3. Undress the child to expose diaper or pull up;</li> <li>4. If applicable place child on diapering surface;</li> <li>5. Wipe from front to back using each cloth or towel only once;</li> <li>6. Put soiled wipes in soiled diaper;</li> </ol>

Standard	Performance Standard	Plan of Action
(ii)	Safe food preparation; and,	<p>7. Place soiled diaper in lined trash can (if possible, tuck diaper in gloves);</p> <p>8. Dispose glove in trash can and close lid;</p> <p>9. Diaper and dress child;</p> <p>10. Wash child's hands;</p> <p>11. Return child to supervised area;</p> <p>If area became soiled clean, sanitize the area. Sanitizing requires a four- step process. For the sanitizing process to be effective, you must follow these steps in order:</p> <ol style="list-style-type: none"> <li>1. Wash hands with soap and water;</li> <li>2. Rinse with clean water;</li> <li>3. Soak in or spray on disinfected solution (at least 2 minutes);</li> <li>4. Allow surface to air dry.</li> <li>5. Wash hands thoroughly;</li> <li>6. Record on diaper changing schedule.</li> </ol> <p>1. Sanitizing required a four-step process. For the sanitizing process to be effective, you must follow these steps in order:</p> <ol style="list-style-type: none"> <li>1. Washing with water and soap;</li> <li>2. Rinsing with clear water;</li> <li>3. Soaking in or spraying on a disinfection solution (at least 2 minutes). Rinsing with cool water only those items that children are likely to place in their mouths; and</li> <li>4. Allowing the surface or article to air-dry.</li> </ol> <ol style="list-style-type: none"> <li>1. Follow recommended sanitation codes for storage, preparation, and serving of food.</li> <li>2. Nutrition Manager/Specialist/designated staff will monitor all Head Start/Early Head Start sites 3 times per year to stay in compliance with sanitation codes.</li> <li>3. Staff will provide training annually on sanitation for food service staff.</li> <li>4. Gloves will be worn when touching food directly.</li> </ol>

Standard	Performance Standard	Plan of Action
		<p>5. All HS/EHS staff, volunteers or visitors (such as monitors) will be required to wear hair covering while in the kitchen area when food is being prepared or placed into serving dishes.</p> <p>6. Food prepared and delivered from a place other than the Head Start center will be delivered in insulated catering containers to maintain temperatures.</p> <p>7. Before the food leaves the kitchen, temperatures will be taken to ensure meats are at the proper degrees and recorded on the <b>Food Temperature Record</b>. This form is to be completed daily and kept in a central file at the center to be available for review.</p> <p><b>Policy: Compliance of Sanitation</b></p> <p>1. <b>Keep it Clean</b> – Keep everything that touches food clean.</p> <ul style="list-style-type: none"> <li>○ Wash hands with hot soapy water for at least 20 seconds before preparing food.</li> <li>○ Keep raw meat from coming into contact with other foods during preparation.</li> <li>○ Wash your hands and all utensils and surfaces with hot soapy water after contact with raw meat.</li> <li>○ Never chop fresh vegetables or salad ingredients on a cutting board that was used for raw meat without properly cleaning it first. If possible, use a separate cutting board for the sole preparation of raw meat, poultry and fish.</li> <li>○ Carefully wash cutting boards and knives with hot soapy water and then sanitize with a solution of household bleach and water. Some cutting boards can be cleaned in the dishwasher.</li> <li>○ Wash fruits and vegetables before use and store appropriately.</li> </ul> <p>2. <b>Keep it Cold</b>– As a general rule; keep cold foods cold and hot foods hot.</p> <ul style="list-style-type: none"> <li>○ Pick up meat and refrigerated items last during your shopping trip.</li> <li>○ Store properly wrapped meat in the meat compartment or the coldest part of your refrigerator. You may want to place meat in plastic bags to prevent possible leakage.</li> </ul>

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		<ul style="list-style-type: none"> <li>○ Thaw meat in the refrigerator. Do not thaw meat on the kitchen counter.</li> </ul> <ol style="list-style-type: none"> <li>3. Keeps the refrigerator setting at 35 degrees Fahrenheit to 40 degrees Fahrenheit and the freezer at 0 Degrees Fahrenheit or below. Use a refrigerator thermometer for accuracy. Document temperature reading on <b>Temperature Record daily.</b></li> <li>4. Proper storage and refrigeration of both raw and cooked beef is important for quality and safety reasons.</li> </ol> <p><b>Follow these recommended storage guidelines:</b></p> <ul style="list-style-type: none"> <li>○ Beef can be frozen in its original, transparent packaging for up to two weeks. For longer storage, prevent freezer burn by re-wrapping beef in moisture-proof, air-tight wrapping materials such as heavy-duty aluminum foil, freezer paper or plastic freezer bags. Label and date all packages.</li> </ul> <ol style="list-style-type: none"> <li>5. <b>Cook it Properly</b> – Use a thermometer to verify cooking temperatures and document temperature reading on <b>Food Temperature Record.</b></li> <li>6. Certain bacteria that may be present in food, such as E. coli, are eliminated by cooking foods properly. Heat kills E. coli bacteria.</li> </ol> <p><b>Follow these cooking guidelines to keep food safe:</b></p> <ul style="list-style-type: none"> <li>○ Ground Beef – Cook to 160 Degree Fahrenheit internal temperature.</li> <li>○ Chicken and Turkey – Cook to 170 Degrees Fahrenheit internal temperature.</li> <li>○ When basting be careful not to contaminate meats by reusing leftover marinade or adding sauce with a brush previously used on raw meats. Bring marinades to a rolling boil for one minute for safe use on cooked meats.</li> <li>○ Stir, rotate and cover goods when microwaving to ensure even cooking. Check temperature with an instant-read thermometer in at least three spots and follow recommended standing times outside the microwave so food completes cooking.</li> </ul> <ol style="list-style-type: none"> <li>7. Leftover food must be thrown out after each meal.</li> </ol>

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(iii)	Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.	<p><b>Policy: Food Recall Action Plan</b></p> <ol style="list-style-type: none"> <li>1. The Nutrition Manager/Specialist will review any recall notification reports when received or any press release for public notification.</li> <li>2. The Nutrition Manager/ Specialist will communicate the information to all Head Start sites as quickly as possible via email and/or phone call so that Site Supervisors and cooks understand their responsibilities.</li> <li>3. The cooks will remove and inventory the recalled food. Food should be placed in a bag with removal date.</li> <li>4. Collect health-related information needed for public communications if required. <ul style="list-style-type: none"> <li>o Whether the product was served.</li> <li>o The dates the product was served.</li> <li>o Any reports of possible health problems related to the recalled product.</li> </ul> </li> <li>5. Submit information to manufacture, distributor, or State Agency describing the quantity in stock if required.</li> <li>6. Determine if the food item is to be returned or destroyed per notification.</li> <li>7. Follow written instructions in the recall notice to return or destroy product.</li> <li>8. Document and submit information necessary for any reimbursement of food cost.</li> <li>9. Maintain all files completed pertaining to the food recall for three years plus the current year.</li> <li>10. Complete the <b>Food Recall Information Sheet</b> and submit to Nutrition Manager/Specialist.</li> </ol> <ol style="list-style-type: none"> <li>1. Supplies used to clean and handle bodily fluids should be labeled as Bodily Fluids Only, Broom, Mop, Bucket and Dust Pan.</li> <li>2. Nonporous disposable gloves will be made available to all staff and volunteers.</li> <li>3. Staff must wear nonporous gloves when in contact with blood, visibly bloody bodily fluids or other potentially infectious materials.</li> </ol>



Standard	Performance Standard	Plan of Action
<p>(7)</p> <p>(i)</p> <p>(ii)</p>	<p><u>Administrative safety procedures.</u> Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:</p> <p>Emergencies;</p> <p>Fire prevention and response;</p>	<ol style="list-style-type: none"> <li>4. Clean and disinfect work surfaces contaminated with blood or other bodily fluids immediately using the recommended liquid bleach solution and designated cleaning supplies.</li> <li>5. Clean and disinfect rugs using appropriate carpet cleaning solution (do not use vacuum cleaner)</li> <li>6. Dispose of all contaminated materials in a plastic bio-hazard bag and secure with tie.</li> <li>7. Clean, rinse and disinfect materials used for cleaning spills using the recommended liquid bleach solution.</li> <li>8. Staff will be trained on <b>Bloodborne Pathogens</b> before they start assigned job duties and yearly thereafter.</li> </ol> <p><b><u>Bleach Solution: Bodily Fluids and Surfaces</u></b></p> <p>For classroom surfaces and bathrooms, spills of bodily fluids, crib rails, and diaper changing tables: 1/4 cup bleach per 1 gallon tap water. Bleach solution will be made daily and label with the strength of solution and date prepared.</p> <ol style="list-style-type: none"> <li>1. Supervisors will review <b>Operation Policies and Safety Procedures</b> with new staff prior to staff beginning job duties at the center.</li> <li>2. Supervisors will review <b>Emergency Response Plan</b> that includes fire prevention and response with staff prior to staff beginning job duties at the center.</li> <li>3. Staff will be trained on safety practices yearly during pre-service training.</li> <li>4. Staff will be trained on safety practices periodically and as needed during all staff training, supervisor meetings and individual training if needed.</li> </ol>

Standard	Performance Standard	Plan of Action
(iii)	Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;	<ol style="list-style-type: none"> <li>1. The <b>Welcome Packet/ Operational Policies and Procedures</b> will contain a copy of the following guidelines for exclusion from Head Start/Early Head Start classrooms: Texas Department of State Health Services in 25 TAC 97.7.</li> <li>2. Staff will complete an <b>Incident/Illness Report</b> form 7239 when a child is temporarily excluded from school due to a communicable disease listed in the operation handbook, or when any injury happens on school grounds. For minor illness an <b>Acute Illness Report</b> will be completed. A copy of the <b>Incident/Illness Report &amp; Acute Illness Report</b> will be sent to the Health Manager and original placed in the Child's State File.</li> <li>3. A child may be readmitted to the program when he or she meets appropriate criteria.</li> <li>4. Some conditions may require approval by a local health official, before re-admittance is possible.</li> <li>5. Staff may consult with local health officials and/or TDFPS regarding these conditions if applicable.</li> <li>6. Staff, volunteers, and substitutes will be trained at orientations.</li> <li>7. After being absent 4 consecutive days a <b>Daily/4-Consecutive Days Absence Report</b> along with a copy of the <b>Incident/Illness Report &amp; Health &amp; Developmental Initial Plan</b> will be submitted to the ERSEA Manager.</li> </ol> <p><b>These procedures are in accordance with Day Care Licensing Minimum Standards and Head Start Performance Standards. Policy: Administration of Medication</b></p> <p><b>Procedure:</b></p>
(iv)	The handling, storage, administration, and record of administration of medication;	<ol style="list-style-type: none"> <li>1. Head Start/Early Head Start staff will be trained at orientation, pre-service, and/or as needed on Medication Procedures, the use of Medical Equipment when applicable and possible side effects.</li> <li>2. All medications must be in their original container.</li> <li>3. Pharmacy label and/or Doctor's instructions must include the following information: <ol style="list-style-type: none"> <li>a. Child's first and last name;</li> <li>b. Name of the medication;</li> <li>c. Date prescription was filled;</li> </ol> </li> </ol>

Standard	Performance Standard	Plan of Action
		<ul style="list-style-type: none"> <li>d. Name of Health Care Provider who wrote the prescription;</li> <li>e. Medication expiration date;</li> <li>f. Dosage and frequency;</li> <li>g. Storage instruction if available.</li> </ul> <ol style="list-style-type: none"> <li>4. On the original container staff will write the date the medication was brought into the center;</li> <li>5. Place a picture of the student within a week on medication storage box/sack.</li> <li>6. Parent/guardian must complete and sign <b>Authorization for Dispensing Medication</b> form 7238.</li> <li>7. Medication will be administered only by Site Supervisor or designated person unless an emergency situation occurs.</li> <li>8. Designated staff must be aware of the administration, handling and storage of children’s medication per instructions.</li> <li>9. Store all medications in a locked cabinet or locked box except for emergency medication may be kept readily available but out of reach of children.</li> <li>10. Head Start/Early Head Start designated staff will document each time medication is administered on the <b>Authorization for Dispensing Medication</b> form 7238.</li> <li>11. The <b>Authorization for Dispensing Medication</b> form 7238 for each child will be kept confidential and in a notebook. The notebook will be kept at each Head Start/ Early Head Start Site.</li> <li>12. Review the <b>Authorization for Dispensing Medication</b> form 7238 with the parent/guardian at the end of the designated period which medication is to be given.</li> <li>13. For medications given for an extended period of time or emergency medication the <b>Authorization for Dispensing Medication</b> form 7238 will be reviewed with parent/guardian monthly.</li> <li>14. Encourage parents/guardians to give the first dose of medication at home, so they can observe whether the child has any type of reaction.</li> <li>15. Staff will watch for any changes in the child’s normal behavior such as signs of lethargy, moodiness, aggressiveness, difficulty breathing, or physical reactions such as rashes.</li> </ol>

Standard	Performance Standard	Plan of Action
		<p>16. If changes in the child’s normal behavior are noted after administrating the medication staff will document changes on the <b>Illness/Incident Report</b> and the <b>Authorization for Dispensing Medication</b> form 7238 and immediately brought to the parent’s/guardian’s attention. If an error occurs with regards to administering medication the person that administered the medication must complete a <b>Medication Error Report</b>.</p> <p>17. A copy of the <b>Incident/Illness Report</b> will be given to the parent/guardian and encourage them to share this information with the physician.</p> <p>18. If Head Start/Early Head Start classroom staff needs to take medication during program operation hours, the Site Supervisor must be informed.</p> <p>19. Arrangements will made for staff’s medication to be stored in a locked cabinet or locked box.</p> <p><b>Policy: Medication Error Report</b>  <b>Procedure:</b>  A medication error consists of the following:</p> <ul style="list-style-type: none"> <li>• Incorrect dosage</li> <li>• Incorrect time</li> <li>• Incorrect person</li> <li>• Incorrect route</li> <li>• incorrect medication</li> </ul> <p>In the event, a medication error occurs, the staff who administered the medication in error will:</p> <ol style="list-style-type: none"> <li>1. Call 911 and poison control for guidelines and/or instructions to follow, if necessary.</li> <li>2. Call child’s parent/guardian to explain medication error.</li> <li>3. Call the Health Manager for assistance.</li> <li>4. Complete <b>Medication Error Report</b> and <b>Incident/Illness Report</b>.</li> <li>5. A copy of the <b>Medication Error Report</b> and <b>Incident/Illness Report</b> will be sent to the Health Manager and to the child’s parent/guardian and to the staff that made the medication error. Original will be filed in child’s State File.</li> </ol>

Standard	Performance Standard	Plan of Action
<p>(v)</p> <p>(vi)</p> <p>(8)</p>	<p>Maintaining procedures and systems to ensure children are only released to an authorized adult; and,</p> <p>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.</p> <p><u>Disaster preparedness plan.</u> The program has all-hazards emergency management/disaster</p>	<p>6. In the event a medication error occurs, a copy of the <b>Medication Error Report</b> will be sent to Head Start Director and Health Manager.</p> <p>7. Additional training will be provided by the Health Manager for the staff responsible for the medication error.</p> <p><b>See §1302.47(5)(iv)</b></p> <ol style="list-style-type: none"> <li>1. Parent/guardian will complete a <b>Health History and Nutrition Assessment</b>.</li> <li>2. Staff will review any concerns, health care needs and food allergies with parent/guardian.</li> <li>3. If concerns require an Individual <b>Health Care Plan</b> and/or <b>Food Allergy Emergency Plan</b>, staff will ask parent to obtain one from a health care professional.</li> <li>4. A <b>Food Allergy Emergency Plan</b> must include the following: <ul style="list-style-type: none"> <li>o Possible symptoms if exposed to a food on the list; and</li> <li>o The steps to take if the child has an allergic reaction (Example: Use Epi Pen, call 911, etc.</li> </ul> </li> <li>5. <b>Food Allergy Emergency Plan</b> must be obtained prior to admission into the program.</li> <li>6. The child’s parent/guardian and health care professional must sign and date the plan.</li> <li>7. Copy of the <b>Individual Health Care Plan</b> and the <b>Food Allergy Emergency Plan</b> will be filed in the child’s file, outdoor backpack and carried on field trips.</li> <li>8. Post the <b>Food Allergy Emergency Plan</b> where you prepare food and, in each room, where the child may spend time but keep list confidential by covering with the food allergy poster.</li> </ol> <ol style="list-style-type: none"> <li>1. <b>Emergency Response Plan</b> will be reviewed for updates yearly.</li> <li>2. If no updates required <b>Emergency Response Plan</b> will remain in use.</li> <li>3. If updates are needed <b>Emergency Response plan</b> will be updated accordingly and approved as required.</li> <li>4. <b>Emergency Response Plan</b> will be posted on Parent Board at the sites.</li> </ol>

Standard	Performance Standard	Plan of Action
(c)	<p>preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.</p> <p>A program must report any safety incidents in accordance with §1302.102(d)(1)(ii).</p>	<p>5. <b>Emergency Response Plan</b> will be shared with parents/guardians via <b>Welcome Packet</b>.</p> <p>1. Program will report any safety incidents according to §1302.102(d)(1)(ii) to the Head Start Director.</p>
<p><b>Service Area: Nutrition</b>  <b>Procedure: CACFP Enrollment Information</b>  <b>References: CACFP</b></p> <p>The CACFP Enrollment Information must be done prior to the child’s first day of school.  The parent must complete the following:</p> <ol style="list-style-type: none"> <li>1. Child’s Full Name</li> <li>2. Child’s Date of Birth</li> <li>3. Meals/snack normally served</li> <li>4. Days and Hours of child in care</li> <li>5. Parent Signature and Date signed</li> </ol> <p>Staff must complete the following:</p> <ol style="list-style-type: none"> <li>1. Enrollment Date</li> <li>2. Withdrawal Date (when applicable)</li> <li>3. Center Name &amp; Classroom</li> </ol> <p>Once a child enrolls the form must be sent to the Nutrition Manager and placed in the Child’s Federal File in the Nutrition Component.</p>		



## 1302 Family & Community Engagement Program Services

### **Subpart E – Family & Community Engagement Program Services**

1302.50 Family engagement.

1302.51 Parent activities to promote child learning and development.

1302.52 Family partnership services.

1302.53 Community partnerships and coordination with other early childhood and education programs.

Standard	Performance Standard	Plan of Action
<p><b>1302.50</b> (a)</p> <p>(b)</p> <p>(1)</p>	<p><b>Family engagement.</b></p> <p><u>Purpose</u></p> <p>A 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.</p> <p><u>Family engagement approach</u></p> <p>A program must:</p> <p>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;</p>	<ol style="list-style-type: none"> <li>1. Parents are encouraged to volunteer and participate in program related activities, such as classroom and center engagements to strengthen parent-child relationships, reinforce parents as primary teacher, and to engage parents in their children’s learning.</li> <li>2. During home visits and parent-teacher conferences, parents assist Head Start/Early Head Start staff with developing observable goals for their child. Child portfolios and assessment reports are shared with parents to engage, inform and strengthen their abilities to measure their child’s learning experiences and developmental progress.</li> <li>3. Curriculum Based or ELOF Domain Home to School connections are provided as an extension of the Head Start education program to provide opportunity for parents to work at home with their child as their primary teacher <b>and engage parents in student learning.</b></li> <li>4. Parents are invited to integrally share information with the staff about personal cultural and life experiences.</li> <li>5. <b>Fathers, father figures, male family members, and male role-models are encouraged to come into the classrooms to engage in daily classroom activities at all times. Activities such as classroom engagements are scheduled throughout the school year to specifically promote male engagement. Materials to promote father or male interaction will be handed out quarterly to support parent-child relationships.</b></li> </ol>



(2)	Develop relationships with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community.	<ol style="list-style-type: none"> <li>1. Beginning with the initial contact, staff will approach families with respect, care, and lay aside personal opinions, feelings, and or differences. Staff will continue this contact throughout the year to build a positive mutual trusting relationship with families.</li> <li>2. Examine the growing need for diversity and cultural uniqueness with education and provide training to staff, parents, and students when applicable.</li> <li>3. Notify parents and implement an open-door policy where all parents are welcomed to participate or discuss an issue at any time.</li> </ol>
(3)	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;	<ol style="list-style-type: none"> <li>1. At Meet the Teacher/Open House, a letter is shared with families introducing their Family Service Worker and the importance of building a successful strong partnership.</li> <li>2. Families are offered the opportunity to participate in a Family Partnership process that will begin in September that will identify needs, interests, and strengths of the family.</li> <li>3. Family goals and achievement step strategies will be developed and followed up on throughout the year. Services and resources that support the family well-being, including family safety, health, economic stability and other support systems applicable to their goal achievement and well-being will be provided.</li> </ol>
(4)	Provide parents with opportunities to participate in the program as employees or volunteers;	<ol style="list-style-type: none"> <li>1. Parents/guardians are encouraged to visit the center during program hours, and have the opportunity to participate in and/or observe their children in program activities.</li> <li>2. Monthly newsletters, calendars, flyers, and curriculum information are developed by staff and shared with parents to inform them of upcoming events, engagements, volunteer opportunities, and employment opportunities.</li> <li>3. Parents/guardians are encouraged to complete a <b>Volunteer Interest Survey</b> In which their interests and skills, will be taken into consideration to ensure a positive successful experience as a volunteer.</li> <li>4. Parents/guardians that are interested in volunteering on a consistent basis will complete the <b>Volunteer Orientation and Training</b> packet.</li> <li>5. Job openings notifications will be posted monthly to the parent board monthly at each center for parents to review current employment opportunities. Job opening notifications will be provided to the Policy Council and Executive Board monthly in the Director's Report.</li> </ol>

<p>(5)</p>	<p>Conduct family engagement services in the family’s preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe; and,</p>	<p>6. Current and former Early Head Start/Head Start parents will receive preference for employment vacancies for which they are qualified.</p> <ol style="list-style-type: none"> <li>1. Every effort will be made to provide an interpreter for non-English speaking families and materials will be available in the families’ native language when applicable.</li> <li>2. A secure and private area will be provided for any or all communications with families if requested and required for the exchange of personal information.</li> <li>3. Administration staff, site supervisors, family service workers, and teachers will share information to ensure coordinated family engagement strategies for children and families. All information shared will be documented on a <b>Narrative</b> or in ChildPlus software and kept in the Family Service File.</li> </ol>
<p>(6)</p>	<p>Implement procedures for teachers, home visitors, and family support staff to share information with each other, as appropriate and consistent with the requirements in part 1303 subpart C, of this chapter, FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.</p>	<p>Follow Standards and Implementations of 1303 Subpart C- Protections for the Privacy of Child Records.</p>
<p><b>§1302.51</b></p> <p>(a)</p> <p>(1)</p>	<p><b>Parent activities to promote child learning and development.</b></p> <p>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. These strategies must include:</p> <p>Offering activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development as appropriate;</p>	<p><b>Parent Engagement Approach</b> and <b>Parent Curriculum Approach</b> are developed yearly to create engagement strategies, foster confidence in parenting skills, and promote child learning and development in CVCOG Head Start/Early Head Start Program.</p> <p>Activities to support parent-child relationships and child development of language, literacy, and bi-literacy will be achieved by the following: bi-literacy reading areas in the centers/classrooms, at home reading logs, classroom/center reading engagements, and ReadyRosie dual language parent education program.</p>

<p>(2)</p>	<p>Providing parents with information about the importance of their child’s regular attendance, and partner with them, as necessary, to promote consistent attendance; and,</p>	<ol style="list-style-type: none"> <li>1. A handout is given in the <b>Welcome Packet</b> discussing the importance of regular attendance as well as it being discussed in the September parent meeting.</li> <li>2. Staff support parents in understanding the importance of regular attendance and resolve any barriers to promote regular attendance.</li> </ol>
<p>(3)</p>	<p>For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.</p>	<p>Information and resources will be provided in the <b>Welcome Packet, Parent Meetings</b>, and or given by flyer/media to parents regarding bilingualism and biliteracy quarterly throughout the year.</p>
<p>(b)</p>	<p>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.</p>	<p>The program will follow the <b>Parenting Curriculum Approach</b> offering opportunities for parents to participate in a research-based parenting curriculum.</p>
<p><b>§1302.52</b> (a)</p>	<p><b>Family partnership services.</b> <u>Family partnership process</u> A program must implement a family partnership process that includes a family partnership agreement and the activities described in this section to support family well-being, including family safety, health, and economic stability, to support child learning and development, to provide, if applicable, services and supports for children with disabilities, and to foster parental confidence and skills that promote the early learning and development of their children. The process must be initiated as early in the program year as possible and continue for as long as the family participates in the program, based on parent interest and need.</p>	<ol style="list-style-type: none"> <li>1. Staff will have their initial contact with families at orientation/open house. The Family Service Worker will explain their role and attach a letter in the <b>Welcome Packet</b> that outlines the services Head Start/Early Head Start provides to each family and the importance of a good partnership.</li> <li>2. During the fall semester, in August/September staff will schedule families for the Family Partnership. For families who are returning or have previous partnership work the process will build upon any existing agreements or goals on previous record with family consent.</li> <li>3. All families who enter the program before May 1<sup>st</sup> will have a Family Partnership Formed within 30 days of their first day of school.</li> <li>4. The Family Partnership will include the following forms: <b>Family Development Plan, Family Needs Assessment/Assistance Form, Family Outcome Matrix and Family SMART Goal &amp; Step Development/Tracking Form, and Family Service Referral Form</b> (if applicable).</li> </ol>

	<p><u>Identification of family strengths and needs</u> A program must implement intake and family assessment procedures to identify family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.</p> <p><u>Individualized family partnership services</u> A program must offer individualized family partnership services that:</p> <p>(1) Collaborate with families to identify interests, needs, and aspirations related to the family engagement outcomes described in paragraph (b) of this section;</p> <p>(2) Help families achieve identified individualized family engagement outcomes;</p> <p>(3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and</p>	<p>5. FAMCO Manger will access ChildPlus and review forms to confirm completion of all Family Partnership paperwork and analyze aggravated data.</p> <p>Staff will meet with individual families on their caseload to help identify family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework using the <b>Family Outcome Matrix</b> and the <b>Family Development Plan</b> forms. All completed forms will be filed in the Family Service File and scanned into Childplus.</p> <p>The Family Partnership will include the following forms: <b>Family Development Plan, Family Needs Assessment/Assistance Form, Family Outcome Matrix</b> and <b>Family SMART Goal &amp; Step Development/Tracking Form</b>, and <b>Family Service Referral Form</b> (if applicable).</p> <p><b>Family Development Plan, Family Needs Assessment/Assistance Form, and Family Outcome Matrix</b> will be completed in September which will evaluate strengths, needed changes, assistance, goals, and time frames to achieve them. All completed forms will be filed in the Family Service File and scanned into Childplus.</p> <p>A <b>Family Service Referral Form</b> refers the family and associates them with community partners to achieve their individualized family engagement outcomes goals as described in the Head Start Parent Family and Community Engagement Framework which is scanned and documented into ChildPlus and filed in the Family Service File.</p> <p>A <b>Family SMART Goal &amp; Step Development/Tracking Form</b> formulates steps to achieve goals. Progress on goals will be reviewed, evaluated, revised and adjusted for achievement and tracked on this form. All completed forms will be filed in the Family Service File and scanned into Childplus.</p>
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<p>(4)</p>	<p>track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary; and,</p> <p>Assign staff and resources based on the urgency and intensity of identified family needs and goals.</p>	<p>The <b>Family Needs Assessment/Assistance Form</b> initiates the process of needs for each individual family and resources will be assigned by MOU partnerships. This form will be completed at the Family Partnership process and at new goal setting meetings. Staff will fill out, track, revise, and document progress on the <b>Family Service Referral Form</b>. All completed forms will be filed in the Family Service File and scanned into Childplus.</p>
<p>(d)</p>	<p><u>Existing plans and community resources.</u></p> <p>In Implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, in order to avoid duplication of effort.</p>	<p>The <b>Family Development Plan</b> asks families if they have a pre-existing plan, the agency, and the previously established goal. With consent, the Family Service Worker will contact the previous agency if applicable, needed and or requested. FSW will become a member of the partnership team and work collaboratively with both the family and other agencies to support the accomplishments of the family goals.</p>
<p><b>§1302.53</b></p>		
<p>(a)</p> <p>(1)</p>	<p><b>Community partnerships and coordination with other early childhood and education programs.</b></p> <p><u>Community partnerships</u></p> <p>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 families’ needs and family partnership goals, and community needs and resources, as determined by the community assessment.</p>	<p>Our program establishes a memorandum of understanding /partnership agreement with community agencies and organizations that provide services to meet the needs of children and families <b>each grant term</b>.</p>
<p>(2)</p>	<p>A program must establish necessary collaborative relationships and partnerships, with community organizations that may include:</p>	

(i)	Health care providers, including child and adult mental health professionals, Medicaid management care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;	MOU/collaborative partnerships are developed with health care provider, mental health providers, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, and substance abuse treatment providers.
(ii)	Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;	MOU/collaborative partnerships are developed with individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services.
(iii)	Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law;	MOU/collaborative partnerships are developed with family preservation and support services, child protective services and other agencies to which child abuse must be reported.
(iv)	Educational and cultural institutions, such as libraries and museums, for both children and families;	MOU/collaborative partnerships are developed with educational and cultural intuitions and libraries for both children and families.
(v)	Temporary assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings;	MOU/collaborative partnerships are developed with TANF nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education and post-secondary education institutions, and agencies or financial institutions.
(vi)	Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42.U.S.C. 11431 <i>et seq.</i> );	MOU/collaborative partnerships are developed with housing assistance agencies and providers.
(vii)	Domestic violence prevention and support providers; and,	MOU/collaborative partnerships are developed with domestic violence prevention and support providers.

(viii)	Other organizations or businesses that may provide support and resources to families.	MOU/collaborative partnerships are developed with organizations or businesses that provide support and resources to families.
(b)	<p><u>Coordination with other programs and systems</u>  A program must take an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.</p>	Our program will take an active role in promoting coordinated systems of comprehensive services for low-income child and families in the communities. Information shared is kept confidential in accordance with subpart C of part 1303 and applicable federal, state, local laws.
(1)	<p><u>Memorandum of understanding</u>  To support coordination between Head Start and publicly funded preschool programs, a program must enter into a memorandum of understanding with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of the program, as described in section 642(e)(5) of the A</p>	Our program enters into MOU/collaborative partnerships with publicly funded preschool programs in our funded areas.
(2)	<p><u>Quality Rating and Improvement Systems</u>  A program, with the exception of American Indian and Alaska Native programs, must participate in its state or local Quality Rating and Improvement system (QRIS) if:</p>	Follow Standard
(i)	Its state or local QRIS accepts Head Start monitoring data to document quality indicators included in the state’s tiered system;	Follow Standard
(ii)	Participation would not impact a program’s ability to comply with the Head Start Program Performance Standards; and,	Follow Standard

(iii)	The program has not provided the Office of Head Start with a compelling reason not to comply with this requirement.	Follow Standard
(3)	<p><u>Data systems</u></p> <p>A program, with the exception of American Indian and Alaska Native programs unless they would like to and to the extent practicable, should integrate and share relevant data with state education data systems, to the extent practicable, if the program can receive similar support and benefits as other participating early childhood programs.</p>	Our program data system and the State Agency are not compatible.
(4)	<p><u>American Indian and Alaska Native programs</u></p> <p>An American Indian and Alaska Native program should determine whether or not it will participate in the systems described in paragraphs (b)(2) and (3) of this section.</p>	Follow Standard





## 1302 Additional Services for Children with Disabilities

### **Subpart F – Additional Services for Children with Disabilities**

1302.60 Full participation in program services and activities.

1302.61 Additional services for children.

1302.62 Additional services for parents.

1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.

Standard	Performance Standard	Plan of Action
Subpart F	<b>Additional Services for Children with Disabilities</b>	
§1302.60	<p><b>Full participation in program services and activities.</b></p> <p>A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and other families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.</p>	<p>1. Our program will ensure that enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive environment possible and that they fully participate in all program activities.</p>
§1302.61	<b>Additional services for children.</b>	
(a)	<p><u>Additional services for children with disabilities.</u>  Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities. Programs must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42U.S.C. 12101 <i>et seq.</i>), and their implementing regulations.</p>	<p>Follow Standard</p>
(b)	<p><u>Services during IDEA eligibility determination.</u>  While the local agency responsible for implementing IDEA determines a child’s eligibility, a program must</p>	<p>Follow Standard</p>

Standard	Performance Standard	Plan of Action
	<p>provide individualized services and supports, to the maximum extent possible, to meet the child’s needs. Such additional supports may be available through a child’s health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfied the definition of disability in section 705(9)(b) of the Rehabilitation Act. When such supports are not available through alternate means, pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.</p> <p>(c) <u>Additional services for children with and IFSP or IEP.</u> To ensure the individual needs of children eligible for services under IDEA are met, a program must:</p> <p>(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:</p> <p>(i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;</p> <p>(ii) Children are working towards the goals in their IFSP or IEP;</p> <p>(iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other agencies, related service providers and specialists;</p>	
(c)		
(1)		Follow Standard
(i)		Follow Standard
(ii)		1. Teaching staff incorporate a child’s IEP and/or IFSP goals when individualizing instruction.
(iii)		Follow Standard

Standard	Performance Standard	Plan of Action
(iv)	IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,	Follow Standard
(v)	Services are provided in a child’s regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.	Follow Standard
(2)	Plan and implement the transition services described in subpart G of this part, including at a minimum:	Follow Standard
(i)	For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child’s eligibility for services under Part B of IDEA; and,	Follow Standard
(ii)	For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.	Follow Standard
<b>§1302.62</b>	<b>Additional services for parents.</b>	
(a)	<u>Parents of all children with disabilities.</u>	
(1)	A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children’s needs and information and skills to help	1. Parents are encouraged to meet with program staff or classroom teachers <b>and</b> to attend ARD meetings to better understand the needs of their child and <b>to</b> ensure their needs are being met.

Standard	Performance Standard	Plan of Action
<p>(2)</p> <p>(b)</p> <p>(1)</p> <p>(2)</p> <p>(3)</p> <p>(4)</p> <p><b>§1302.63</b></p>	<p>parents understand their child’s disability and how to best support the child’s development;</p>	<p>2. Parents are welcome and invited to take an active role in their child’s education by visiting or volunteering in their child’s classroom.</p>
	<p>A program must assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child’s health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.</p>	<p>1. Program staff will assist parents in <b>accessing</b> services and/or resources.</p>
	<p><u>Parents of children eligible for services under IDEA.</u> For parents of children eligible for services under IDEA, a program must also help parents:</p>	
	<p>Understand the referral, evaluation, and service timelines required under IDEA;</p>	<p>1. Parents are informed of the referral process and time line at the time of the referral.</p>
	<p>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;</p>	<p>1. We encourage parents to attend the ARD meetings to help develop/review their child’s IEP/IFSP goals and progress. 2. Parents are encouraged to invite representatives from Head Start to attend ARD meetings with them.</p>
	<p>Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,</p>	<p>Follow Standard</p>
	<p>Ensure their children’s needs are accurately identified in, and addressed through, the IFSP or IEP.</p>	<p>Follow Standard</p>
<p><b>Coordination and collaboration with the local agency responsible for implementing IDEA.</b></p>		

Standard	Performance Standard	Plan of Action
(a)	A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in §1302.33(a)(3) and through participation in the local agency Child Find efforts.	<ol style="list-style-type: none"> <li>1. We coordinate with the LEA and the early childhood intervention agency to identify children that may be eligible for services as early in the program year as possible.</li> <li>2. We participate in local Child Find efforts.</li> </ol>
(b)	A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.	<ol style="list-style-type: none"> <li>1. We have Memorandums of Understanding (MOUs) with the local education agencies in our service area.</li> </ol>
(c)	A program must participate in the development of the IFSP or IEP if requested by the child’s parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:	<ol style="list-style-type: none"> <li>1. With permission from parents and/or when invited by the LEA, a representative from our program will attend the ARD meetings to:</li> </ol>
(1)	To provide relevant information from its screenings, assessments, and observations to the team developing a child’s IFSP or IEP; and,	<ul style="list-style-type: none"> <li>• Provide relevant information about the child from Head Start’s perspective;</li> </ul>
(2)	To participate in meetings with the local agency responsible for implementing IDEA to develop or review and IEP or IFSP for a child being considered for Head Start enrolment, a currently enrolled child, or a child transitioning from a program.	<ul style="list-style-type: none"> <li>• Help develop or review the IEP or IFSP;</li> </ul>

<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
(d)	A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.	1. A copy of the child's ARD packet/IEP and/or IFSP are filed in the Disability Section of the child's federal file.



## 1302 Transition Services

### **Subpart G – Transition Services**

1302.70 Transitions from Early Head Start.

1302.71 Transitions from Head Start to kindergarten.

1302.72 Transitions between programs.



Standard	Performance Standard	Plan of Action
<p><b>Subpart G</b> <b>§1302.70</b></p>	<p><b>Transition Services</b> <b>Transitions from Early Head Start</b></p> <p>(a) <u>Implementing transition strategies and practices.</u> An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.</p> <p>(b) <u>Timing for transitions.</u> To ensure the most appropriate placement and service following participation in Early Head Start, such programs must, at least six months prior to each child’s third birthday, implement transition planning for each child and family that:</p> <p>(1) Takes into account the child’s developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,</p> <p>(2) Transitions the child into Head Start or another program as soon as possible after the child’s third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child’s third birthday if necessary, for an appropriate transition.</p> <p>(c) <u>Family collaborations.</u> A program must collaborate with parents of Early Head Start children to implement</p>	<ol style="list-style-type: none"> <li>1. The transition meeting will take place no later than 6 months prior to child’s third birthday.</li> <li>2. An <b>“Transition Meeting Letter”</b> will be sent home at least one week prior to the scheduled meeting date.</li> <li>3. The Transition meeting will include completing the <b>“EHS Transition Plan”</b>.</li> <li>4. During the Transition meeting EHS FSW will complete the following steps: <ol style="list-style-type: none"> <li>1. Plan for the child’s next educational placement after Early Head Start.</li> <li>2. Discuss placement options encouraging Head Start placement. Complete Head Start <b>application for the appropriate school year</b>. At this time eligibility will be determined; children will be placed on the income eligible, 130%, or over income waiting list.</li> <li>3. <b>EHS FSW will set goals and action strategies with families when they do not qualify for the program or Head Start does not have opening.</b> The EHS FSW will distribute pertinent information and resources for next educational placement.</li> <li>4. <b>Parents will give permission to share information about their child such as:</b> <ol style="list-style-type: none"> <li>a. IFSP</li> <li>b. Health Information/Medical Information/plans</li> <li>c. Food Allergies</li> <li>d. Developmental Screening done at 30 months(D-Check)</li> </ol> </li> </ol> </li> <li>5. <b>EHS FSW will complete a “Early Head Start Transition Tracking”</b> and copy will be sent to the ERSEA Manager at the <b>end of the month.</b></li> </ol>

Standard	Performance Standard	Plan of Action
	<p>strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child’s progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.</p> <p>(d) <u>Early Head Start and Head Start collaboration.</u> Early Head Start and Head Start programs must work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in subpart A, and promote successful transitions through collaboration and communication.</p> <p>(e) <u>Transition services for children with an IFSP.</u> A program must provide additional transition services for children with an IFSP, at a minimum, as described in subpart F of this part.</p>	
<p><b>§1302.71</b></p>	<p><b>Transitions from Head Start to kindergarten.</b></p> <p>(a) <u>Implementing transition strategies and practices.</u> A program that serves children who will enter kindergarten in the following year must implement transition strategies to support a successful transition to kindergarten.</p> <p>(b) <u>Family collaborations for transitions.</u></p> <p>(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</p>	<ol style="list-style-type: none"> <li>1. HS FSW will involve parents in the kindergarten transition process throughout the program year in a variety of ways to help parents exercise their rights and responsibilities concerning their child’s education and placement in the elementary school.</li> <li>2. HS FSW will encourage parents, as their child’s advocate, to be involved in their child’s Head Start experience and to advocate for their child throughout their experience in Head Start and into public school.</li> <li>3. Kindergarten teachers and administrators will be invited to visit Head Start programs to interact with children and/or attend parent meetings.</li> </ol>

Standard	Performance Standard	Plan of Action
	<p>their continued involvement in the education and development of their child.</p> <p>(2) At a minimum, such strategies and activities must:</p> <p>(i) Help parents understand their child’s progress during Head Start;</p> <p>(ii) 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;</p> <p>(iii) 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</p> <p>(iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate I decisions related to their children’s education.</p> <p>(c) <u>Community collaborations for transitions.</u> (1) A program must collaborate with local education agencies to support family engagement under section 642(b)(13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote</p>	<p>4. Elementary principals and kindergarten teachers will be invited to speak at the parent meeting in May.</p> <p>5. Starting in April the FSW will schedule a transition meeting with parents of children transitioning to kindergarten to complete the “<b>Head Start Transition Plan-Kindergarten</b>”. At this time, we will provide parents with kindergarten transition packet.</p> <p>6. Parents will decide what information will be shared about their child with next placement:</p> <ul style="list-style-type: none"> <li>a. IEP</li> <li>b. Health Information/Medical Information/plans</li> <li>c. Food Allergies</li> <li>d. Developmental Screening</li> <li>e. Behavior Observation notes</li> </ul> <p>7. A copy of the “<b>Head Start Transition Plan-Kindergarten</b>” is sent to the ERSEA Manager.</p> <p>1. Head Start teachers will collaborate with the local education agency and kindergarten teachers to implement strategies and activities that promote successful transitions into Kindergarten.</p>

Standard	Performance Standard	Plan of Action
	<p>successful transitions to kindergarten for children, their families, and the elementary school.</p> <p>(2) At a minimum, such strategies and activities must include:</p> <p>(i) Coordination with schools or other appropriate agencies to ensure children’s relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in subpart C of 1303 of this chapter;</p> <p>(ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in subpart C of part 1303 of this chapter; and,</p> <p>(iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.</p> <p>(3) A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and school districts to enroll children in such programs, as appropriate.</p> <p>(d) <u>Learning environment activities.</u> A program must implement strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, include approaches that familiarize children with the</p>	<p>N/A Will follow standard if summer school programming is available.</p> <p>1. Teachers will read books relating to kindergarten so that children will build background knowledge and become familiar with expectations.</p>

Standard	Performance Standard	Plan of Action
(e)	<p>transition to kindergarten and foster confidence about such transition.</p> <p><u>Transition services for children with an IEP.</u> A program must provide additional transition services for children with an IEP, at a minimum, as described in subpart F of this part.</p>	<ol style="list-style-type: none"> <li>2. Teachers will implement strategies and activities to promote a successful transition to kindergarten.</li> <li>3. Teachers will provide Kindergarten transition activities as School to Home Connection and encourage parents to help their children with the activities.</li> <li>4. Teachers will talk positively about starting kindergarten and discuss kindergarten expectations and how they will be different and/or similar to their Head Start experiences.</li> <li>5. When appropriate, visit their kindergarten location and participate in their daily activities.</li> </ol>
<p><b>§1302.72</b></p> <p>(a)</p> <p>(b)</p> <p>(c)</p>	<p><b>Transition between programs.</b></p> <p>For families and children who move out of the community in which they are currently served, including homeless families and foster children, a program must undertake efforts to support effective transitions to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.</p> <p>A program that serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in §1302.71(b) and (c)(1) and (2), as practicable and appropriate.</p> <p>A migrant or seasonal Head Start program must undertake efforts to support effective transitions to</p>	<ol style="list-style-type: none"> <li>1. Children who move within the Concho Valley Council of Governments service area will be allowed to transfer under current income if slot is available. When slots are not available, they will have to complete a new application and will be placed on appropriate Waiting List.</li> <li>2. FSW will assist families who move outside our service area to identify other early childhood programs.</li> <li>1. Our program will share applicable records when appropriate, with parent(s) consent.</li> </ol>

<b>Standard</b>	<b>Performance Standard</b>	<b>Plan of Action</b>
	other migrant or seasonal Head Start or, if appropriate, Early Head Start or Head Start programs for families and children moving out of the community in which they are currently served.	N/A



# Part 1302 Human Resources Management

## **Subpart I – Human Resources Management**

- 1302.90 Personnel Policies.
- 1302.91 Staff qualifications and competency requirements.
- 1302.92 Training and professional development.
- 1302.93 Staff health and wellness.
- 1302.94 Volunteers.

Standard	Performance Standard	Plan of Action
Subpart I	<b>Human Resources Management</b>	
<p><b>§1302.90</b></p> <p>(a)</p> <p>(b)</p> <p>(1)</p> <p>(i)</p> <p>(ii)</p>	<p><b>Personnel policies.</b></p> <p><u>Establishing personnel policies and procedures.</u> A program must establish written personnel policies and procedures that are approved by the governing body and policy council or policy committee and that are available to all staff.</p> <p><u>Background checks and selection procedures.</u></p> <p>Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following:</p> <p>State or tribal criminal history records, including fingerprint checks; or,</p> <p>Federal Bureau of Investigation criminal history records, including fingerprint checks.</p>	<p><b>Hiring Procedures:</b></p> <ol style="list-style-type: none"> <li>1. As soon as a position becomes available, we advertise on INDEED, CVCOG Website, Texas Workforce Website, and post flyers throughout the communities and Head Start Centers. Also advertise by word of mouth, newspaper, and other job boards as necessary.</li> <li>2. All applicants will be listed on the “<b>Employee Screening Tool</b>”.</li> <li>3. Before a person is hired, directly or through contract a program must verify a total of <b>2-3</b> personal or job-related references;</li> <li>4. Before a person is hired, directly or through contract a program must conduct an interview unless otherwise directed by Program Director; Policy Council screening committee members will be invited to participate in the screening and interview process.</li> <li>5. HR provides recommendation letter for hire to the CVCOG Executive Director and Finance Director for approval;</li> <li>6. HR provides applicant with offer letter contingent to meeting program requirements and policy council approval;</li> <li>7. Conduct the Central Registry Check, DFPS and FBI Check.</li> <li>8. Once applicant receives fingerprint notification (portion of the FBI check) applicant must set up an appointment and notify HR of appointment to pay for the fingerprints.</li> <li>9. Head Start Administration will receive eligible, ineligible, provisional status or risk evaluation (see Risk Evaluation Process on pg 2.) and forward to HR;</li> <li>10. Complete USDA Authentication</li> <li>11. Upon return of eligible status establish hire date and complete new hire paperwork.</li> </ol>



Standard	Performance Standard	Plan of Action
<p>(2)</p> <p>(i)</p> <p>(ii)</p> <p>(3)</p> <p>(4)</p> <p>(5)</p>	<p>A program has 90 days after an employee is hired to complete the background check process by obtaining:</p> <p>Whichever check listed in paragraph (b)(1) of this section was not obtained prior to the date of hire; and,</p> <p>Child abuse and neglect state registry check, if available.</p> <p>A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and must use Child Care Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(d) and 42 U.S.C. 9858(h)(1) or tribal disqualifications factors to determine whether the prospective employee can be hired or the current employee must be terminated.</p> <p>A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process described in paragraphs (b)(1) through (3) of this section is complete.</p> <p>A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years which must include each of the four checks listed in paragraphs (b)(1) and (2) of this section, and review and make employment</p>	<p>12. If a risk evaluation is required see Risk Evaluation Procedure.</p> <p>13. Next available policy council meeting present change form including all new hires, and status changes for approval.</p> <p>14. For those not approved by Policy council, employment will terminate immediately.</p> <p>Not Applicable</p> <p><b>Background Requirements:</b></p> <p>1. We review the completed background checks to ensure there are no disqualifying factors before the prospective applicant is hired.</p> <p>Risk Evaluation Procedure</p> <p>1. Programs will ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process is complete. Upon notification of risk evaluation, programs will know if the employee, consultant, or contractor are allowed around or not allowed around children.</p> <p>2. Applicant has 5 business days to complete their portion of the risk evaluation process.</p> <p>3. Continuation of contingent employment will be decided on by the Head Start Director by the end of 15 business days.</p> <p>1. HR will monitor when initial background checks are submitted. Within 60 days of a background check reaching the 5 year mark, HR will submit a new check via the CVCOG Head Start Background check process. Upon return of eligible, ineligible, provisional, or notification of Risk</p>

Standard	Performance Standard	Plan of Action
	<p>decisions based on the information as described in paragraph (b)(3) of this section, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.</p>	<p>Evaluation, Head Start Admin will notify HR for record retention and notification of continuation or termination of employment.</p> <p>*Per CVCOG Policy, Employees are required to report any arrest or incarceration as soon as possible, following an incident. Depending on the offense and potential negative impact on CVCOG’s position in the community, CVCOG reserves the right to apply the disciplinary process up to and including suspension or termination during the incarcerated time period or during an investigation. If a resulting guilty charge or verdict does not meet CVCOG or Head Start background requirements, CVCOG will process a termination.</p>
(6)	<p>A program must consider current and former program parents for employment vacancies of which such parents apply and are qualified.</p>	<p>1. We will consider current and former program parents for employment vacancies for which such parents apply and are qualified. Applicants will have the opportunity to voluntarily identify if they are a parent on the application.</p>
(c)	<p><u>Standards of conduct.</u></p>	
(1)	<p>A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that:</p>	
(i)	<p>Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior</p>	<p>1. We will have all staff, consultants, contractors, and volunteers sign and abide by the program’s <b>Standard of Conduct</b> and <b>Code of Conduct and Professional Ethics</b>.</p>
(ii)	<p>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:</p>	<p>2. There will be ongoing monitoring to ensure the standards of conduct are being met. 3. There will be training on Conscious Discipline at pre-service and throughout the year by Site Supervisors.</p>

Standard	Performance Standard	Plan of Action
(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;	
(iii)	Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;	
(iv)	Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about	1. We will have staff, consultants, contractors, and volunteers sign and abide by the program's <b>Confidentiality of Policies and Procedures.</b>

Standard	Performance Standard	Plan of Action
	<p>children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and,</p>	
(v)	<p>Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers wild under their care.</p>	
(2)	<p>Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.</p>	<p>1. The <b>Standard of Conduct, Code of Conduct and Professional Ethics, and Confidentiality of Policies and Procedures</b> all include a statement that if violated it may result disciplinary action including termination.</p>
(d)	<p><u>Communication with dual language learners and their families.</u></p>	
(1)	<p>A program must ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and we are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extend feasible, with families with limited English proficiency.</p>	<p>1. We ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in our program.  2. We ensure we are able to serve and effectively communicate, either directly or through interpretation and translation.  If the majority of children in a class speak the same language, at least one class staff member will speak the same language, when available.</p>
(2)	<p>If a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language.</p>	<p>1. Head Start Administration verifies initial required trainings with site supervisors within 5 business days of employment to ensure all staff, consultants, and contractors engaged in the delivery of program services have the knowledge, training, experience and competencies to fulfill the roles and responsibilities of their position to ensure high-quality service delivery in accordance with the program performance standards.</p>

Standard	Performance Standard	Plan of Action
<p><b>§1302.91</b></p> <p>(a)</p> <p>(b)</p> <p>(c)</p>	<p><b>Staff qualifications and competency requirements.</b></p> <p><u>Purpose.</u> A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their position to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.</p> <p><u>Early Head Start or Head Start director.</u> A program must ensure an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.</p> <p><u>Fiscal officer.</u> 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.</p>	<p>2. We will provide professional development and ongoing training to support staff in fulfilling their roles and responsibilities.</p> <p>Follow standard</p> <p>Follow standard</p> <p>Follow standard</p> <p>Follow standard</p>

Standard	Performance Standard	Plan of Action
(d)	<p><u>Child and family services management staff qualification requirements.</u></p> <p>(1) <u>Family, health, and disabilities management.</u> A program must ensure staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the of the disciplines they oversee.</p> <p>(2) <u>Education management.</u> As prescribed in section 648A(A)(2)(B)(i) of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialist, have a baccalaureate or advanced degree in childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.</p>	
(e)	<p><u>Child and family services staff.</u></p> <p>(1) <u>Early Head Start center-based teacher qualification requirements.</u> As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood with a focus on infant and toddler development.</p>	<ol style="list-style-type: none"> <li>1. Our objective is to hire Early Head Start teachers that provide direct services to infants and toddlers who have the qualifications outlined in 645A(h) of the Head Start Act.</li> <li>2. An Early Head Start teacher or applicant for teacher, may have a preschool CDA upon hiring, and must complete 3 college credit hours, 5 CEUs or 50 clocks of training specific to infant and toddler development within 45 days.</li> <li>3. If we have attempted unsuccessfully to recruit a classroom teacher without credentials, we may hire a classroom teacher with the understanding that a CDA or a state-awarded certificate will be obtained within one year.</li> </ol>

Standard	Performance Standard	Plan of Action
(2)  (i)  (ii)	<p><u>Head Start center-based teacher qualification requirements.</u></p> <p>The Secretary must ensure no less than fifty percent of all Head Start teachers, nationwide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework.</p> <p>As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.</p>	<ol style="list-style-type: none"> <li>1. Our objective is to hire Head Start teachers who have the qualifications outlined in 648A(a)(3)(B); an associate's or bachelor's degree in child development or early childhood education, or equivalent coursework.</li> <li>2. If an applicant for teacher does not have a degree in child development or early childhood education, they could have an associate's or bachelor's degree in a related field and coursework equivalent to a major relating to early childhood education with experience teaching preschool age children.</li> <li>3. Coursework equivalent to a major (18 college credit hours) related to early childhood education includes but is not limited to courses that focus on child development, early childhood education and curriculum, early childhood teaching and assessment, psychology, family development, health and physical development, mathematics, science and children's literature.</li> <li>4. Each applicant for teacher will be asked to provide a copy of their degree certification and/or if applicable, will provide copies of their college transcripts, course descriptions and/or syllabi to determine that their courses address early childhood education or child development with a focus on children ages 3 to 5.</li> <li>5. If we have attempted unsuccessfully to recruit a classroom teacher who has an associate's degree or a bachelor's degree, we will ensure each Head Start classroom has a teacher who has a minimum a CDA credential or a state-awarded certificate for preschool teachers that meet or exceed the requirements for a CDA credential and is enrolled in an associate's degree program. We will request a waiver from our regional office for these teachers.</li> <li>6. If we have attempted unsuccessfully to recruit a classroom teacher without credentials, we may hire a classroom teacher with the understanding that a CDA or a state-</li> </ol>

Standard	Performance Standard	Plan of Action
(3)	<p><u>Head Start teacher assistant qualification requirements.</u> As prescribed in section 648A(a)(2)(B)(ii) of the Act, a program must ensure Head Start teacher assistant, at a minimum, have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years.</p>	<p>awarded certificate will be obtained within one year and they must enroll in an institution that offers an associate degree in Early Childhood Education. We will request a waiver from regional office for these teachers.</p> <ol style="list-style-type: none"> <li>1. Our objective is to hire Head Start teacher assistant who have the qualification outlined in 648A(2)(B)(ii) of the Head Start Act.</li> <li>2. If a teacher assistant does not have a Child Development Credential at the time they are hired, they must obtain their CDA no later than 2 years from their hire date.</li> </ol> <p>Not Applicable</p>
(4)	<p><u>Family child care provider qualification requirements.</u></p>	<p>Not Applicable</p>
(i)	<p>A program must ensure family child care providers have previous early child care experience and, at a minimum, are enrolled in a Family Child Care CDA program or state equivalent, or an associate's or baccalaureate degree program in child development or early childhood education prior to beginning service</p>	<ol style="list-style-type: none"> <li>1. Teachers and Teacher Assistants are provided training on effective and nurturing teacher-child interactions and they are observed at least 2 times a year using the Classroom Assessment Scoring System.</li> <li>2. Teachers and Teacher Assistants are provided training on planning and implementing lesson plans guided by our curriculum.</li> </ol>





Standard	Performance Standard	Plan of Action
(ii)	<p>Have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate’s or bachelor’s degree; and,</p> <p>Demonstrate competency to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children’s progress across the standards described in the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u>, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families.</p>	
(7)	<p><u>Family services staff qualification requirements.</u> A program must ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.</p>	Follow Standard
(8)	<p><u>Health professional qualification requirements.</u></p>	
(i)	<p>A program must ensure health procedures are performed only by a licensed or certified health professional.</p>	Follow Standard
(ii)	<p>A program must ensure all mental health consultants are licensed or certified mental health professionals, A program must use mental health consultants with knowledge of and experience in serving young children and families, if available in the community.</p>	Follow Standard

Standard	Performance Standard	Plan of Action
(iii)	A program must use staff or consultants to support nutrition services who are registered dietitians or nutritionists with appropriate qualifications.	Follow Standard
(f)	<u>Coaches.</u> A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.	Follow Standard
<b>§1302.92</b>	<b>Training and professional development.</b>	
(a)	A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the way, they are implemented.	Follow Standard
(b)	A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:	Follow Standard
(1)	Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, and professional development must meet the requirements described in section 648A(a)(5) of the Act.	Follow Standard
(2)	Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws;	Follow Standard

Standard	Performance Standard	Plan of Action
(3)	Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;	
(4)	Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child family outcomes; and,	
(5)	Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in <u>Head Start Family Learning Outcomes Framework: Ages Birth to Five</u> , partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.	<ol style="list-style-type: none"> <li>1. We will provide practiced based coaching to education staff that needs individual, intensive support.</li> <li>2. All education staff receives ongoing professional development support throughout the year and opportunities to meet with peers and observe modeling in the classroom; management staff also provides onsite visits to provide instruction and modeling.</li> </ol>
(c)	A program must implement a research-based, coordinated coaching strategies for education staff.	<ol style="list-style-type: none"> <li>1. We will provide practice-based coaching for education staff when appropriate.</li> </ol>
(1)	Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;	<ol style="list-style-type: none"> <li>1. All education staff will complete a <b>Needs Assessment</b> at the beginning of the school year and again at the beginning of the spring semester.</li> </ol>
(2)		

Standard	Performance Standard	Plan of Action
(3)	At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals;	1. We will implement Practiced Based Coaching; which is establishing collaborative partnerships, shared goals and action planning, focused observations, reflection and feedback, and review and practice, for those teaching staff with an identified need and if, applicable new teachers in our program.
(4)	At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;	1. We will provide professional development opportunities for teaching staff not identified for intensive coaching. 2. All teaching staff will receive ongoing professional development, support throughout the year and opportunities to meet with peers and onsite visits from management staff to provide instruction and modeling.
(i)	Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:	Follow Standard
(ii)	Align with the program’s school readiness goals, curricula, and other approaches to professional development;	Follow Standard
(iii)	Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;	Follow Standard
(iv)	Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,	Follow Standard
	Include clearly articulated goals informed by the program’s goals, as described in §1302.102, and a process for achieving those goals; and,	<b>Policy:</b> 1. We have an established agreement. <b>“See Coaching Agreement”</b> .

Standard	Performance Standard	Plan of Action
<p>(5)</p> <p>(d)</p> <p><b>§1302.93</b></p> <p>(a)</p> <p>(b)</p>	<p>Established policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.</p>	<p>1. Our Coaching Implementation Plan states that assessment results for staff identified as needing support are not used to solely determine punitive actions; staff are provided time and support for improvement.</p>
	<p>If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaptation adequately supports staff professional development, consistent with the process laid out in subpart J of this part.</p>	<p>Follow Standard</p>
	<p><b>Staff health and wellness.</b></p> <p>A program must ensure each staff member has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements, that include screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.</p>	<p>1. Staff must have an Initial Physical and TB test before entering the classroom.</p> <p>2. Physicals are renewed every 3 years.</p> <p>3. TB test are renewed annually.</p>
		<p>1. We have a Mental Health Professional on contract.</p>

Standard	Performance Standard	Plan of Action
<p><b>§1302.94</b></p> <p>(a)</p> <p>(b)</p>	<p>A program must make mental health and wellness information available to staff regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.</p> <p><b>Volunteers.</b></p> <p>A program must ensure regular volunteers have been screened for appropriate communicable diseases in accordance with state, tribal or local laws. In the absence of state, tribal, and local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings.</p> <p>A program must ensure children are never left alone with volunteers.</p>	<p>1. Volunteers are required to get a TB test if they volunteer 8 hours a week or more.</p> <p>1. Regular volunteers will never be left alone with children unless they are trained as caregivers.</p>

***Concho Valley Council of  
Governments  
Christoval Head Start***

***EMERGENCY RESPONSE PLAN***



20065 3<sup>rd</sup>. St.  
Christoval, TX 76935

Updated July 2022

**For Official Use Only**



# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

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# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **II. INTRODUCTION**

### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **C. Plan Maintenance:**

1. An emergency planning committee will be established consisting of site staff from the following disciplines. (Select as appropriate)

- |                      |                            |
|----------------------|----------------------------|
| Director             | Food Service staff         |
| Office Staff         | Monitor / Safety personnel |
| Maintenance          | Teachers / Caregivers      |
| Parents / Volunteers |                            |

2. In addition to site personnel, the planning committee should also seek assistance from the following local agencies:

- |                      |                          |
|----------------------|--------------------------|
| Law Enforcement      | Fire / Emergency Medical |
| Emergency Management | County Health Department |

3. This plan shall be reviewed and updated annually and when changes are deemed necessary because of a response drill or emergency. The update shall be documented in the Plan Review Appendix E.

4. The completed plan will be signed by the persons identified on the Approval Statement (next page).

5. A copy of this plan will be filed at the Concho Valley Council of Governments administrative office, with Health Manager.

6. The original plan will be kept at the Head Start Center.

## **D. Approval Statement:**

The Center Safety Plan for Christoval Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

<hr style="border: 1px solid black;"/>	<hr style="border: 1px solid black;"/>
Executive Director	Agency Director
Date	Date
<hr style="border: 1px solid black;"/>	<hr style="border: 1px solid black;"/>
Health Manager	State Collaborator
Date	Date

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **D. Approval Statement:**

The Center Safety Plan for Christoval Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____ Site Administrator	_____ Date	_____ Law Enforcement	_____ Date
_____ Fire / EMS (if applicable)	_____ Date	_____ Local Emergency Management (if applicable)	_____ Date
_____ County Health Department (If applicable)	_____ Date	[ _____ ] other	_____ Date

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **III. BASIC PLAN**

### **A. Situation:**

1. The center sits on at [20065 3<sup>rd</sup>. St]. The site consists of [1] buildings. There is an Average Daily Membership of [20 children] and [3] staff members. Hazards of the center grounds buildings and surrounding community includes none.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### **B. Assumptions;**

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### **C. Command and Communications:**

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The County Judge (Judge Steve Floyd) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Tom Green County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **F. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written “Crisis Summary Report” analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **G. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program’s ability to conduct normal business.



**EMERGENCY PROCEDURES  
ANNEXES**

# **CRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup> St., Christoval, TX 76935, 325-896-7281***)
- Call Animal Control {325-653-8056 / *Humane Society of Tom Green County*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT

### Upon receiving a message that a bomb has been planted in center:

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281)***

### Evacuation procedures:

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to Christoval High School, 20454 Toe Nail Trail Road if weather is inclement or building is damaged. Primary relocation center  
*(500 feet is general rule. Consult with local bomb disposal unit)*
- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT CHECKLIST

**Description Detail Report**

**Questions to ask:**

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?

Exact wording of the threat: \_\_\_\_\_

**Callers Voice - Circle as applicable:**

- |            |                   |
|------------|-------------------|
| • Calm     | • Nasal           |
| • Angry    | • Stutter         |
| • Excited  | • Lisp            |
| • Slow     | • Raspy           |
| • Rapid    | • Deep            |
| • Soft     | • Ragged          |
| • Loud     | • Clearing Throat |
| • Laughter | • Deep Breathing  |
| • Crying   | • Cracked Voice   |
| • Normal   | • Disguised       |
| • Distinct | • Accent          |
| • Slurred  | • Familiar        |

If voice is familiar, whom did it sound like?

**Background Sounds:**

- |                 |                     |
|-----------------|---------------------|
| • Street Noises | • Factory Machinery |
| • Animal Noises | • Voices            |
| • Clear         | • PA System         |
| • Static        | • Local Call        |
| • Music         | • Long Distance     |
| • House Noises  | • Phone Booth       |
| • Motor         | • Office Machinery  |
| • Other _____   |                     |

Sex of Caller: \_\_\_\_\_ Race: \_\_\_\_\_

Length of call: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

**Notes:**

**Threat Language:**

- |                              |                |
|------------------------------|----------------|
| • Well Spoken (educated)     |                |
| • Incoherent                 | • Taped        |
| • Foul                       | • Message read |
| • Irrational by threat maker |                |

Remarks: \_\_\_\_\_

***CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN***

**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

# **CRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **E. EVACUATION**

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to Christoval High School, 20454 Toe Nail Trail Road relocation center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

### **1. Teachers / Teachers Assistances:**

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

### **2. Relocation Centers**

List primary and secondary student relocation centers: (Site Supervisor, Teacher's & Teacher's Aides will transport children if necessary.)

#### Primary Relocation Center

Christoval High School  
20454 Ranch Rd. / 325-896-2520

#### Secondary Relocation Center

The Baptist Church  
20085 Toe Nail Trail Road/325-896-2757

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Christoval ISD if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.



# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **G. GAS LEAK**

### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Christoval ISD, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to Christoval ISD, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# **CRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **H. GENERAL EMERGENCY**

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **I. HAZARDOUS MATERIALS EVENT**

### **Incident occurred in center:**

- Call 911. (*Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281*)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **J. INFECTION CONTROL ACTIONS**

### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov / flu / school /](http://www.cdc.gov/flu/school/) and [www.healthykids.us / cleanliness.htm.](http://www.healthykids.us/cleanliness.htm))

### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov / od / oc / media / pressrel / r060223.htm.](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm))

### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov / flu / protect / preventing.htm.](http://www.cdc.gov/flu/protect/preventing.htm))

### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us / chapters / sick\\_main.htm.](http://www.healthykids.us/chapters/sick_main.htm))

### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## K. INTRUDER / HOSTAGE

### Intruder- An unauthorized person who enters Center property:

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

### Hostage:

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

### If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

**\*Consider using a verification code to authenticate any all-clear signal\***

(This is a specific word or phrase that is used prior to giving the all-clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## M. MEDICAL EMERGENCY

### Incident in center:

- Call 911 (if necessary). (*Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup>. St., Christoval, TX 76935, 325-896-7281*)
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### Incident outside of center:

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### Post-crisis intervention:

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File



***CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN***

**N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## P. SUICIDE

### Suicide Attempt in Center:

- Verify information.
- Call 911. (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup> St., Christoval, TX 76935, 325-896-7281***)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower-level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. **(Do not use basements or low-lying areas)**
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. **(Do not use basements or low-lying areas)**
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of an imminent blast nearby:

- Move students and staff to specifically identified basement or lower-level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

### If the center is the target:

- Evacuate to pre designated off site location(s)

## **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup> St., Christoval, TX 76935, 325-896-7281***)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **S. WEATHER**

### **Severe Weather Watch has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

### **Severe Weather Warning has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **A. STAFF ASSIGNMENTS**

### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Christoval Head Start, 20065 3<sup>rd</sup> St., Christoval, TX 76935, 325-896-7281***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.



# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
Teacher 1	X	X	X	X	X	X
Teacher's Aide	X	X	X	X	X	X

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **C. EQUIPMENT INVENTORY**

### **-INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-**

#### **INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY**

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## D. DRILL LOG

Texas Dept of Family  
and Protective Services

### FIRE SAFETY PRACTICES

Form 7263  
May 2011

LOCATION OF FIRE EXTINGUISHERS

SEVERE WEATHER DRILLS (Every 3 Mos.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

RELOCATION SITE FOR CHILDREN  
AND STAFF AFTER EVACUATING  
OPERATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

MONTHLY FIRE EXTINGUISHER CHECKS				FIRE DRILLS			Smoke Alarm Detector	CO Detector Test
Month	Date	Staff Initial	Person In Charge	Date & Time	Exit Time	Staff Initial	Date	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

FIRST AID KIT  
LOCATION(S) \_\_\_\_\_

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM - CHECK BATTERIES OPERATION**

INSPECTIONS: FIRE: \_\_\_\_\_ HEALTH: \_\_\_\_\_ GAS: \_\_\_\_\_



# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Director	325-944-9666
Education, Mental Health, & Disability Manager	325-944-9666
Health, Nutrition & Parent Involvement Manager	325-944-9666
Facilities, ERSEA & Family & Community Manager	325-944-9666
Administrative Assistant	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-658-1511
Health Department	325-657-4214
County Emergency Agency	325-655-8111
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	325-655-5637
Water Company	325-896-2499
Electric Company	325-651-5543
State Collaborator	325-223-6892

# **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## **CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## H. Public Information Release

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

- The (students / employees) [(are being) or (have been)] accounted for.
- No further information is available at this time.
- Emergency medical services [(are here) or (are on the way) or (are not available to us)].
- Police [(are here) or (are on the way) or (are not available to us)].
- Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].
- \_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].
- Communication center(s) for parents (is / are) being set up at \_\_\_\_\_ to answer questions about individual students.
- Communication center(s) for families (is / are) being set up at \_\_\_\_\_ to answer questions about individual employees.
- Injuries have been reported at \_\_\_\_\_ and are being treated at the site by (Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.
- Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom teachers / staff) or ( \_\_\_\_\_ )].
- (#) Students have been taken to the local emergency room for treatment of serious injury. Parents of injured students should go to the emergency room at \_\_\_\_\_
- (#) Confirmed deaths have been reported at \_\_\_\_\_ Names cannot be released until families have been notified.
- Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_  
Date / Time: \_\_\_\_\_



# ***CRISTOVAL HEAD START EMERGENCY RESPONSE PLAN***

## **I. STAFF ROSTER**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.

# **CRISTOVAL HEAD START EMERGENCY RESPONSE PLAN**

## **J. CENTER MAPS**

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

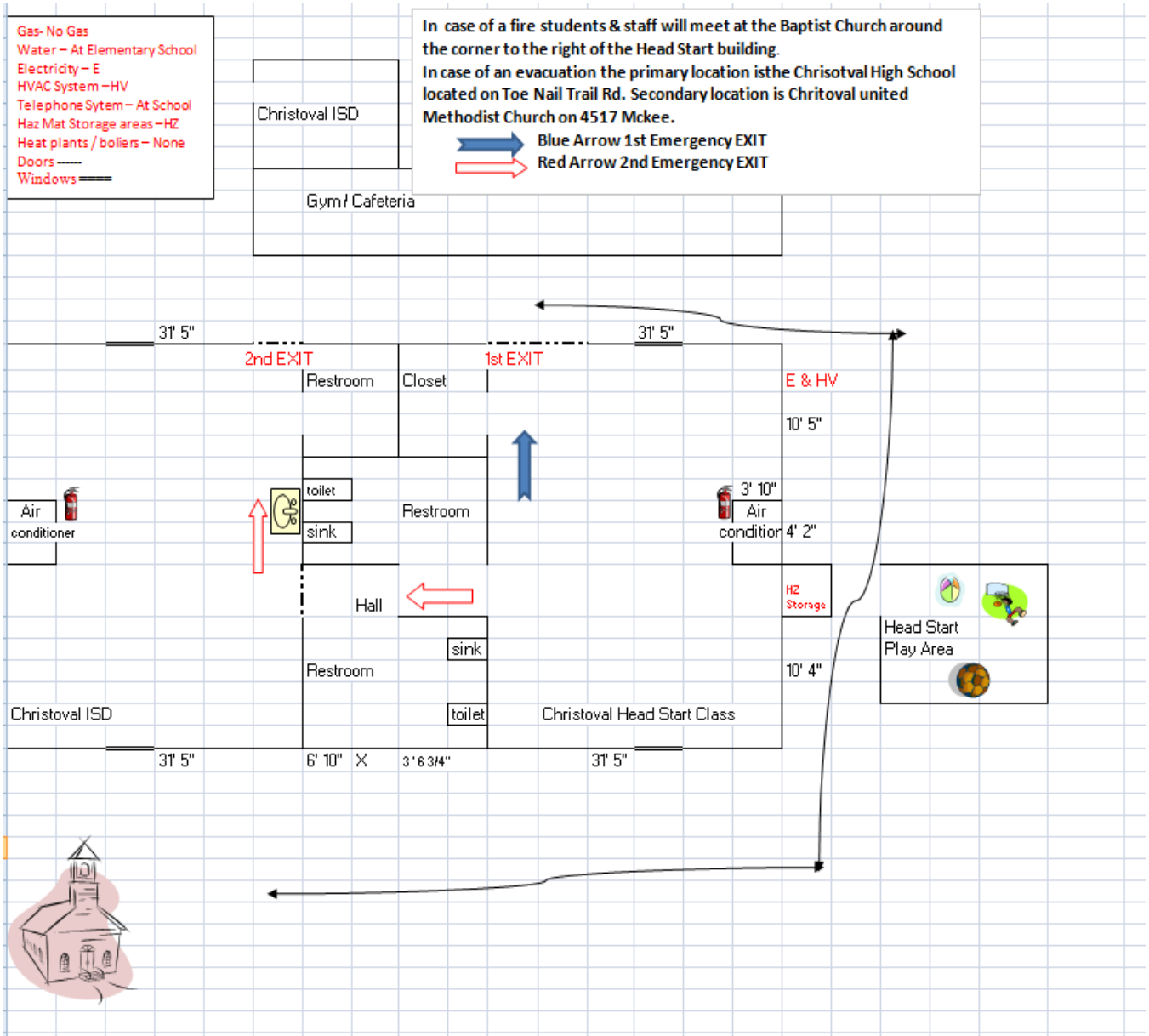
**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

### **NOTE:**

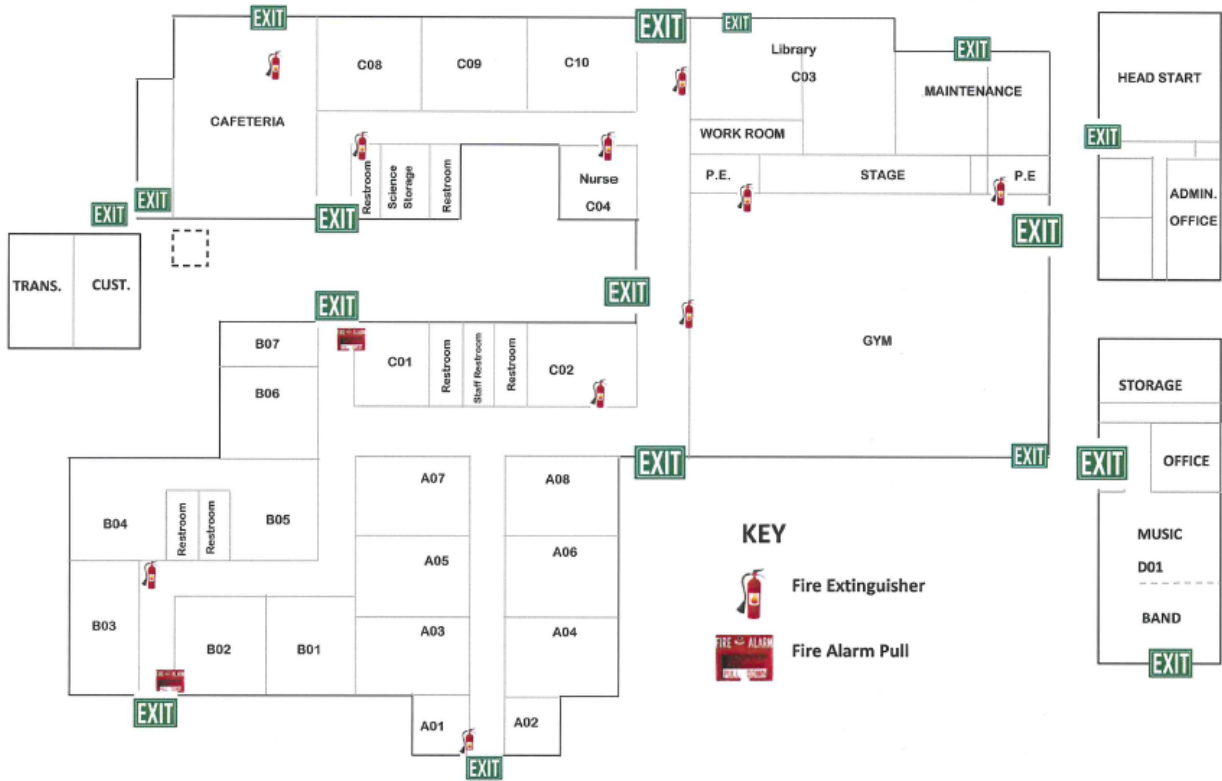
It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN



# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## Christoval Elementary



# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## K. MEDIA

### All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	<u>Carolina Raymond</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Site Supervisor</u>
	Title

Alternate Public Information person	<u>Teacher</u>
	Title

### During an emergency, adhere to the following procedures:

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say "No comment"**.
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

### Media statement

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center's plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## L. SITE STATUS REPORT

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

### **EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

### **STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:
*For communicable diseases, all parents must be notified.			
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident *(Section not used for incidences of communicable disease or illnesses.)*

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

Form 7239  
Page 2 / 05-2021-E

## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s): <input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation: <input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____






## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____



# CHRISTOVAL HEAD START EMERGENCY RESPONSE PLAN

## MULTI-HAZARD REFERENCE GUIDE

<p style="text-align: center;"><b>Tornado</b></p> <p style="text-align: center;"><b>Bad Weather</b></p>	<p><b>DO THIS:</b></p> <ul style="list-style-type: none"> <li>• Duck, Cover, and Hold!</li> <li>• Stay under table and chairs until shaking or noise stops.</li> <li>• Stay away from windows.</li> <li>• Do NOT pry open doors/windows.</li> <li>• Check for safest evacuation route.</li> </ul>	 <p style="text-align: center;"><b>Tornado</b></p>
<p style="text-align: center;"><b>WHEN YOU HEAR</b></p> <p style="text-align: center;"><b>FIRE ALARM</b> <b>OR</b> <b>ANNOUNCEMENT</b></p>	<p><b>DO THIS:</b></p> <ul style="list-style-type: none"> <li>• Stop! Check for safest route.</li> <li>• Go upwind from odor or smoke.</li> <li>• Evacuate to safest assembly area.</li> </ul> <p><b>WHAT YOU NEED:</b></p> <ul style="list-style-type: none"> <li>• Clipboard</li> <li>• Class Roster</li> <li>• Personal Belongings</li> </ul>	 <p style="text-align: center;"><b>EVACUATION</b></p>
<p style="text-align: center;"><b>WHEN YOU HEAR</b></p> <p style="text-align: center;"><b>“Armed Intruder”</b></p> <p style="text-align: center;"><b>“Threat”</b></p>	<p><b>DO THIS:</b></p> <ul style="list-style-type: none"> <li>• Close windows; lock doors.</li> <li>• Turn out lights.</li> <li>• Instruct students to sit on floor away from windows/ doors in small groups.</li> <li>• Do not release students; do not admit students.</li> <li>• Students should not use telephones, cell phones, or intercom system.</li> </ul>	 <p style="text-align: center;"><b>Threat</b></p>
<p style="text-align: center;"><b>WHEN YOU HEAR</b></p> <p style="text-align: center;"><b>“SHELTER-IN-PLACE”</b></p>	<p><b>DO THIS:</b></p> <ul style="list-style-type: none"> <li>• Close windows and doors.</li> <li>• Instruct students to only sit at desks.</li> <li>• Do not release students.</li> <li>• <i>Changes will be communicated.</i></li> </ul>	 <p style="text-align: center;"><b>SHELTER IN PLACE</b></p>
<p style="text-align: center;"><b>WHEN YOU HEAR</b></p> <p style="text-align: center;"><b>“ALL CLEAR”</b></p>	<p><b>DO THIS:</b></p> <ul style="list-style-type: none"> <li>• Return to regular schedule.</li> </ul>	 <p style="text-align: center;"><b>ALL CLEAR</b></p>

***Concho Valley Council of  
Governments  
Day Head Start &  
Early Head Start***

***EMERGENCY RESPONSE PLAN***



3026 N. Oakes  
San Angelo, TX 76903  
325-481-3995

Updated June 2022

**For Official Use Only**

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

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## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

### **II. INTRODUCTION**

#### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

#### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**C. Plan Maintenance:**

1. An emergency planning committee will be established consisting of site staff from the following disciplines. (Select as appropriate)

- |                      |                            |
|----------------------|----------------------------|
| Director             | Food Service staff         |
| Office Staff         | Monitor / Safety personnel |
| Maintenance          | Teachers / Caregivers      |
| Parents / Volunteers |                            |

2. In addition to site personnel, the planning committee should also seek assistance from the following local agencies:

- |                      |                          |
|----------------------|--------------------------|
| Law Enforcement      | Fire / Emergency Medical |
| Emergency Management | County Health Department |

3. This plan shall be reviewed and updated annually and when changes are deemed necessary because of a response drill or emergency. The update shall be documented in the Plan Review Appendix E.

4. The completed plan will be signed by the persons identified on the Approval Statement (next page).

5. A copy of this plan will be filed at the Concho Valley Council of Governments administrative office, with Health Manager.

6. The original plan will be kept at the Head Start Center.

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**D. Approval Statement:**

The Center Safety Plan for Day Head Start/ Early Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____	_____	_____	_____
Executive Director	Date	Agency Director	Date
_____	_____	_____	_____
Health Manager	Date	State Collaborator	Date
_____	_____	_____	_____
Site Administrator	Date	Law Enforcement (if applicable)	Date
_____	_____	_____	_____
Fire / EMS (if applicable)	Date	Local Emergency Management (if applicable)	Date
_____	_____	_____	_____
County Health Department (if applicable)	Date	[ other ]	Date

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **III. BASIC PLAN**

#### **A. Situation:**

1. The center sits on at [3026 N. Oakes]. The site consists of several connected buildings. There is an Average Daily Membership of [174 children] and [40] staff members.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

#### **B. Assumptions:**

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

#### **C. Command and Communications:**

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger



## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

### **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The County Judge (Judge Steve Floyd) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Tom Green County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Child Safety:**

1...Children will be accounted for at the times of emergencies before leaving the classroom and after arriving to the designed safe area or alternate shelter.

2. Care for the children will continue as normal. We will provide stimulus and entertainment/education stimulus comparable to the classroom environment and nonperishable drinks and snacks if applicable. Children in need of first aid will receive it as arriving to relocation designation.

3. Site Supervisors and teachers will call primary parent form DHS information and will ask for ID identification at the time of pickup. Parent will sign child out before pick up.

4...Children under 24 months of age will be evacuated to transportation using evacuation cribs and multi carrier strollers. Additional staff will be added to aid and assist children of 24 months or younger and children who suffer from mental, visual, and or hearing impairments.

### **F. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **G. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written "Crisis Summary Report" analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **H. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program's ability to conduct normal business.

# **EMERGENCY PROCEDURES ANNEXES**

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395***)
- Call Animal Control {325-657-4224 / *San Angelo Animal Services*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325)-481-3395***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

## **C. BOMB THREAT**

**Upon receiving a message that a bomb has been planted in center:**

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)***

**Evacuation procedures:**

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to **Rio Vista Head Start** if weather is inclement or building is damaged.  
Primary relocation center

*(500 feet is general rule. Consult with local bomb disposal unit)*

- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**C. BOMB THREAT CHECKLIST**

**Description Detail Report**

**Questions to ask:**

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?

Exact wording of the threat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex of Caller: \_\_\_\_\_ Race: \_\_\_\_\_

Length of call: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

**Notes:**

**Callers Voice - Circle as applicable:**

- Calm
- Angry
- Excited
- Slow
- Rapid
- Soft
- Loud
- Laughter
- Crying
- Normal
- Distinct
- Slurred
- Nasal
- Stutter
- Lisp
- Raspy
- Deep
- Ragged
- Clearing Throat
- Deep Breathing
- Cracked Voice
- Disguised
- Accent
- Familiar

If voice is familiar, whom did it sound like?

**Background Sounds:**

- Street Noises
- Animal Noises
- Clear
- Static
- Music
- House Noises
- Motor
- Factory Machinery
- Voices
- PA System
- Local Call
- Long Distance
- Phone Booth
- Office Machinery
- Other \_\_\_\_\_

**Threat Language:**

- Well Spoken (educated)
- Incoherent
- Foul
- Irrational by threat maker
- Taped
- Message read

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **E. EVACUATION**

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to **Rio Vista HS/EHS 2800 Ben Ficklin Rd. San Angelo, TX 76903** relocation center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

#### **1. Teachers / Teachers Assistances:**

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and roll sheet, emergency backpacks including (DHS files, health consents, pick-up authorization), and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

#### **2. Relocation Centers**

List primary and secondary student relocation centers: Students will be relocated by SAISD Transportation. (Site Supervisor, Teacher's, Teacher's Aides and Food Service Staff will transport children if necessary.)

Secondary Relocation Center  
Blackshear Head Start  
2223 Brown Street San Angelo, TX  
325-658-7442

Primary Relocation Center  
Rio Vista Head Start Early Head Start  
2800 Ben Ficklin Rd. San Angelo, TX  
325-659-3670

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). ***(Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)***
- 
- Teachers take roll after being evacuated.
- Site Supervisor may move students to **Rio Vista HS/EHS** if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **G. GAS LEAK**

#### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to **Rio Vista HS/EHS**, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

#### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to **Rio Vista HS/EHS**, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **H. GENERAL EMERGENCY**

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **I. HAZARDOUS MATERIALS EVENT**

#### **Incident occurred in center:**

- Call 911. (*Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395*)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

#### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **J. INFECTION CONTROL ACTIONS**

#### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov/flu/school/](http://www.cdc.gov/flu/school/) and [www.healthykids.us/cleanliness.htm](http://www.healthykids.us/cleanliness.htm).)

#### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

#### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov/od/oc/media/pressrel/r060223.htm](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm).)

#### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov/flu/protect/preventing.htm](http://www.cdc.gov/flu/protect/preventing.htm).)

#### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter\\_3.xml](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml).)

#### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us/chapters/sick\\_main.htm](http://www.healthykids.us/chapters/sick_main.htm).)

#### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter\\_3.xml](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml).)

#### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

#### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

**K. INTRUDER / HOSTAGE**

**Intruder- An unauthorized person who enters Center property:**

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

**Hostage:**

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

**If taken hostage:**

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.



## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

**\*Consider using a verification code to authenticate any all-clear signal\***

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **M. MEDICAL EMERGENCY**

#### **Incident in center:**

- Call 911 (if necessary). (*Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)*)
- 
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

#### **Incident outside of center:**

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

#### **Post-crisis intervention:**

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File

**N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile

**O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

## DAY HS/EHS EMERGENCY RESPONSE PLAN

### P. SUICIDE

#### Suicide Attempt in Center:

- Verify information.
- Call 911. (***Dial 911, Give Site Information: (Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395)***)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

#### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

#### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

## DAY HS/EHS EMERGENCY RESPONSE PLAN

### Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

#### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

#### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

#### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

#### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of a imminent blast nearby:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

#### If the center is the target:

- Evacuate to pre designated off site location(s)

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (*Dial 911, Give Site Information: Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395*)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.



**S. WEATHER**

**Severe Weather Watch has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

**Severe Weather Warning has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **A. STAFF ASSIGNMENTS**

#### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Day Head Start, 3026 N. Oakes San Angelo, TX 76903 (325) -481-3395***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

#### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

#### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
All Teachers	X	X	X	X	X	X
All Teachers Aide	X	X	X	X	X	X
Food Service Personnel	X	X	X	X	X	X

**C. EQUIPMENT INVENTORY**

**-INSERT RESOURCE  
INVENTORY OF EMERGENCY EQUIPMENT-**

**INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE  
NEEDED IN THE EVENT OF AN EMERGENCY**

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**D. DRILL LOG**



Form 7263  
May 2018-E

**Emergency Practices**

Providers may use this form or their own form to document emergency practices including evacuation, sheltering in place, and lock-down drills.

**Directions:** To complete this form, the designee documents the dates drills were performed, the exit times, and the dates that smoke detectors and carbon monoxide detectors were inspected. Licensing will review the form at your inspections. If you need additional assistance, email the [Minimum Standards Comments](#) mailbox.

**Fire Drill:** Evacuating the children and caregivers to a designated safe area in an emergency such as a fire. The children must be able to safely exit the building within three minutes. You must practice a fire drill every month.

**Sheltering/Severe Weather:** Taking shelter within the center to temporarily protect children and staff from situations such as a tornado. Sheltering can also be used when an endangering person is in the area, though not on the premises. You must practice a sheltering/severe weather drill four times in a calendar year.

**Lock-Down Drill:** Keeping children and staff in place to protect them from a volatile person on the premises. You must practice a lock-down drill four times in a calendar year.

**Battery Powered Lighting is Located in Each Child Care Room – Check the Batteries**

Fire Extinguishers	
Location of Fire Extinguishers:	

Relocation Site	
Relocation Site for Children and Staff after Evacuating Operation:	

Sheltering/Severe Weather Drill and Lock-Down Drill (4 times per year)			
Month	Date and Time	Staff Initials	Exit Time S= Shelter SW = Severe Weather LD = Lock-Down
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**D. DRILL LOG**

Form 7263  
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Fire Drills			
Month	Date and Time	Staff Initials	Exit Time
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Carbon Monoxide (CO) Alarm Detector, Smoke Detector Test, and Fire Extinguisher Check			
Month	CO Alarm Detector Test Date	Smoke Detector Test Date	Fire Extinguisher
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

First Aid Kit
Location of First Aid Kit:  

Operation Inspections		
Fire:	Health:	Gas:

Privacy Statement
HHSC values your privacy. For more information, read the privacy policy online at: <a href="https://hhs.texas.gov/policies-practices-privacy#security">https://hhs.texas.gov/policies-practices-privacy#security</a> .

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**E. SITE PLAN REVIEW**

Each center site emergency response plan must be reviewed at least once each year. It is recommended that this review be conducted prior to the start of each center year. Additionally, the plan must be reviewed anytime weaknesses in the plan are identified during a drill, exercise or an actual emergency event. Centers should include their local emergency response, emergency management and public health agencies in the review process.

<input type="checkbox"/>	Review plan for compliance with the Head Start, State and local requirements. Identify and report deficiencies.
<input type="checkbox"/>	Review existing emergency procedures. Are the procedures adequate to address identified hazards / threats? Identify and report new hazards / threats developed that should be added.
<input type="checkbox"/>	Review Emergency Team Assignments and responsibilities, update as needed. Identify and report team shortfalls.
<input type="checkbox"/>	Review Training matrix to ensure training of all assigned tasks. Identify and report all training shortfalls.
<input type="checkbox"/>	Review Equipment List; verify on-hand equipment condition; identify and report all equipment shortfalls.
	Review on and off site assignments and staging areas. Make contact with any identified off site locations to ensure permission to use those locations is still in affect.
	Have outside agencies (Fire, Police, and Health etc.) review plan if possible. Consider recommendations for inclusion into plan.
	Sign / Date reviewer block below.
	Provide completed plan review to Director / Executive Director.

**Notes:**

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<b>Date of Review:</b>	Reviewer:	Reviewer:
	Reviewer:	Reviewer:



**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Program Director	325-944-9666
HS Education & Disability Manager	325-944-9666
Health, Mental Health & Pregnant Moms	325-944-9666
Facilities & ERSEA	325-944-9666
FAMCO	325-944-9666
Compliance & Nutrition	325-944-9666
EHS Education Manager	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-853-2507
Health Department	325-657-4214
County Emergency Agency	325-853-2737
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	1-800-700-2443 Emergency 1-800-959-5325
Water Company	325-657-4323*
Electric Company	877-373--4858
State Collaborator	325-223-6892

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**H. Public Information Release**

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

- The (students / employees) [(are being) or (have been)] accounted for.
- No further information is available at this time.
- Emergency medical services [(are here) or (are on the way) or (are not available to us)].
- Police [(are here) or (are on the way) or (are not available to us)].
- Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].
- \_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].
- Communication center(s) for parents (is / are) being set up at \_\_\_\_\_ to answer questions about individual students.
- Communication center(s) for families (is / are) being set up at \_\_\_\_\_ to answer questions about individual employees.
- Injuries have been reported at \_\_\_\_\_ and are being treated at the site by (Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.
- Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom teachers / staff) or ( \_\_\_\_\_ )].
- (#) Students have been taken to the local emergency room for treatment of serious injury. Parents of injured students should go to the emergency room at \_\_\_\_\_
- (#) Confirmed deaths have been reported at \_\_\_\_\_ Names cannot be released until families have been notified.
- Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_  
Date / Time: \_\_\_\_\_

***DAY HS/EHS EMERGENCY RESPONSE PLAN***

**I. STAFF ROSTER**

**Day Early Head Start / Head Start**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.

**J. CENTER MAPS**

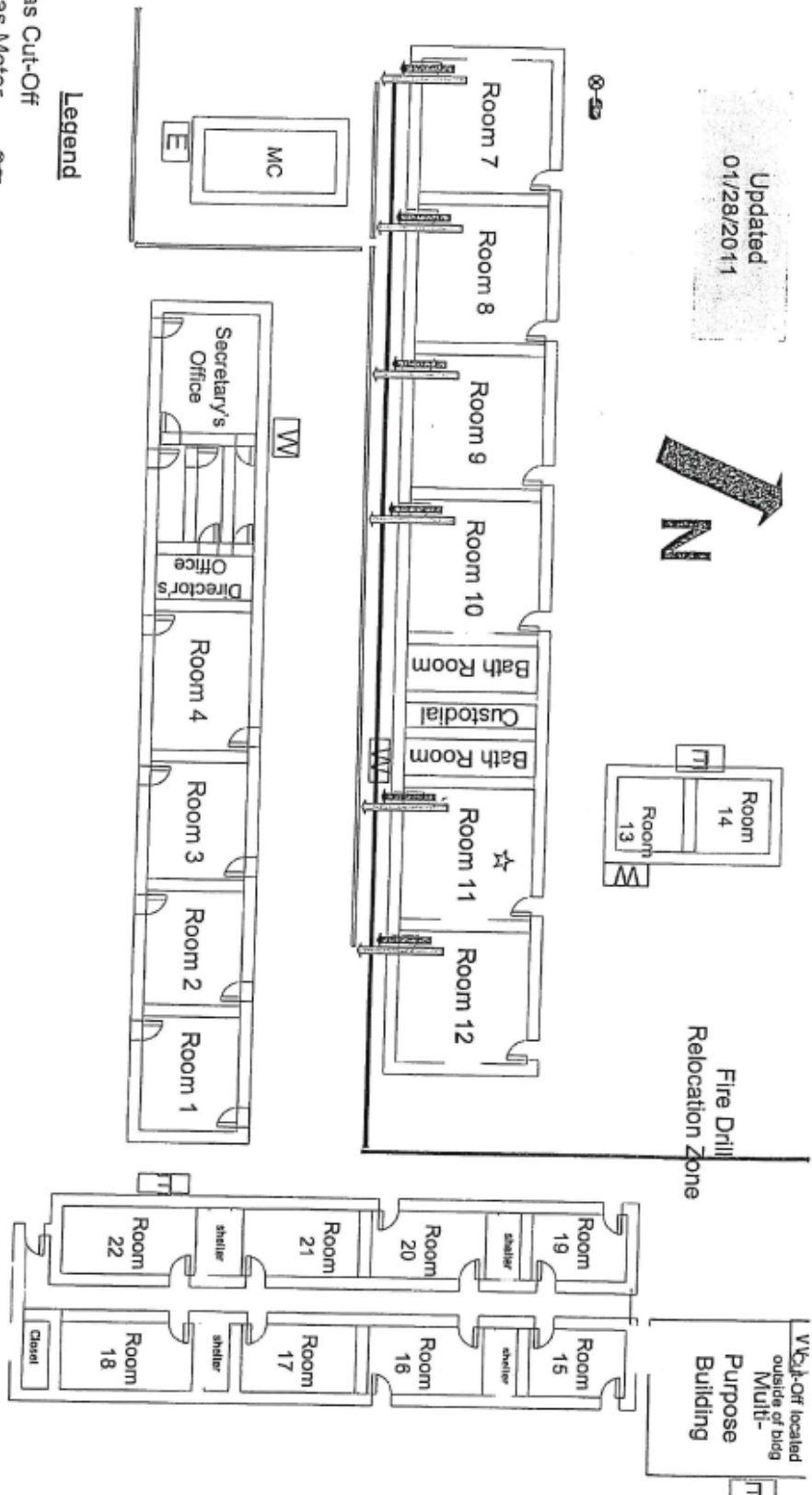
# DAY HS/EHS EMERGENCY RESPONSE PLAN

Updated  
01/29/2011



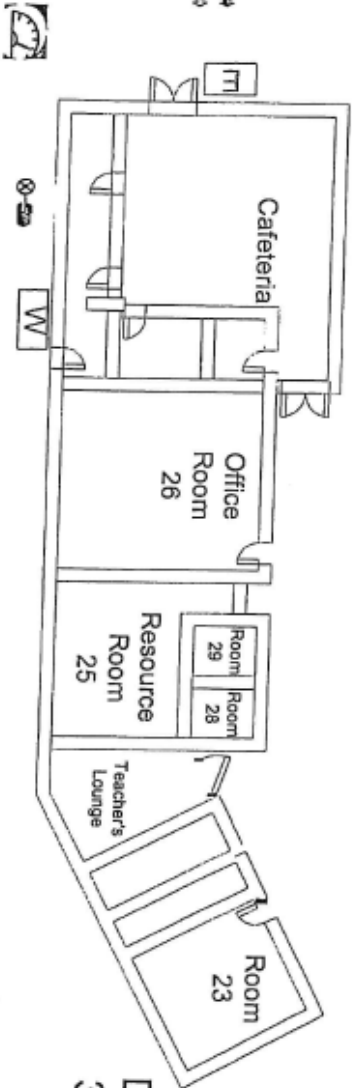
Fire Drill  
Relocation Zone

Valve-Off located  
outside of building  
Multi-  
Purpose  
Building



### Legend

- Gas Cut-Off
- Gas Meter
- Water Shut-Off
- Electrical Shut-Off
- Water Meter
- Primary Route
- Secondary Route
- Shelter Areas
- You are here



Day Head Start  
3026 N. Oakes

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

Plan of Operation for Licensed Center Operations (Form 2948)

### III. Activities and Child Caregiver Ratio #4.

#### Day Head Start:

Room 1      2 Teaching staff      17 children      Primary Route: Relocate North of building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 2      2 Teaching staff      17 children      Primary Route: Relocate North of building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 3      2 Teaching staff      17 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 4      2 Teaching staff      17 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 10     2 Teaching staff      17 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 11     2 Teaching staff      17 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

#### Day Early Head Start:

Room 15     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 16     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 17     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 18     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 19     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 20     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 21     2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

Room 22      2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 23      2 Teaching staff      8 children      Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached) This room will open January 2020

Room 7, 8, 9, 10, 11, 12 will be used for various things. Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Director's Office and Secretary's Office Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Room 28 and 29 will be used for various things. Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)

Office Room (26) and Resource Room (25); Cafeteria and Teacher Lounge: Primary Route: Relocate North of Building (See map attached) Secondary Route: Relocate South of building (See map attached)



## ***DAY HS/EHS EMERGENCY RESPONSE PLAN***

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

### **NOTE:**

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

## **DAY HS/EHS EMERGENCY RESPONSE PLAN**

### **K. MEDIA**

#### **All staff must refer media to site or Agency spokesperson.**

**The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)**

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	<u>Carolina Raymond</u>	<u>325-944-9666</u>
	Name	Telephone Numbers
Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Comoshontai Hollis</u>
	Title
Alternate Public Information person	<u>Lori Palacios</u>
	Title

#### **During an emergency, adhere to the following procedures:**

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say “No comment”.**
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

#### **Media statement**

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center’s plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

**DAY HS/EHS EMERGENCY RESPONSE PLAN**

**L. SITE STATUS REPORT**

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

**EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

**STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# DAY HS/EHS EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No <small>*For communicable diseases, all parents must be notified.</small>	Date:	Time:	By:
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident (Section not used for incidences of communicable disease or illnesses.)

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# DAY HS/EHS EMERGENCY RESPONSE PLAN

Form 7239  
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## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s):		
<input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation:
<input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____

## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____

## DAY HS/EHS EMERGENCY RESPONSE PLAN

Form 7263  
Page 2 / 05-2018-E

Fire Drills			
Month	Date and Time	Staff Initials	Exit Time
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Carbon Monoxide (CO) Alarm Detector, Smoke Detector Test, and Fire Extinguisher Check			
Month	CO Alarm Detector Test Date	Smoke Detector Test Date	Fire Extinguisher
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

First Aid Kit
Location of First Aid Kit: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Operation Inspections		
Fire: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Health: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Gas: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Privacy Statement
HHSC values your privacy. For more information, read the privacy policy online at: <a href="https://hhs.texas.gov/policies-practices-privacy#security">https://hhs.texas.gov/policies-practices-privacy#security</a> .

***Concho Valley Council of  
Governments  
Eden Head Start***

***EMERGENCY RESPONSE PLAN***



602 Barnett Rd.  
Eden, TX 76837

Updated July 2022

**For Official Use Only**

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

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# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **II. INTRODUCTION**

### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.



**EDEN HEAD START EMERGENCY RESPONSE PLAN**

**D. Approval Statement:**

The Center Safety Plan for Eden Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____ Site Administrator	_____ Date	_____ Law Enforcement	_____ Date
_____ Fire / EMS (if applicable)	_____ Date	_____ Local Emergency Management (if applicable)	_____ Date
_____ County Health Department (if applicable)	_____ Date	_____ [ other	_____ ] Date

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **III. BASIC PLAN**

### **A. Situation:**

1. The center sits on at [602 Barnett R.]. The site consists of [1] buildings. There is an Average Daily Membership of [20 children] and [4] staff members. Hazards of the center grounds buildings and surrounding community includes Eden Detention Center.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### **B. Assumptions:**

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### **C. Command and Communications:**

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

### **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The County Judge (Judge David Dillard) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Concho County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **F. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written “Crisis Summary Report” analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **G. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program’s ability to conduct normal business.

**EMERGENCY PROCEDURES  
ANNEXES**



# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Call Animal Control {325-597-2121 / *Brady Animal Control*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

### **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

# **EDEN HEAD START EMERGENCY RESPONSE PLAN**

## **C. BOMB THREAT**

### **Upon receiving a message that a bomb has been planted in center:**

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703)***

### **Evacuation procedures:**

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to First Baptist Church, 103 Burleson St if weather is inclement or building is damaged. Primary relocation center  
*(500 feet is general rule. Consult with local bomb disposal unit)*
- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT CHECKLIST

### Description Detail Report

#### Questions to ask:

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?

Exact wording of the threat: \_\_\_\_\_

### Callers Voice - Circle as applicable:

- |            |                   |
|------------|-------------------|
| • Calm     | • Nasal           |
| • Angry    | • Stutter         |
| • Excited  | • Lisp            |
| • Slow     | • Raspy           |
| • Rapid    | • Deep            |
| • Soft     | • Ragged          |
| • Loud     | • Clearing Throat |
| • Laughter | • Deep Breathing  |
| • Crying   | • Cracked Voice   |
| • Normal   | • Disguised       |
| • Distinct | • Accent          |
| • Slurred  | • Familiar        |

If voice is familiar, whom did it sound like?

### Background Sounds:

- |                 |                     |
|-----------------|---------------------|
| • Street Noises | • Factory Machinery |
| • Animal Noises | • Voices            |
| • Clear         | • PA System         |
| • Static        | • Local Call        |
| • Music         | • Long Distance     |
| • House Noises  | • Phone Booth       |
| • Motor         | • Office Machinery  |
| • Other _____   |                     |

Sex of Caller: \_\_\_\_\_ Race: \_\_\_\_\_

Length of call: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

#### Notes:

### Threat Language:

- |                              |                |
|------------------------------|----------------|
| • Well Spoken (educated)     |                |
| • Incoherent                 | • Taped        |
| • Foul                       | • Message read |
| • Irrational by threat maker |                |

Remarks: \_\_\_\_\_

***EDEN HEAD START EMERGENCY RESPONSE PLAN***

**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **E. EVACUATION**

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to First Baptist Church, 103 Burleson St relocation center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

### **1. Teachers / Teachers Assistances:**

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

### **2. Relocation Centers**

List primary and secondary student relocation centers: (Site Supervisor, Teacher's, Teacher's Aides and Food Service Staff will transport children if necessary.)

#### Primary Relocation Center

First Baptist Church  
103 Burleson St / 325-869-3681

#### Secondary Relocation Center

Concho Springs Golf Course  
816 US 83 / 325-869-8180

# **EDEN HEAD START EMERGENCY RESPONSE PLAN**

## **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to First Baptist Church if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# **EDEN HEAD START EMERGENCY RESPONSE PLAN**

## **G. GAS LEAK**

### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to First Baptist Church, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to First Baptist Church, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.



# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **H. GENERAL EMERGENCY**

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **I. HAZARDOUS MATERIALS EVENT**

### **Incident occurred in center:**

- Call 911. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **J. INFECTION CONTROL ACTIONS**

### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov / flu / school /](http://www.cdc.gov/flu/school/) and [www.healthykids.us / cleanliness.htm.](http://www.healthykids.us/cleanliness.htm))

### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov / od / oc / media / pressrel / r060223.htm.](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm))

### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov / flu / protect / preventing.htm.](http://www.cdc.gov/flu/protect/preventing.htm))

### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us / chapters / sick\\_main.htm.](http://www.healthykids.us/chapters/sick_main.htm))

### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## K. INTRUDER / HOSTAGE

### Intruder- An unauthorized person who enters Center property:

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

### Hostage:

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

### If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

### **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

***\*Consider using a verification code to authenticate any all-clear signal\****

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **M. MEDICAL EMERGENCY**

### **Incident in center:**

- Call 911 (if necessary). (*Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703*)
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Incident outside of center:**

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Post-crisis intervention:**

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **EDEN HEAD START EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile



# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## P. SUICIDE

### Suicide Attempt in Center:

- Verify information.
- Call 911. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of a imminent blast nearby:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

### If the center is the target:

- Evacuate to pre designated off site location(s)

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.

# **EDEN HEAD START EMERGENCY RESPONSE PLAN**

## **S. WEATHER**

### **Severe Weather Watch has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

### **Severe Weather Warning has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **A. STAFF ASSIGNMENTS**

### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Eden Head Start, 602 Barnett Rd, Eden, TX 76837, 325-869-8703***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.

**EDEN HEAD START EMERGENCY RESPONSE PLAN**

**B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
Teacher 1	X	X	X	X	X	X
Teacher's Aide	X	X	X	X	X	X
Food Service Personnel	X		X	X	X	X



# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **C. EQUIPMENT INVENTORY**

### **-INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-**

#### **INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY**

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## D. DRILL LOG

Texas Dept of Family  
and Protective Services

### FIRE SAFETY PRACTICES

Form 7263  
May 2011

LOCATION OF FIRE EXTINGUISHERS

SEVERE WEATHER DRILLS (Every 3 Mos.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

RELOCATION SITE FOR CHILDREN  
AND STAFF AFTER EVACUATING  
OPERATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

MONTHLY FIRE EXTINGUISHER CHECKS				FIRE DRILLS			Smoke Alarm Detector	CO Detector Test
Month	Date	Staff Initial	Person In Charge	Date & Time	Exit Time	Staff Initial	Date	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

FIRST AID KIT  
LOCATION(S) \_\_\_\_\_

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM - CHECK BATTERIES OPERATION**

INSPECTIONS: FIRE: \_\_\_\_\_ HEALTH: \_\_\_\_\_ GAS: \_\_\_\_\_



## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

### **F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Director	325-944-9666
Education, Mental Health, & Disability Manager	325-944-9666
Health, Nutrition & Parent Involvement Manager	325-944-9666
Facilities, ERSEA & Family & Community Manager	325-944-9666
Administrative Assistant	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-869-5911
Health Department	325-597-0550
County Emergency Agency	325-869-4941
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	325-869-8909
Water Company	325-762-4330
Electric Company	325-655-6957
State Collaborator	325-223-6892

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## H. Public Information Release

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

- The (students / employees) [(are being) or (have been)] accounted for.
- No further information is available at this time.
- Emergency medical services [(are here) or (are on the way) or (are not available to us)].
- Police [(are here) or (are on the way) or (are not available to us)].
- Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].
- \_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].
- Communication center(s) for parents (is / are) being set up at \_\_\_\_\_ to answer questions about individual students.
- Communication center(s) for families (is / are) being set up at \_\_\_\_\_ to answer questions about individual employees.
- Injuries have been reported at \_\_\_\_\_ and are being treated at the site by (Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.
- Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom teachers / staff) or ( \_\_\_\_\_ )].
- (#) Students have been taken to the local emergency room for treatment of serious injury. Parents of injured students should go to the emergency room at \_\_\_\_\_
- (#) Confirmed deaths have been reported at \_\_\_\_\_ Names cannot be released until families have been notified.
- Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_  
Date / Time: \_\_\_\_\_

# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **I. STAFF ROSTER**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.



# ***EDEN HEAD START EMERGENCY RESPONSE PLAN***

## **J. CENTER MAPS**

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

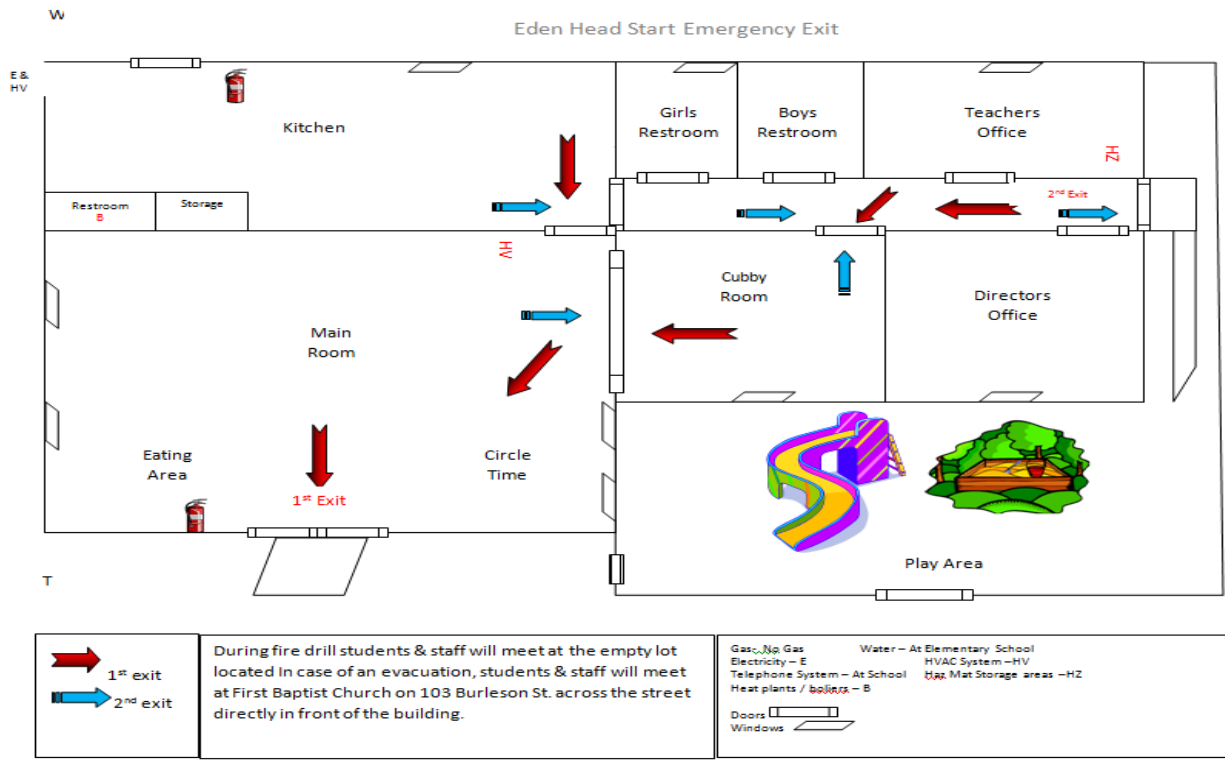
**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

### **NOTE:**

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

# EDEN HEAD START EMERGENCY RESPONSE PLAN



# EDEN HEAD START EMERGENCY RESPONSE PLAN

## K. MEDIA

### All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	<u>Carolina Raymond</u>	<u>325-944-9666</u>
	Name	Telephone Numbers
Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Site Supervisor</u>
	Title
Alternate Public Information person	<u>Teacher 1</u>
	Title

### During an emergency, adhere to the following procedures:

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say “No comment”.**
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

### Media statement

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center’s plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

# EDEN HEAD START EMERGENCY RESPONSE PLAN

## L. SITE STATUS REPORT

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

### **EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

### **STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# EDEN HEAD START EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:
*For communicable diseases, all parents must be notified.			
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident *(Section not used for incidences of communicable disease or illnesses.)*

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# EDEN HEAD START EMERGENCY RESPONSE PLAN

Form 7239  
Page 2 / 05-2021-E

## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s): <input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation: <input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____

## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____

***Concho Valley Council of  
Governments  
Eldorado Head Start***

***EMERGENCY RESPONSE PLAN***



826 N. Divide St.  
Eldorado, TX 76936

Updated July 2022

**For Official Use Only**

# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

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# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **II. INTRODUCTION**

### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **C. Plan Maintenance:**

1. An emergency planning committee will be established consisting of site staff from the following disciplines. (Select as appropriate)

- |                      |                            |
|----------------------|----------------------------|
| Director             | Food Service staff         |
| Office Staff         | Monitor / Safety personnel |
| Maintenance          | Teachers / Caregivers      |
| Parents / Volunteers |                            |

2. In addition to site personnel, the planning committee should also seek assistance from the following local agencies:

- |                      |                          |
|----------------------|--------------------------|
| Law Enforcement      | Fire / Emergency Medical |
| Emergency Management | County Health Department |

3. This plan shall be reviewed and updated annually and when changes are deemed necessary because of a response drill or emergency. The update shall be documented in the Plan Review Appendix E.

4. The completed plan will be signed by the persons identified on the Approval Statement (next page).

5. A copy of this plan will be filed at the Concho Valley Council of Governments administrative office, with Health Manager.

6. The original plan will be kept at the Head Start Center.

## **D. Approval Statement:**

The Center Safety Plan for Eldorado Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

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Executive Director	Agency Director
Date	Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Health Manager	State Collaborator
Date	Date

## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

### **D. Approval Statement:**

The Center Safety Plan for Eldorado Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

Site Administrator	Date	Law Enforcement	Date
Fire / EMS (if applicable)	Date	Local Emergency Management (if applicable)	Date
County Health Department (if applicable)	Date	[ other	] Date

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **III. BASIC PLAN**

### **A. Situation:**

1. The center sits on at [826 N. Divide St.]. The site consists of [1] buildings. There is an Average Daily Membership of [20 children] and [4] staff members. Hazards of the center grounds buildings and surrounding community includes High Pressure Pipelines.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### **B. Assumptions:**

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### **C. Command and Communications:**

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The County Judge (Judge Charlie Bradley) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Schleicher County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **F. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written “Crisis Summary Report” analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **G. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program’s ability to conduct normal business.

**EMERGENCY PROCEDURES  
ANNEXES**



# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Call Animal Control {325-853-3383 / *Eldorado Animal Clinic*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **C. BOMB THREAT**

**Upon receiving a message that a bomb has been planted in center:**

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366)***

**Evacuation procedures:**

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to Memorial Building, 1 North Cottonwood if weather is inclement or building is damaged. Primary relocation center  
*(500 feet is general rule. Consult with local bomb disposal unit)*
- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT CHECKLIST

**Description Detail Report**

**Questions to ask:**

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?

Exact wording of the threat: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sex of Caller: \_\_\_\_\_ Race: \_\_\_\_\_

Length of call: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

**Notes:**

**Callers Voice - Circle as applicable:**

- |            |                   |
|------------|-------------------|
| • Calm     | • Nasal           |
| • Angry    | • Stutter         |
| • Excited  | • Lisp            |
| • Slow     | • Raspy           |
| • Rapid    | • Deep            |
| • Soft     | • Ragged          |
| • Loud     | • Clearing Throat |
| • Laughter | • Deep Breathing  |
| • Crying   | • Cracked Voice   |
| • Normal   | • Disguised       |
| • Distinct | • Accent          |
| • Slurred  | • Familiar        |

If voice is familiar, whom did it sound like?

**Background Sounds:**

- |                 |                     |
|-----------------|---------------------|
| • Street Noises | • Factory Machinery |
| • Animal Noises | • Voices            |
| • Clear         | • PA System         |
| • Static        | • Local Call        |
| • Music         | • Long Distance     |
| • House Noises  | • Phone Booth       |
| • Motor         | • Office Machinery  |
| • Other _____   |                     |

**Threat Language:**

- |                              |                |
|------------------------------|----------------|
| • Well Spoken (educated)     |                |
| • Incoherent                 | • Taped        |
| • Foul                       | • Message read |
| • Irrational by threat maker |                |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **E. EVACUATION**

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to to Memorial Building, 1 North Cottonwood relocation center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

### **1. Teachers / Teachers Assistances:**

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

### **2. Relocation Centers**

List primary and secondary student relocation centers: (Site Supervisor, Teacher's, Teacher's Aides and Food Service Staff will transport children if necessary.)

#### Primary Relocation Center

Memorial Building  
1 North Cottonwood / 325-853-2302

#### Secondary Relocation Center

Eldorado ISD  
205 W Fields Ave./325-853-2514

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). ***(Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366)***
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Memorial Building if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

## **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

### **G. GAS LEAK**

#### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Memorial Building, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

#### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to Memorial Building, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.



# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **H. GENERAL EMERGENCY**

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **I. HAZARDOUS MATERIALS EVENT**

### **Incident occurred in center:**

- Call 911. (*Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366*)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **J. INFECTION CONTROL ACTIONS**

### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov / flu / school /](http://www.cdc.gov/flu/school/) and [www.healthykids.us / cleanliness.htm.](http://www.healthykids.us/cleanliness.htm))

### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov / od / oc / media / pressrel / r060223.htm.](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm))

### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov / flu / protect / preventing.htm.](http://www.cdc.gov/flu/protect/preventing.htm))

### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us / chapters / sick\\_main.htm.](http://www.healthykids.us/chapters/sick_main.htm))

### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## K. INTRUDER / HOSTAGE

### Intruder- An unauthorized person who enters Center property:

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

### Hostage:

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

### If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

### **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

***\*Consider using a verification code to authenticate any all-clear signal\****

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **M. MEDICAL EMERGENCY**

### **Incident in center:**

- Call 911 (if necessary). (*Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366*)
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Incident outside of center:**

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Post-crisis intervention:**

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File

***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

**N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile



# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## P. SUICIDE

### Suicide Attempt in Center:

- Verify information.
- Call 911. (**Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366**)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. **(Do not use basements or low lying areas)**
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. **(Do not use basements or low lying areas)**
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of a imminent blast nearby:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

### If the center is the target:

- Evacuate to pre designated off site location(s)

## **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **S. WEATHER**

### **Severe *Weather Watch* has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

### **Severe *Weather Warning* has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **A. STAFF ASSIGNMENTS**

### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Eldorado Head Start, 826 N. Divide St., Eldorado, TX 76936, 325-853-3366***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.

**ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

**B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
Teacher 1	X	X	X	X	X	X
Teachers' Aide	X	X	X	X	X	X
Food Service Personnel	X		X	X	X	X



# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **C. EQUIPMENT INVENTORY**

### **-INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-**

#### **INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY**

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## D. DRILL LOG

Texas Dept of Family  
and Protective Services

### FIRE SAFETY PRACTICES

Form 7263  
May 2011

LOCATION OF FIRE EXTINGUISHERS

SEVERE WEATHER DRILLS (Every 3 Mos.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

RELOCATION SITE FOR CHILDREN  
AND STAFF AFTER EVACUATING  
OPERATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

MONTHLY FIRE EXTINGUISHER CHECKS				FIRE DRILLS			Smoke Alarm Detector	CO Detector Test
Month	Date	Staff Initial	Person In Charge	Date & Time	Exit Time	Staff Initial	Date	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

FIRST AID KIT  
LOCATION(S) \_\_\_\_\_

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM - CHECK BATTERIES OPERATION**

INSPECTIONS: FIRE: \_\_\_\_\_ HEALTH: \_\_\_\_\_ GAS: \_\_\_\_\_



## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

### **F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Director	325-944-9666
Education, Mental Health, & Disability Manager	325-944-9666
Health, Nutrition & Parent Involvement Manager	325-944-9666
Facilities, ERSEA & Family & Community Manager	325-944-9666
Administrative Assistant	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-853-2507
Health Department	325-657-4214
County Emergency Agency	325-853-2737
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	325-853-2307
Water Company	325-387-2558
Electric Company	325-853-2544
Electric Company	325-853-4801
State Collaborator	325-223-6892

# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## H. Public Information Release

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

- The (students / employees) [(are being) or (have been)] accounted for.
- No further information is available at this time.
- Emergency medical services [(are here) or (are on the way) or (are not available to us)].
- Police [(are here) or (are on the way) or (are not available to us)].
- Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].
- \_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].
- Communication center(s) for parents (is / are) being set up at \_\_\_\_\_ to answer questions about individual students.
- Communication center(s) for families (is / are) being set up at \_\_\_\_\_ to answer questions about individual employees.
- Injuries have been reported at \_\_\_\_\_ and are being treated at the site by (Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.
- Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom teachers / staff) or ( \_\_\_\_\_ )].
- (#) Students have been taken to the local emergency room for treatment of serious injury. Parents of injured students should go to the emergency room at \_\_\_\_\_
- (#) Confirmed deaths have been reported at \_\_\_\_\_ Names cannot be released until families have been notified.
- Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_  
Date / Time: \_\_\_\_\_

# ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

## **I. STAFF ROSTER**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.

## **J. CENTER MAPS**

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

**NOTE:**

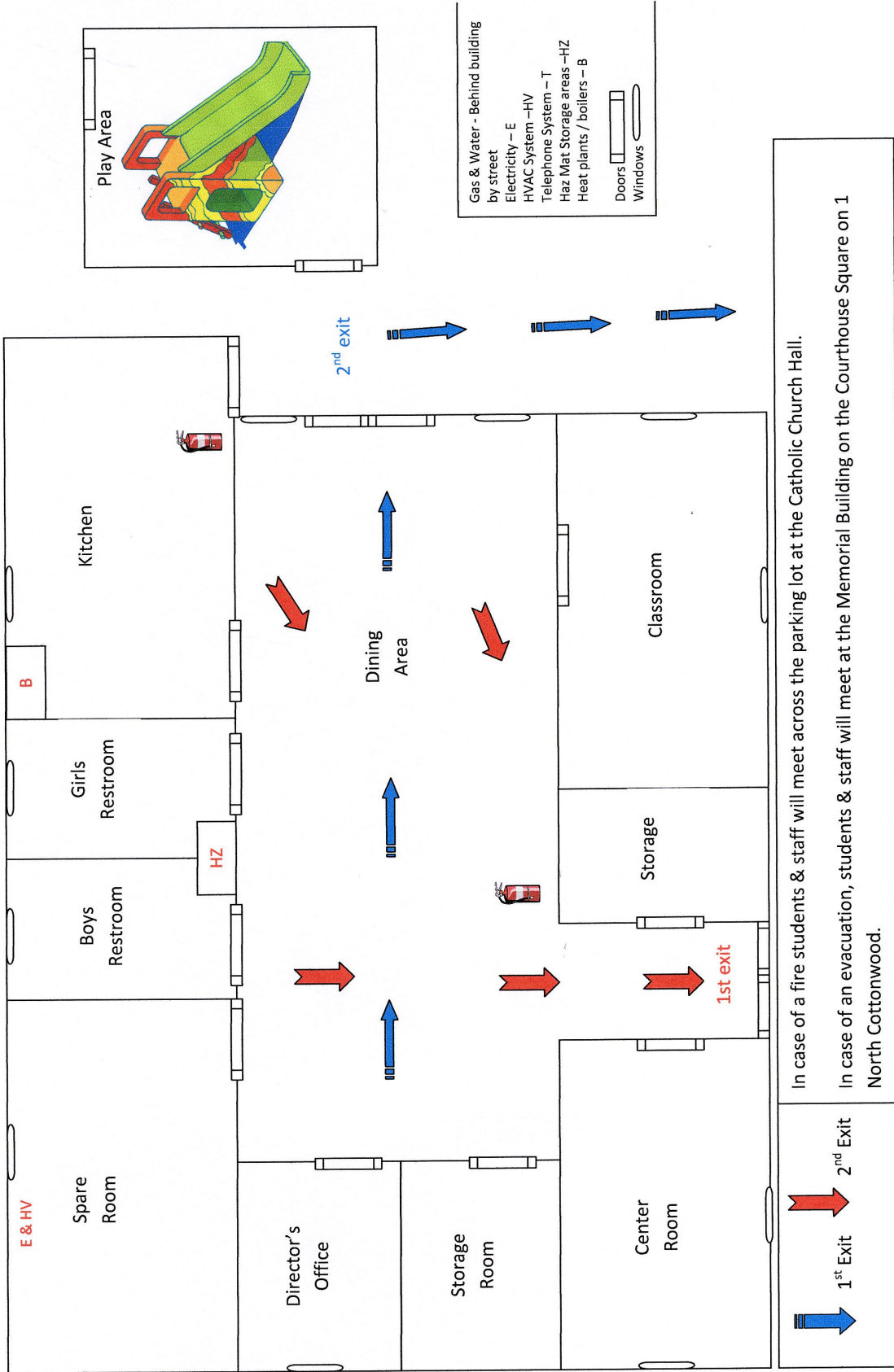


## ***ELDORADO HEAD START EMERGENCY RESPONSE PLAN***

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## Eldorado Head Start Emergency Exit



# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

## K. MEDIA

### All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	<u>Carolina Raymond</u>	<u>325-944-9666</u>
	Name	Telephone Numbers
Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Site Supervisor</u>
	Title
Alternate Public Information person	<u>Teacher</u>
	Title

### During an emergency, adhere to the following procedures:

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say "No comment"**.
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

### Media statement

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center's plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

# **ELDORADO HEAD START EMERGENCY RESPONSE PLAN**

## **L. SITE STATUS REPORT**

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

### **EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

### **STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:
*For communicable diseases, all parents must be notified.			
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident (Section not used for incidences of communicable disease or illnesses.)

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# ELDORADO HEAD START EMERGENCY RESPONSE PLAN

Form 7239  
Page 2 / 05-2021-E

## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s): <input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation: <input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____

## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____

***Concho Valley Council of  
Governments  
Menard Head Start***

***EMERGENCY RESPONSE PLAN***



110 E. San Saba Ave  
Menard, TX 76859

Updated July 2022

**For Official Use Only**

***MENARD HEAD START EMERGENCY RESPONSE PLAN***

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# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **II. INTRODUCTION**

### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

### **C. Plan Maintenance:**

1. An emergency planning committee will be established consisting of site staff from the following disciplines. (Select as appropriate)

Director	Food Service staff
Office Staff	Monitor / Safety personnel
Maintenance	Teachers / Caregivers
Parents / Volunteers	

2. In addition to site personnel, the planning committee should also seek assistance from the following local agencies:

Law Enforcement	Fire / Emergency Medical
Emergency Management	County Health Department

3. This plan shall be reviewed and updated annually and when changes are deemed necessary because of a response drill or emergency. The update shall be documented in the Plan Review Appendix E.

4. The completed plan will be signed by the persons identified on the Approval Statement (next page).

5. A copy of this plan will be filed at the Concho Valley Council of Governments administrative office, with Health Manager.

6. The original plan will be kept at the Head Start Center.

### **D. Approval Statement:**

The Center Safety Plan for Menard Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____ Executive Director	_____ Date	_____ Agency Director	_____ Date
_____ Health Manager	_____ Date	_____ State Collaborator	_____ Date

**MENARD HEAD START EMERGENCY RESPONSE PLAN**

**D. Approval Statement:**

The Center Safety Plan for Menard Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____ Site Administrator	_____ Date	_____ Law Enforcement	_____ Date
_____ Fire / EMS (if applicable)	_____ Date	_____ Local Emergency Management (if applicable)	_____ Date
_____ County Health Department (if applicable)	_____ Date	_____ [ other	_____ ] Date

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **III. BASIC PLAN**

### **A. Situation:**

1. The center sits on at [110 E. San Saba Ave]. The site consists of [1] buildings. There is an Average Daily Membership of [17 children] and [4] staff members. Hazards of the center grounds buildings and surrounding community includes High Pressure Pipelines.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### **B. Assumptions:**

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### **C. Command and Communications:**

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

### **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The Emergency Manager (Brandon Corbin) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Menard County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **F. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written “Crisis Summary Report” analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **G. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program’s ability to conduct normal business.

**EMERGENCY PROCEDURES  
ANNEXES**



# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Call Animal Control {217-632-7302 / *Menard County Animal Pound*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

### **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **C. BOMB THREAT**

**Upon receiving a message that a bomb has been planted in center:**

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885)***

**Evacuation procedures:**

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to Menard County Courthouse, 210 E. San Saba if weather is inclement or building is damaged. Primary relocation center  
*(500 feet is general rule. Consult with local bomb disposal unit)*
- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT CHECKLIST

**Description Detail Report**

**Questions to ask:**

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?

Exact wording of the threat: \_\_\_\_\_

**Callers Voice - Circle as applicable:**

- |            |                   |
|------------|-------------------|
| • Calm     | • Nasal           |
| • Angry    | • Stutter         |
| • Excited  | • Lisp            |
| • Slow     | • Raspy           |
| • Rapid    | • Deep            |
| • Soft     | • Ragged          |
| • Loud     | • Clearing Throat |
| • Laughter | • Deep Breathing  |
| • Crying   | • Cracked Voice   |
| • Normal   | • Disguised       |
| • Distinct | • Accent          |
| • Slurred  | • Familiar        |

If voice is familiar, whom did it sound like?

**Background Sounds:**

- |                 |                     |
|-----------------|---------------------|
| • Street Noises | • Factory Machinery |
| • Animal Noises | • Voices            |
| • Clear         | • PA System         |
| • Static        | • Local Call        |
| • Music         | • Long Distance     |
| • House Noises  | • Phone Booth       |
| • Motor         | • Office Machinery  |
| • Other _____   |                     |

Sex of Caller: \_\_\_\_\_ Race: \_\_\_\_\_

Length of call: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

**Notes:**

**Threat Language:**

- |                              |                |
|------------------------------|----------------|
| • Well Spoken (educated)     |                |
| • Incoherent                 | • Taped        |
| • Foul                       | • Message read |
| • Irrational by threat maker |                |

Remarks: \_\_\_\_\_

***MENARD HEAD START EMERGENCY RESPONSE PLAN***

**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **E. EVACUATION**

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to to Menard County Courthouse, 210 E. San Saba relocation center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

### **1. Teachers / Teachers Assistances:**

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

### **2. Relocation Centers**

List primary and secondary student relocation centers: (Site Supervisor, Teacher's, Teacher's Aides and Food Service Staff will transport children if necessary.)

#### Primary Relocation Center

Menard County Courthouse  
210 E. San Saba / 325-396-2028

#### Secondary Relocation Center

Menard Community Center  
303 W. Travis / 325-396-4642

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Menard County Courthouse if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **G. GAS LEAK**

### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Menard County Courthouse, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to Menard County Courthouse, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.



# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **H. GENERAL EMERGENCY**

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **I. HAZARDOUS MATERIALS EVENT**

### **Incident occurred in center:**

- Call 911. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **J. INFECTION CONTROL ACTIONS**

### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov / flu / school /](http://www.cdc.gov/flu/school/) and [www.healthykids.us / cleanliness.htm.](http://www.healthykids.us/cleanliness.htm))

### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov / od / oc / media / pressrel / r060223.htm.](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm))

### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov / flu / protect / preventing.htm.](http://www.cdc.gov/flu/protect/preventing.htm))

### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us / chapters / sick\\_main.htm.](http://www.healthykids.us/chapters/sick_main.htm))

### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## K. INTRUDER / HOSTAGE

### Intruder- An unauthorized person who enters Center property:

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

### Hostage:

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

### If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

### **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

***\*Consider using a verification code to authenticate any all-clear signal\****

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

# **MENARD HEAD START EMERGENCY RESPONSE PLAN**

## **M. MEDICAL EMERGENCY**

### **Incident in center:**

- Call 911 (if necessary). (*Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885*)
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Incident outside of center:**

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Post-crisis intervention:**

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **MENARD HEAD START EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File

***MENARD HEAD START EMERGENCY RESPONSE PLAN***

**N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile



# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## P. SUICIDE

### Suicide Attempt in Center:

- Verify information.
- Call 911. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of a imminent blast nearby:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

### If the center is the target:

- Evacuate to pre designated off site location(s)

## **MENARD HEAD START EMERGENCY RESPONSE PLAN**

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **S. WEATHER**

### ***Severe Weather Watch* has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

### ***Severe Weather Warning* has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **A. STAFF ASSIGNMENTS**

### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Menard Head Start, 110 E. San Saba Ave, Menard, TX 76859, 325-396-2885***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.

**MENARD HEAD START EMERGENCY RESPONSE PLAN**

**B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
Teacher 1	X	X	X	X	X	X
Teacher's Aide	X	X	X	X	X	X
Food Service Personnel	X		X	X	X	X



# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **C. EQUIPMENT INVENTORY**

### **-INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-**

#### **INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY**

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## D. DRILL LOG

Texas Dept of Family  
and Protective Services

### FIRE SAFETY PRACTICES

Form 7263  
May 2011

LOCATION OF FIRE EXTINGUISHERS

SEVERE WEATHER DRILLS (Every 3 Mos.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

RELOCATION SITE FOR CHILDREN  
AND STAFF AFTER EVACUATING  
OPERATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

MONTHLY FIRE EXTINGUISHER CHECKS				FIRE DRILLS			Smoke Alarm Detector	CO Detector Test
Month	Date	Staff Initial	Person In Charge	Date & Time	Exit Time	Staff Initial	Date	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

FIRST AID KIT  
LOCATION(S) \_\_\_\_\_

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM - CHECK BATTERIES OPERATION**

INSPECTIONS: FIRE: \_\_\_\_\_ HEALTH: \_\_\_\_\_ GAS: \_\_\_\_\_



## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

### **F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Director	325-944-9666
Education, Mental Health, & Disability Manager	325-944-9666
Health, Nutrition & Parent Involvement Manager	325-944-9666
Facilities, ERSEA & Family & Community Manager	325-944-9666
Administrative Assistant	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-869-5911
Health Department	325-597-0550
County Emergency Agency	325-396-4705
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	325-396-2061
Water Company	325-396-3670
Electric Company	325-396-2453
State Collaborator	325-223-6892

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## H. Public Information Release

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

- The (students / employees) [(are being) or (have been)] accounted for.
- No further information is available at this time.
- Emergency medical services [(are here) or (are on the way) or (are not available to us)].
- Police [(are here) or (are on the way) or (are not available to us)].
- Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].
- \_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].
- Communication center(s) for parents (is / are) being set up at \_\_\_\_\_ to answer questions about individual students.
- Communication center(s) for families (is / are) being set up at \_\_\_\_\_ to answer questions about individual employees.
- Injuries have been reported at \_\_\_\_\_ and are being treated at the site by (Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.
- Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom teachers / staff) or ( \_\_\_\_\_ )].
- (#) Students have been taken to the local emergency room for treatment of serious injury. Parents of injured students should go to the emergency room at \_\_\_\_\_
- (#) Confirmed deaths have been reported at \_\_\_\_\_ Names cannot be released until families have been notified.
- Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_  
Date / Time: \_\_\_\_\_

# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **I. STAFF ROSTER**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.



# ***MENARD HEAD START EMERGENCY RESPONSE PLAN***

## **J. CENTER MAPS**

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

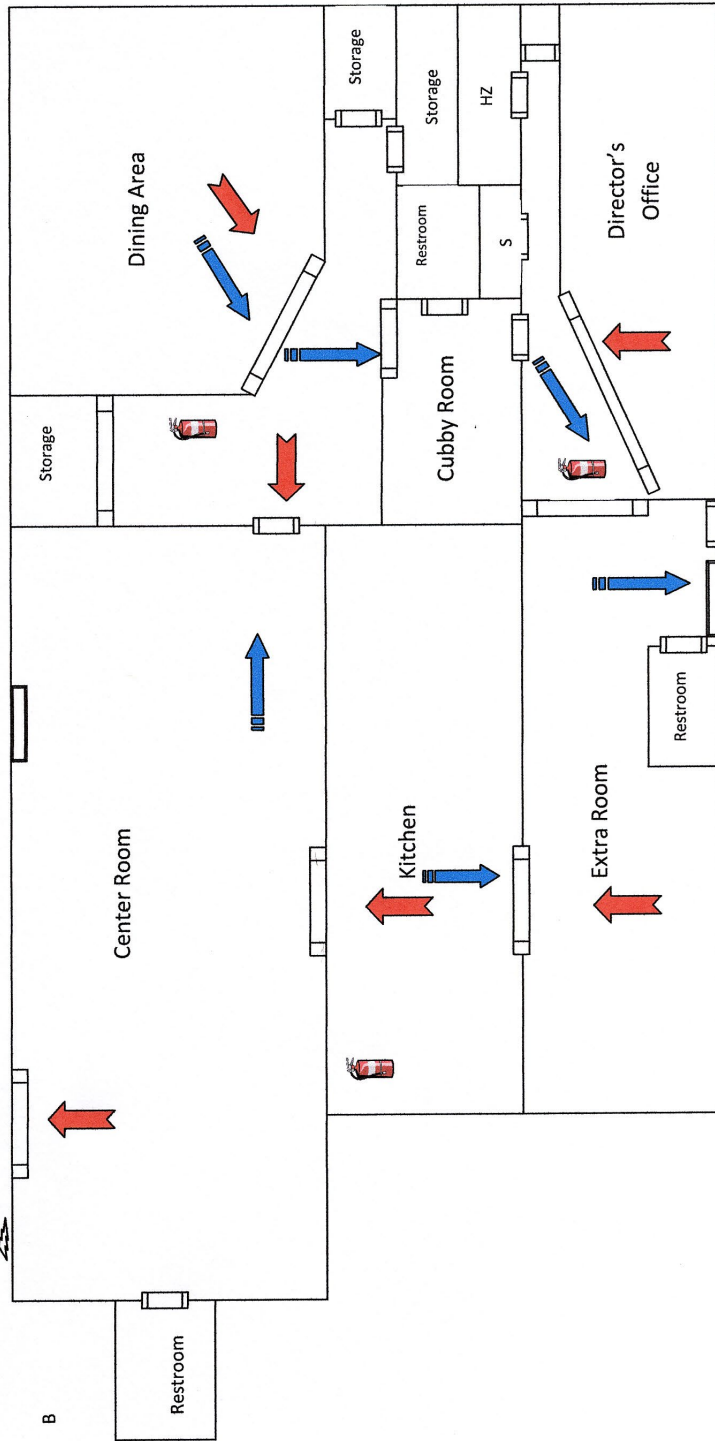
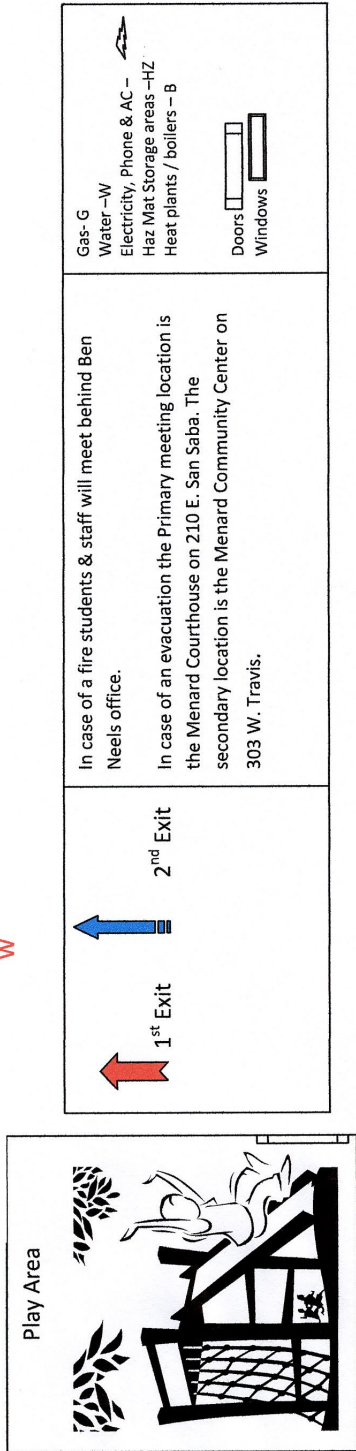
- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

### **NOTE:**

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## Menard Emergency Map



# MENARD HEAD START EMERGENCY RESPONSE PLAN

## K. MEDIA

### All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	<u>Carolina Raymond</u>	<u>325-944-9666</u>
	Name	Telephone Numbers
Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Site Supervisor</u>
	Title
Alternate Public Information person	<u>Teacher</u>
	Title

### During an emergency, adhere to the following procedures:

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say "No comment"**.
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

### Media statement

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center's plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

# MENARD HEAD START EMERGENCY RESPONSE PLAN

## L. SITE STATUS REPORT

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

### **EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

### **STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# MENARD HEAD START EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:
*For communicable diseases, all parents must be notified.			
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident *(Section not used for incidences of communicable disease or illnesses.)*

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# MENARD HEAD START EMERGENCY RESPONSE PLAN

Form 7239  
Page 2 / 05-2021-E

## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s): <input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation: <input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____

## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____

***Concho Valley Council of  
Governments  
Ozona Head Start***

***EMERGENCY RESPONSE PLAN***



1310 Ave G  
Ozona, TX 76943

Updated July 2022

**For Official Use Only**

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

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## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

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# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **II. INTRODUCTION**

### **A. Introduction:**

1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### **B. Purpose:**

1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
    - a. Protect life.
    - b. Secure the facilities and infrastructure.
    - c. Resume program operations.
  2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
    - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
    - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
    - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
- Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.



# OZONA HEAD START EMERGENCY RESPONSE PLAN

## D. Approval Statement:

The Center Safety Plan for Ozona Head Start has been reviewed and found to comply with the Head Start Act (other directives?).

_____ Site Administrator	_____ Date	_____ Law Enforcement	_____ Date
_____ Fire / EMS (if applicable)	_____ Date	_____ Local Emergency Management (if applicable)	_____ Date
_____ County Health Department (if applicable)	_____ Date	[ _____ ] other	_____ Date

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## III. BASIC PLAN

### A. Situation:

1. The center sits on at [1310 Ave G]. The site consists of [1] buildings. There is an Average Daily Membership of [20 children] and [4] staff members. Hazards of the center grounds buildings and surrounding community includes Gas Facilities.
2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### B. Assumptions:

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### C. Command and Communications:

1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
2. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used with “a” being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **D. Staff Response Roles:**

1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
2. The Count Judge (Judge Fred Deaton) may make a Declaration of a State or Local Emergency for a disaster or potential disaster in Crockett County. The declaration would be issued from the Emergency Operations Center.
3. Advisories for internal disasters would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:

a. The Administrative Group consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:

1. Emergency Response Plan Oversight
2. Incident Command
3. Public Relations
4. Human Resources
5. Media / Information Release
6. Finance
7. Long Term Recovery

b. The Support Group includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:

1. Food Service
2. Site Safety
3. Building Operations
4. Transportation
5. Short Term Mitigation

c. The Teachers Group consist of those whose daily duties involves direct care for the students. This group is responsible for:

1. Providing / Receiving Information
2. Student Accountability
3. Classroom Security
4. Classroom Evacuation

## ***OZONA HEAD START EMERGENCY RESPONSE PLAN***

4. In the event of an emergency all staff persons are to assume responsibility for the following actions:

1. Initiation of steps to safeguard the children, staff and property
2. Notification of authorities and center staff
3. Initiation of steps to mitigate or contain the situation
4. Implementation of evacuation procedures

5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### **E. Debriefing:**

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a “debriefing”. This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### **F. Deactivation:**

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

1. Ongoing repairs,
2. Space re-assignments or adjustments,
3. Support services for children, staff and parents,
4. Community relief efforts,
5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written “Crisis Summary Report” analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### **G. Recovery**

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program’s ability to conduct normal business.

**EMERGENCY PROCEDURES  
ANNEXES**



# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **A. ANIMALS**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Call Animal Control {325-277-7733 / *Crockett County Animal Control*}.
- Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.
- Seal off area if animal(s) still present.
- Site Supervisors notifies authorities and parents of students involved.
- Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **B. ASSAULT / FIGHT**

- Ensure the safety of students and staff first.
- Call 911, if necessary. (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members.
- Seal off area where assault took place.
- Defuse situation, if possible.
- Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing).
- Site Supervisor notifies parents of students involved in assault.
- Document all activities. Ask victim(s) / witness (es) for their account of incident.
- Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT

### Upon receiving a message that a bomb has been planted in center:

- Use bomb threat checklist (next page).
- Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.
- Listen closely to caller's voice and speech patterns and to noises in background.
- Do NOT hang up, even if the caller does. **(The police may be able to trace the call)**
- Notify Site Supervisor or designee.
- Site Supervisor orders evacuation of all persons inside center building(s).
- Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ***(Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429)***

### Evacuation procedures:

- Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.
- Direct students to take their belongings.
- Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to Crockett County Library, 1201 Ave G if weather is inclement or building is damaged. Primary relocation center  
*(500 feet is general rule. Consult with local bomb disposal unit)*
- Teachers take roll after being evacuated.
- No one may re-enter the building(s) until fire or police personnel declare them safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## C. BOMB THREAT CHECKLIST

<p><b>Description Detail Report</b></p> <p><b>Questions to ask:</b></p> <p>1) When is the bomb going to explode?</p> <p>2) Where is it right now?</p> <p>3) What does it look like?</p> <p>4) What kind of bomb is it?</p> <p>5) What will cause it to explode?</p> <p>6) Did you place the bomb?</p> <p>7) Why?</p> <p>8) What is your address?</p> <p>9) What is your name?</p> <p>Exact wording of the threat: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Sex of Caller: _____ Race: _____</p> <p>Length of call: _____ Age: _____</p> <p>Date: _____ Time: _____</p> <p>Number at which call was received: _____</p> <p><b>Notes:</b></p>	<p><b>Callers Voice - Circle as applicable:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Calm</li> <li>• Angry</li> <li>• Excited</li> <li>• Slow</li> <li>• Rapid</li> <li>• Soft</li> <li>• Loud</li> <li>• Laughter</li> <li>• Crying</li> <li>• Normal</li> <li>• Distinct</li> <li>• Slurred</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Nasal</li> <li>• Stutter</li> <li>• Lisp</li> <li>• Raspy</li> <li>• Deep</li> <li>• Ragged</li> <li>• Clearing Throat</li> <li>• Deep Breathing</li> <li>• Cracked Voice</li> <li>• Disguised</li> <li>• Accent</li> <li>• Familiar</li> </ul> </td> </tr> </table> <p>If voice is familiar, whom did it sound like? _____</p> <hr/> <p><b>Background Sounds:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Street Noises</li> <li>• Animal Noises</li> <li>• Clear</li> <li>• Static</li> <li>• Music</li> <li>• House Noises</li> <li>• Motor</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Factory Machinery</li> <li>• Voices</li> <li>• PA System</li> <li>• Local Call</li> <li>• Long Distance</li> <li>• Phone Booth</li> <li>• Office Machinery</li> </ul> </td> </tr> </table> <p>• Other _____</p> <hr/> <p><b>Threat Language:</b></p> <ul style="list-style-type: none"> <li>• Well Spoken (educated)</li> <li>• Incoherent</li> <li>• Foul</li> <li>• Irrational by threat maker</li> <li>• Taped</li> <li>• Message read</li> </ul> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <li>• Calm</li> <li>• Angry</li> <li>• Excited</li> <li>• Slow</li> <li>• Rapid</li> <li>• Soft</li> <li>• Loud</li> <li>• Laughter</li> <li>• Crying</li> <li>• Normal</li> <li>• Distinct</li> <li>• Slurred</li> </ul>	<ul style="list-style-type: none"> <li>• Nasal</li> <li>• Stutter</li> <li>• Lisp</li> <li>• Raspy</li> <li>• Deep</li> <li>• Ragged</li> <li>• Clearing Throat</li> <li>• Deep Breathing</li> <li>• Cracked Voice</li> <li>• Disguised</li> <li>• Accent</li> <li>• Familiar</li> </ul>	<ul style="list-style-type: none"> <li>• Street Noises</li> <li>• Animal Noises</li> <li>• Clear</li> <li>• Static</li> <li>• Music</li> <li>• House Noises</li> <li>• Motor</li> </ul>	<ul style="list-style-type: none"> <li>• Factory Machinery</li> <li>• Voices</li> <li>• PA System</li> <li>• Local Call</li> <li>• Long Distance</li> <li>• Phone Booth</li> <li>• Office Machinery</li> </ul>
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***OZONA HEAD START EMERGENCY RESPONSE PLAN***

**D. BUS INCIDENT**

**Bus Driver / Monitor**

Not Applicable

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## E. EVACUATION

- Site Supervisor (SS) initiates evacuation procedures.
- SS determines if students and staff should be evacuated outside of building or to Crockett County Library, 1201 Ave G location center.
- Site Supervisor notifies relocation center.
- Direct students and staff to follow evacuation drill procedures and route. Follow alternate route if normal route is too dangerous.
- Support Group secures the building (all windows, doors etc.).
- Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and heating system.
- Support Group personnel assist evacuation process.
- Child's teacher will be responsible for any disabled and non-English speaking students. Site Supervisor will be responsible for any disabled staff.

### 1. Teachers / Teachers Assistances:

- Direct students to follow normal evacuation drill procedures unless SS alters route.
- Take classroom roster and emergency kit.
- Close classroom doors and turn out lights.
- When outside building, account for all students. Inform Site Supervisor immediately of missing student(s).
- If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again when you arrive at the relocation center.

### 2. Relocation Centers

List primary and secondary student relocation centers: (Site Supervisor, Teacher's & Teacher's Aides will transport children if necessary.)

#### Primary Relocation Center

Crockett County Library  
1201 Ave G / 325-392-3565

#### Secondary Relocation Center

Ozona Fire Station  
905 Ave D / 325-392-2626

## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

### **F. FIRE**

**In the event a fire or smoke from a fire has been detected:**

- Activate fire alarm.
- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police / fire (call 911). (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Crockett County Library if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **G. GAS LEAK**

### **If gas odor has been detected in the building:**

- Evacuate students and staff to a safe distance outside of building.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous.
- Teachers take class roster & emergency information.
- Site Supervisor notifies police and fire (call 911). (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Teachers take roll after being evacuated.
- Site Supervisor may move students to Crockett County Library, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

### **If gas odor has been detected outside the building:**

- Site Supervisor notifies police and fire department (call 911).
- Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision.
- Site Supervisor may move students to Crockett County Library, if weather is inclement or building is damaged.  
Primary relocation center
- No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.
- Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.



# OZONA HEAD START EMERGENCY RESPONSE PLAN

## H. GENERAL EMERGENCY

- Notify 911 (if necessary) and the Site Supervisor. (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Notify CPR / first aid certified persons in center building of medical emergencies, if necessary. (Names of CPR / first aid certified persons are listed in Appendix B).
- Seal off high-risk area.
- Take charge of area until incident is contained or relieved.
- Assemble Emergency Response Team.
- Preserve evidence. Keep detailed notes of incident.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **I. HAZARDOUS MATERIALS EVENT**

### **Incident occurred in center:**

- Call 911. (*Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429*)
- Notify Site Supervisor.
- Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve
- Take charge of area until fire personnel contain incident.
- Fire officer in charge will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation. .
- Notify parents if students are evacuated. Post sign on entrance to alert others.
- Resume normal operations after consulting with fire officials.

### **Incident occurred near center property:**

- Fire or police will notify Center.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Notify parents if students are evacuated.
- Resume normal operations after consulting with fire officials.

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **J. INFECTION CONTROL ACTIONS**

### **I.**

- ❑ Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See [www.cdc.gov / flu / school /](http://www.cdc.gov/flu/school/) and [www.healthykids.us / cleanliness.htm.](http://www.healthykids.us/cleanliness.htm))

### **II.**

- ❑ Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.

### **III.**

- ❑ Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See [www.cdc.gov / od / oc / media / pressrel / r060223.htm.](http://www.cdc.gov/od/oc/media/pressrel/r060223.htm))

### **IV.**

- ❑ Encourage staff to get flu shots each year. (See [www.cdc.gov / flu / protect / preventing.htm.](http://www.cdc.gov/flu/protect/preventing.htm))

### **V.**

- ❑ Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other).
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VI.**

- ❑ Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See [www.healthykids.us / chapters / sick\\_main.htm.](http://www.healthykids.us/chapters/sick_main.htm))

### **VII.**

- ❑ Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.
- ❑ (See [http: / / nrc.uchsc.edu / CFOC / XMLVersion / Chapter\\_3.xml.](http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml))

### **VIII.**

- ❑ Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.

### **IX.**

- ❑ Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## K. INTRUDER / HOSTAGE

### Intruder- An unauthorized person who enters Center property:

- Notify Site Supervisor.
- Ask another staff person to accompany you before approaching guest / intruder.
- Politely greet guest / intruder and identify yourself.
- Ask guest / intruder the purpose of his / her visit.
- Inform guest / intruder that all visitors must register at the Site Supervisor's office.
- If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on center property.
- Notify security or police and Site Supervisor if intruder still refuses to leave. Give police full description of intruder. **(Keep intruder unaware of call for help if possible)**
- Walk away from intruder if he / she indicate a potential for violence. Be aware of intruder's actions at this time (where he / she is located in center, whether he / she is carrying a weapon or package, etc).
- Maintain visual contact with intruder from a safe distance.
- Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).

### Hostage:

- If hostage taker is unaware of your presence, do not intervene.
- Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. **(Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429)**
- Seal off area near hostage scene.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

### If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm students if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

### **L. LOCKDOWN / SHELTER-IN-PLACE**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside center building.

- Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method.
- Direct all students, staff and visitors into classrooms or secure rooms.
- Lock classroom doors.
- Cover windows of classrooms.
- Move all persons away from windows and doors.
- Have all persons get down on the floor.
- Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.

**\*Consider using a verification code to authenticate any all-clear signal\***

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **M. MEDICAL EMERGENCY**

### **Incident in center:**

- Call 911 (if necessary). (*Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429*)
- Notify CPR / first aid certified persons in center building of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).
- Utilize blood borne pathogens precautions,
- If possible, isolate affected student / staff member.
- Notify Site Supervisor.
- Site Supervisor notifies Director.
- Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.
- Site Supervisor notifies parent(s) or guardian(s) of affected student.
- Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to psychologist / counselor.
- Determine method of notifying students, staff and parents.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Incident outside of center:**

- Activate Emergency Response Team.
- Notify staff before normal operating hours.
- Determine method of notifying students and parents. Announce availability of counseling services for those who need assistance.
- Refer media to 

<u>Head Start Director</u>	<u>325-944-9666</u>
Agency Spokesperson	Telephone Numbers

### **Post-crisis intervention:**

- Meet with Mental Health Consultant and Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort affected students, siblings, close friends, and other “highly stressed” students to counselors.
- Debrief all students and staff.
- Assess stress level of all students and staff.
- Recommend counseling to overly stressed students and staff.
- Follow-up with students and staff who received counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or test schedules to address injury or death.

## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

### **M. Incident / Illness Report Form 7239 Appendix O**

- Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- **“State Admission Information”** form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An **“Incident/ Illness Report”** form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- If a child receives medical treatment report the **“Incident/ Illness Report”** to Day Care Licensing within 48 hours.
- If a child receives medical treatment a **“Health & Developmental Follow-up Plan”** will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- Have parents/guardians sign the **“Incident/ Illness Report”** form 7239.

Note: 1 copy goes home with student  
1 copy to Health Manager  
File original in the child’s State File

***OZONA HEAD START EMERGENCY RESPONSE PLAN***

**N. RADIOLOGICAL EVENT**

Not Applicable:  
None within 10-mile



# ***OZONA HEAD START EMERGENCY RESPONSE PLAN***

## **O. SHELTERING PROCEDURES**

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each center building.
- Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s).
- Teachers take class roster & emergency information.
- Support Staff closes all exterior doors and windows.
- Support Staff turns off any ventilation leading outdoors.
- Support Staff seals doors, windows, and vents with plastic sheets and duct tape.
- Support Staff covers up food not in containers or put it in the refrigerator.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Teachers should account for all students after arriving in safe area.
- All persons must remain in safe areas until notified by Site Supervisor or emergency responders.

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## P. SUICIDE

### Suicide Attempt in Center:

- Verify information.
- Call 911. (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Notify center psychologist / counselor, Site Supervisor and MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  
Child Mental Health Services (students under 18)  
or  
Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  
Other suicide intervention service
- Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action.
- Calm suicidal person.
- Try to isolate suicidal person from other students.
- Stay with person until Emergency Personnel arrive. **Do not leave suicidal person alone.**
- Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.**
- Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.

### Suicidal Death / Serious Injury:

- Verify information.
- Activate center Emergency Response Team.
- Notify staff in advance of next center day following suicide or attempted suicide.
- Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.
- Implement post-crisis intervention.

### Post-crisis Intervention:

- Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.
- Designate rooms as private counseling areas.
- Escort siblings, close friends, and other "highly stressed" students to counselors.
- Assess stress level of staff. Recommend counseling to overly stressed staff.
- Refer media to Head Start Director 325-944-9666. **Do not let media question students or staff.**
- Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## Q. TERRORIST EVENT

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

### Nuclear:

Defense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the **duck, cover and hold** position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities

### Biological:

Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be discovered while in progress the center should:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities.

### Chemical:

- Reverse-evacuate all people into center buildings.
- Shelter in place. (**Do not use basements or low lying areas**)
- Close all doors and windows.
- Shut down the HVAC system. (Limit airflow from outside)
- Seal doors, windows, and vents with plastic and duct tape.
- Be prepared to treat students and staff who experience a reaction to the chemical agent.
- The decision to evacuate should be made after consulting with public safety, emergency management, or military authorities.

### Conventional:

The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability. If responding to the threat of a imminent blast nearby:

- Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.
- Close all doors leading into hallways to minimize flying glass.
- All people assume the *duck, cover, and hold* position on the ground.
- Shut down all utility systems to the building. (Gas and electricity are the priorities)
- Shelter in place to protect from fall out if attack is far enough away.
- Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities

### If the center is the target:

- Evacuate to pre designated off site location(s)

## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

### **R. WEAPONS**

- Call police if a weapon is suspected to be in center. (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Ask another administrator to join you in questioning suspected student or staff member.
- Accompany suspect to private office to wait for police.
- Conduct search with police.
- Keep detailed notes of all events and why search was conducted.
- Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.
- If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **S. WEATHER**

### **Severe *Weather Watch* has been issued in an area near center**

- Monitor NOAA Weather Stations (National Weather Service, Weather Channel).
- Bring all persons inside building(s).
- Close windows and blinds.
- Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms.
- Review “drop, cover and hold” procedures with students.

### **Severe *Weather Warning* has been issued in an area near center or severe weather has been spotted near center**

- Shut off gas (if applicable).
- Move students and staff to safe areas.
- Remind teachers to take class roster & emergency information.
- Ensure that students are in “drop, cover and hold” positions.
- Account for all students.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

**SUPPORT APPENDICIES**

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **A. STAFF ASSIGNMENTS**

### **Administrative Group:**

- Verify information.
- Identify Site Supervisor.
- Call 911 (if necessary). (***Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429***)
- Seal off high-risk area.
- Convene Emergency Response Team and implement crisis response procedures.
- Notify students and staff (depending on emergency; students may be notified by teachers).
- Evacuate students and staff if necessary.
- Refer media to Agency spokesperson (or designee).
- Notify community agencies (if necessary).
- Implement post-crisis procedures.
- Keep detailed notes of crisis event.

### **Support Group:**

- Secure building
- Maintain building operation
- Mitigate facility damage
- Assist in evacuation or sheltering operations

### **Teachers Group:**

- Verify information.
- Notify front office
- Lock classroom doors, unless evacuation orders are issued.
- Warn students, if advised.
- Account for all students.
- Stay with students during an evacuation. Take class roster & emergency information.
- Refer media to Agency spokesperson (or designee).
- Keep detailed notes of crisis event.

**OZONA HEAD START EMERGENCY RESPONSE PLAN**

**B. TRAINING MATRIX**

<b>Title</b>	<b>First Aid</b>	<b>CPR</b>	<b>Security</b>	<b>Evacuation</b>	<b>Safety</b>	<b>First Aid List</b>
Site Supervisor	X	X	X	X	X	X
Teacher 1	X	X	X	X	X	X
Teacher's Aide	X	X	X	X	X	X
Food Service Personnel	X		X	X	X	X



# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **C. EQUIPMENT INVENTORY**

### **-INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-**

#### **INCLUDE:**

- Communications equipment
- First aid supplies
- Fire fighting equipment
- Lighting
- Classroom emergency kits
- Food
- Water
- Blankets
- Maintenance supplies
- Tools

**IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY**

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## D. DRILL LOG

Texas Dept of Family  
and Protective Services

### FIRE SAFETY PRACTICES

Form 7263  
May 2011

LOCATION OF FIRE EXTINGUISHERS

SEVERE WEATHER DRILLS (Every 3 Mos.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

RELOCATION SITE FOR CHILDREN  
AND STAFF AFTER EVACUATING  
OPERATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Exit Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

MONTHLY FIRE EXTINGUISHER CHECKS				FIRE DRILLS			Smoke Alarm Detector	CO Detector Test
Month	Date	Staff Initial	Person In Charge	Date & Time	Exit Time	Staff Initial	Date	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

FIRST AID KIT  
LOCATION(S) \_\_\_\_\_

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM - CHECK BATTERIES OPERATION**

INSPECTIONS: FIRE: \_\_\_\_\_ HEALTH: \_\_\_\_\_ GAS: \_\_\_\_\_



## **OZONA HEAD START EMERGENCY RESPONSE PLAN**

### **F. EMERGENCY CONTACT NUMBERS**

<b>Administration</b>	<b>Number</b>
Director / Executive Director	325-944-9666
Head Start Director	325-944-9666
Education, Mental Health, & Disability Manager	325-944-9666
Health, Nutrition & Parent Involvement Manager	325-944-9666
Facilities, ERSEA & Family & Community Manager	325-944-9666
Administrative Assistant	325-944-9666
<b>Public Safety Agencies</b>	<b>Number</b>
General Emergency	911
Police / Sheriff / Fire	911
Poison Control	1-800-362-0101
Local Hospital Emergency Rooms	325-884-2561
Health Department	325-657-4214
County Emergency Agency	325-392-2661
<b>Other Contacts</b>	<b>Number</b>
Agency Director / Executive Director	325-944-9666
Gas Company	325-392-2201
Water Company	325-392-2730
Electric Company	325-392-2683
State Collaborator	325-223-6892

# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **G. INFLUENZA PLANNING**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **1. Planning and Coordination:**

- Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
- Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
- Learn who in your area has legal authority to close child care programs if there is a flu emergency.
- Learn whether the local / state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
- Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
- Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
- Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
- Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.

## ***OZONA HEAD START EMERGENCY RESPONSE PLAN***

- Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time.
- Consider volunteering to help in tests of community plans.
- Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### **2. Student Learning and Program Operations:**

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### **3. Communications Planning:**

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See [www.cdc.gov / flu / school / .](http://www.cdc.gov/flu/school/))
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See [www.pandemicflu.gov](http://www.pandemicflu.gov).)
- How to care for ill family members. (See [www.hhs.gov / pandemic flu / plan / sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4).)
- How to develop a family plan for dealing with a flu pandemic. (See [www.pandemicflu.gov / plan / guide](http://www.pandemicflu.gov/plan/guide))

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## H. Public Information Release

Check ( ) as appropriate: Agency / Agency-wide \_\_\_\_\_ Center \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: If this is used as a script, read only those items checked. Make no other comments.

(Check off, fill in, and cross off as appropriate.)

\_\_\_\_\_ has just experienced a(n) \_\_\_\_\_

The (students / employees) [(are being) or (have been)] accounted for.

No further information is available at this time.

Emergency medical services [(are here) or (are on the way) or (are not available to us)].

Police [(are here) or (are on the way) or (are not available to us)].

Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].

\_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].

Communication center(s) for parents (is / are) being set up at \_\_\_\_\_  
to answer questions about individual students.

Communication center(s) for families (is / are) being set up at \_\_\_\_\_  
to answer questions about individual employees.

Injuries have been reported at \_\_\_\_\_ and are being treated at the site by  
(Staff / professional medical responders). (#) \_\_\_\_\_ reported injured.

Students have been taken to a safe area, \_\_\_\_\_, and are with [(classroom  
teachers / staff) or ( \_\_\_\_\_ )].

(#) Students have been taken to the local emergency room for treatment of serious injury.  
Parents of injured students should go to the emergency room at \_\_\_\_\_

(#) Confirmed deaths have been reported at \_\_\_\_\_  
Names cannot be released until families have been notified.

Structural damage has been reported at the following sites: \_\_\_\_\_ .

Release restrictions  No  Yes

If yes, what?

Released to the public as Public Information Release # \_\_\_\_\_

Date / Time: \_\_\_\_\_

# ***OZONA HEAD START EMERGENCY RESPONSE PLAN***

## **I. STAFF ROSTER**

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.



# **OZONA HEAD START EMERGENCY RESPONSE PLAN**

## **J. CENTER MAPS**

**-INSERT MAPS OF CENTER AND SURROUNDING AREA-**

**AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP:  
(Primary and Alternate evacuation route maps shall be placed in each room)**

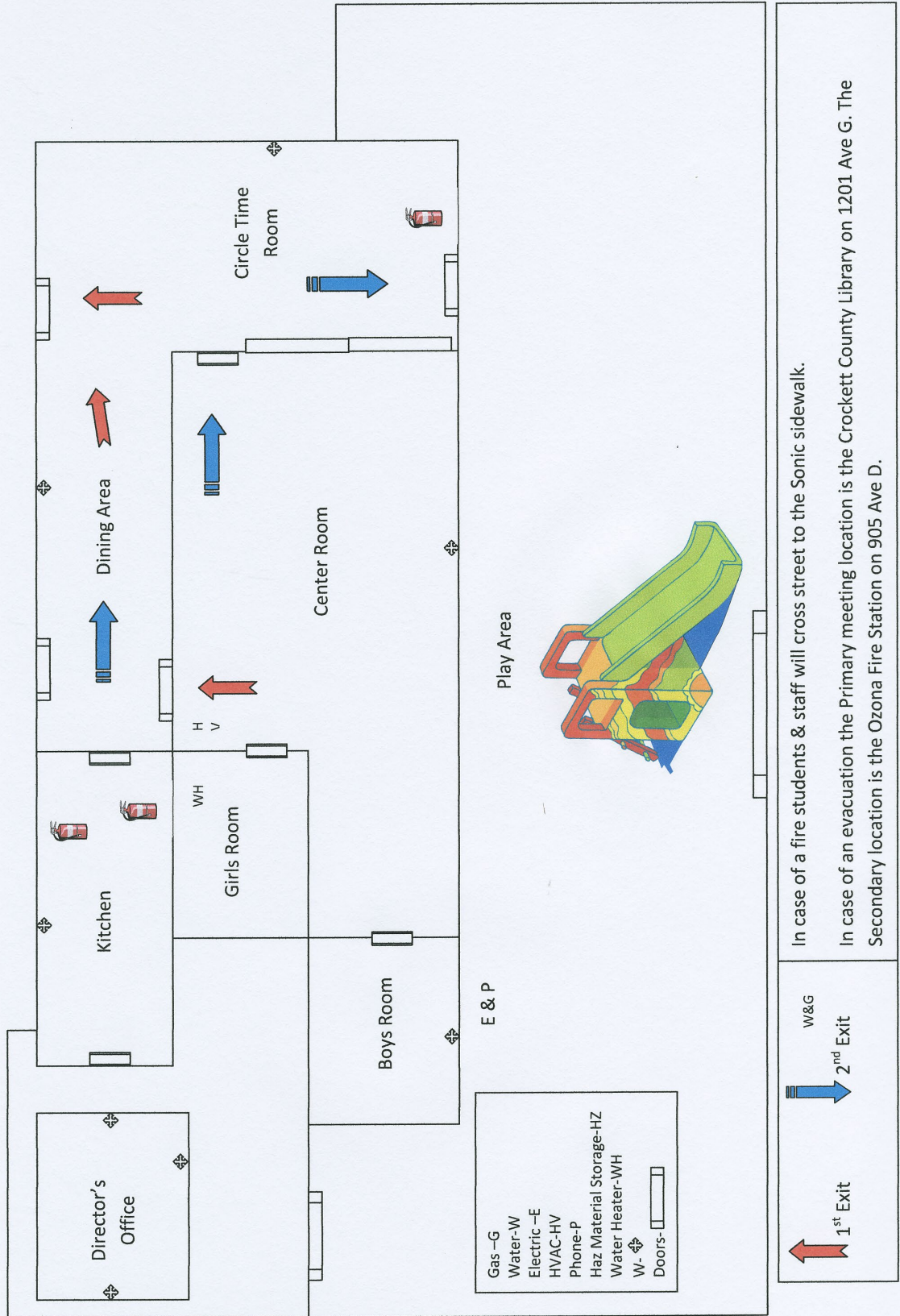
- Primary evacuation routes
- Alternate evacuation routes
- Handicap evacuation areas
- Utility access / shut-off for
  - Gas
  - Water
  - Electricity
  - HVAC System
  - Telephone system
- Site assignments and Staging Areas identified on page 9
- Haz Mat storage areas
- Heat plants / boilers
- Room numbers
- Door / window locations
- Any other information deemed appropriate by your planning committee

### **NOTE:**

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.

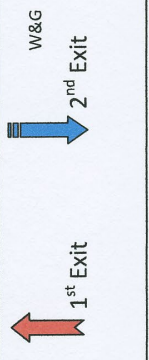
# OZONA HEAD START EMERGENCY RESPONSE PLAN

## Ozona Head Start Emergency Exit



In case of a fire students & staff will cross street to the Sonic sidewalk.

In case of an evacuation the Primary meeting location is the Crockett County Library on 1201 Ave G. The Secondary location is the Ozona Fire Station on 905 Ave D.



# OZONA HEAD START EMERGENCY RESPONSE PLAN

## K. MEDIA

### All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

- The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

Agency spokesperson	Carolina Raymond	<u>325-944-9666</u>
	Name	Telephone Numbers
Alternate Agency spokesperson	<u>John Austin Stokes</u>	<u>325-944-9666</u>
	Name	Telephone Numbers

- Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

Center Public Information person	<u>Site Supervisor</u>
	Title
Alternate Public Information person	<u>Teacher</u>
	Title

### During an emergency, adhere to the following procedures:

- Site Supervisor or designee relays all factual information to the director.
- The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.
- Establish a media information center away from center.
- Update media regularly. **Do not say "No comment"**.
- Do not argue with media.
- Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.

### Media statement

- Create a general statement before an incident occurs. Adapt statement during crisis.
- Emphasize safety of students and staff first.
- Briefly describe center's plan for responding to emergency.
- Issue brief statement consisting only of the facts.
- Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
- Refrain from exaggerating or sensationalizing crisis.**

# OZONA HEAD START EMERGENCY RESPONSE PLAN

## L. SITE STATUS REPORT

TO: \_\_\_\_\_ FROM: (name) \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PERSON IN CHARGE AT SITE: \_\_\_\_\_

Message via: 2-way Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Messenger \_\_\_\_\_

### **EMPLOYEE / STUDENT STATUS**

	Absent	Injured	# Sent to Hosp. / med	Dead	Missing	Unaccounted for (Away from site)	# Released To parents	# Being supervised
Students								
Site Staff								
Others								

### **STRUCTURAL DAMAGE** Check damage / problem and indicate location(s).

Check ✓	Damage / Problem	Location(s)
	Gas leak	
	Water leak	
	Fire	
	Electrical	
	Communications	
	Heating / cooling	
	Other (list):	

**MESSAGE:** (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

# OZONA HEAD START EMERGENCY RESPONSE PLAN



Form 7239  
May 2021-E

## Incident or Illness Report

Operations use this form to record all required information when a child sustains an injury, at the onset of an illness or reportable incident.

### Directions

Complete the form as follows:

- **Injury requiring medical treatment or hospitalization:** Complete all information in Sections I, II, V and VI.
- **Incident that placed a child at risk:** Complete all information in Sections I, II, V and VI.
- **Illness requiring hospitalization:** Complete all information in Sections I, III, V and VI.
- **Incidence of a child or employee contracting a communicable disease:** Complete all information in Sections I, IV, V and VI.

After completing the form:

- Notify parents as required by the minimum standards; and
- Keep the form on file at the operation.

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Section I – General Information

Director's Name:	Operation No.:	Date of Incident or Illness:	Time of Incident or Illness: <input type="radio"/> a.m. <input type="radio"/> p.m.
Parent(s)* Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:
*For communicable diseases, all parents must be notified.			
Child Care Regulation Notified: <input type="radio"/> Yes <input type="radio"/> No	Date:	Time:	By:

### Section II – Details of Injury and/or Incident (Section not used for incidences of communicable disease or illnesses.)

Child's Full Name:	Child's Date of Birth:	Caregiver in Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Describe the injury or risk:		
<input style="width: 100%; height: 100%;" type="text"/>		
How did the incident or injury occur?		
<input style="width: 100%; height: 100%;" type="text"/>		
Additional staff present and/or witness to the incident or injury:		
<input style="width: 100%; height: 100%;" type="text"/>		
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was Emergency Medical Services (EMS) called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		

# OZONA HEAD START EMERGENCY RESPONSE PLAN

Form 7239  
Page 2 / 05-2021-E

## Section III – Illness Requiring Hospitalization *(Section not used for incidents, injuries or notifications communicable disease.)*

Child's Full Name:	Child's Date of Birth:	
<input type="text"/>	<input type="text"/>	
Was first aid provided? <input type="radio"/> Yes <input type="radio"/> No What type of first aid was provided? _____		
Was medication given? <input type="radio"/> Yes <input type="radio"/> No Name of medication: _____ Dosage: _____		
Did the child have a fever? <input type="radio"/> Yes <input type="radio"/> No Temperature: _____		
Was medical treatment required? <input type="radio"/> Yes <input type="radio"/> No Date and time medical treatment received: _____		
Was EMS called? <input type="radio"/> Yes <input type="radio"/> No Time EMS was called: _____		
Was child transported to receive medical care? <input type="radio"/> Yes <input type="radio"/> No Who transported the child? _____		
Was an allergy plan enacted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A What was done? _____		
Was there an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector? <input type="radio"/> Yes <input type="radio"/> No		
Was use of an unassigned epinephrine auto-injector reported to Texas Department of State Health Services (DSHS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Date reported to DSHS: _____		
Was the child's doctor called by the operation? <input type="radio"/> Yes <input type="radio"/> No		
Doctor's Name:	Doctor's Phone No.:	Time doctor was called:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's recommendation(s): <input type="text"/>		
Did the child see his or her doctor? <input type="radio"/> Yes <input type="radio"/> No Diagnosis or Outcome: _____		
Was hospitalization required? <input type="radio"/> Yes <input type="radio"/> No Additional Details: _____		

## Section IV – Communicable Disease *(Section not used for incidents, injuries or illness other than communicable disease notification.)*

Type of communicable disease contracted by child or employee at this operation: <input type="text"/>
Does the communicable disease require exclusion? <input type="radio"/> Yes <input type="radio"/> No
Was the Health Department notified? <input type="radio"/> Yes <input type="radio"/> No Date Health Department notified: _____

## Section V – Employee or Caregiver Certification

I verify that I, the director/person in charge, reviewed the information in this report.		
Printed Name: _____	Signature of Director or Person in Charge: _____	Date Signed: _____

## Section VI – Parent or Guardian Acknowledgment

I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)		
Printed Name: _____	Signature of Parent or Guardian: _____	Date Signed: _____



# Head Start/Early Head Start **Operation Policies and Procedures**

For

Parents, Staff, Substitutes, and Volunteers

2022-2023 School Year

Head Start/Early Head Start Director

\_\_\_\_\_ Date \_\_\_\_\_

Approved by Policy Council

\_\_\_\_\_ Date \_\_\_\_\_

Approved by Executive Board

\_\_\_\_\_ Date \_\_\_\_\_

**Hours of Operation:**

**Administration Team**

8:00 am – 5:00 pm

Monday-Friday

**Head Start/Early Head Sites**

Blackshear, Christoval, Day, Eden, Eldorado, Menard, Ozona & Rio Vista

7:30 am- 3:30 pm

Monday-Friday

**Head Start Classrooms**

Blackshear, Christoval, Day, Eden, Eldorado, Menard, Ozona & Rio Vista

7:45 am- 1:45 pm

Monday-Friday

August - May

**Early Head Start Classrooms**

Day, Rio Vista, and Menard

7:45 am -2:45 pm

Monday-Friday

June - May

**Head Start Administration Staff**

Carolina Raymond	Director	(325) 944-9666 ext. 224
Stephanie Hernandez	Assistant Director/Early Head Start Education Manager	(325) 944-9666 ext. 273
Cheryl Mayberry	Head Start Education / Disability Manager	(325) 944-9666 ext. 245
Ofelia Barron	ERSEA / Facilities Manager	(325) 944-9666 ext. 250
Stacy Walker	Family & Community Manager	(325) 944-9666 ext. 244
Mary Husted	Nutrition Manger	(325) 944-9666 ext. 248
Melissa Miranda	Health / Mental Health Manager	(325) 944-9666 ext. 266



## **Arrival or Departure**

Each child must be signed in by a parent/ guardian or adult over the age of 18. It is important for your child to arrive and leave school on time. Upon arrival you will be asked to complete a **Daily Child Well Check**. During the **Daily Child Well Check** site staff will conduct a visual or physical assessment of the child to identify potential concerns about child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since the last date of attendance.

## **Pick-up-Appropriate Release of Children**

1. During the registration process, an **Admission Information** form will be completed with the names of those persons authorized to pick up the child.
2. Staff will ask for picture identification of the person picking the child up and verify that person is on the pick-up list. Copy of picture identification must be made and stapled to sign in sheet. This step will continue until staff is familiar with persons on the pick-up list.
3. If the legal guardian would like to add or remove a person from the pick-up list on the Admission Information Form the legal guardian must complete an **ADD/REMOVE AUTHORIZATION FOR RELEASING A CHILD** form in person. (Forms will be stapled to **Admission Information** form 2935.
4. In cases where the parent wishes to deny access to the non-custodial parent, they will be required to provide the program with appropriate copies of legal documentation (custody decree, restraining order, termination of parental rights).
5. In cases where potential kidnapping or violence is an issue, photographs of the person should be provided to assist staff in identifying these individuals.
6. In cases where there are concerns on the part of the custodial parent, but there is no legal documentation available, the Family Service Workers will make appropriate referrals to legal aid or other legal counsel.
7. If an adult shows up at a site that **cannot** have access to a child:
  1. staff will escort the adult to the office,
  2. staff will inform this person that there is documentation on file prohibiting access to that child,
  3. staff will ask adult to leave the site,
  4. if adult refuses to leave, staff will inform them that they will need to contact the police,
  5. staff will contact custodial parent and the Family and Community Partnership Manager to inform them of the incident.

Please remember your child will be released **only to those on the child's pick-up list (Admission Information form)**. **Under no circumstances will letters or phone calls be accepted to make any changes on this list.** Any person authorized to pick up a child must be at least 18 years old. It is extremely important that your work and home telephone numbers and the telephone numbers of the authorized pick-up persons are kept current. If we have not been notified by you prior to the designated pick-up time, staff will call the persons on your pick-up list.

If the staff person in charge observes you or the person designated to pick up your child demonstrating the inability to safely transport your child, we reserve the right, in the interest of safety for you and your child, to express our concern. We will suggest contacting another person to transport you and your child. However, if you or the designated pick-up person insist on transporting the child, please be aware that we will notify the local law enforcement of the situation to ensure the safety of the child.

## **Late Pick-up**

If a child is not picked up on time and the site staff has made every attempt to contact those listed on the **Admission Information** form 2935 and **page 2** of the application and have not reached anyone, the Head Start Site will call their Local Police Department.

## Attendance

### **School attendance is important:**

- It helps your child reach his/her full potential.
- It helps your child feel more secure and independent.
- It prepares your child for public education.
- Your child is less likely to experience learning gaps.
- Your child feels confident and excited about his/her learning.

Unless your child is ill, please make every effort to have your child attend each scheduled class day on a regular basis. Children need schedules and routines. Your child can benefit from Head Start/Early Head Start with regular attendance. Letting your child decide whether or not to come to school will cause problems later.

When a child's absences put them at risk of missing 10% of program days per year, the Family Service Worker will schedule a visit with the family. An **Attendance Success Plan** will be completed with the family and strategies will be established to promote regular attendance. If those efforts fail, the family's needs for services will be reexamined and the child's slot will be considered a vacancy.

## Absences

If a child misses' school due to illness or other important reasons, please follow the procedure below.

- Call your child's site to report the absence and the reason; as soon as you determine that your child will not attend school.

If we do not hear from you our staff will make a home visit to see why your child is not in class. After 2 days of illness, a note from a doctor may be required.

Accommodations can be made for children that will be absent for a one-time-only extended period of 5-10 consecutive days on a case-by-case basis. Please contact the Family Service Worker when an extended absence is anticipated.

## Illnesses

A child may not attend if one or more of the following exists:

- The illness prevents the child from participating comfortably in activities including outdoor play;
- The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the other children in care;
- The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include the child in school activities):
  1. Oral temperature above 101 degrees
  2. Ear temperature above 100 degrees
  3. Armpit temperature above 100 degrees

All of the above temperatures accompanied by behavior changes or other signs or symptoms of illness.

4. Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or
- A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

## Communicable Disease

Please follow the following for communicable disease exclusions: TITLE 25 PART1 CHAPTER 97 SUBCHAPTER A RULE §97.7

(a) The school administrator shall exclude from attendance any child having or suspected of having a communicable condition. Exclusion shall continue until the readmission criteria for the conditions are met. The conditions and readmission criteria are as follows:

- (1) amebiasis--exclude until treatment is initiated;
- (2) campylobacteriosis--exclude until after diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications;
- (3) chickenpox--exclude until the lesions become dry or if lesions are not vesicular, until 24 hours have passed with no new lesions occurring;
- (4) common cold--exclude until fever free for 24 hours without the use of fever suppressing medications;
- (5) conjunctivitis, bacterial and/or viral--exclude until permission and/or permit is issued by a physician or local health authority or until symptom free;
- (6) fever--exclude until fever free for 24 hours without use of fever suppressing medications;
- (7) fifth disease (erythema infectiosus) --exclude until fever free for 24 hours without the use of fever suppressing medications;
- (8) gastroenteritis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications;
- (9) giardiasis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications;
- (10) hepatitis A--exclude until one week after onset of illness;
- (11) infections (wounds, skin, and soft tissue) --exclude until drainage from wounds or skin and soft tissue infections is contained and maintained in a clean dry bandage; restrict from situations that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised;
- (12) infectious mononucleosis--exclude until physician decides or fever free for 24 hours without the use of fever suppressing medications;
- (13) influenza--exclude until fever free for 24 hours without the use of fever suppressing medications;
- (14) measles (rubeola)--exclude until four days after rash onset or in the case of an outbreak, exclude unimmunized child for at least 21 days after the last date the unimmunized child was exposed;
- (15) meningitis, bacterial--exclude until 24 hours after start of effective treatment and approval by health care provider;
- (16) meningitis, viral--exclude until fever free for 24 hours without the use of fever suppressing medications;
- (17) meningococcal infections (invasive disease) --exclude until 24 hours after start of effective treatment and approval by health care provider;
- (18) mumps--exclude until five days after the onset of swelling;
- (19) pertussis (whooping cough) --exclude until completion of five days of appropriate antibiotic therapy, or until 21 days have passed since cough onset, whichever is earlier;
- (20) ringworm--none, if infected area can be completely covered by clothing or a bandage, otherwise exclude until treatment has begun;
- (21) rubella (German measles) --exclude until seven days after rash onset or in the case of an outbreak, unimmunized children should be excluded until at least three weeks after the onset of the last rash;
- (22) salmonellosis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications;
- (23) scabies--exclude until treatment has begun;
- (24) shigellosis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications;
- (25) streptococcal sore throat and scarlet fever--exclude until 24 hours from time antibiotic treatment was begun and fever free for 24 hours without the use of fever suppressing medications;
- (26) tuberculosis disease (suspected or confirmed), pulmonary or laryngeal--exclude until antibiotic treatment has begun and a physician's certificate or health permit obtained; and
- (27) typhoid fever--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications; and 3 consecutive stool specimens have tested negative for *Salmonella* Typhi.

(b) The school administrator shall exclude from attendance any child having or suspected of having a communicable disease designated by the Commissioner of the Department of State Health Services (commissioner) as cause for exclusion until one of the criteria listed in subsection (c) of this section is fulfilled.

(c) Any child excluded for reason of communicable disease may be readmitted, as determined by the health authority, by:

(1) submitting a certificate of the attending physician, advanced practice nurse, or physician assistant attesting that the child does not currently have signs or symptoms of a communicable disease or to the disease's non-communicability in a school setting;

(2) submitting a permit for readmission issued by a local health authority; or

(3) meeting readmission criteria as established by the commissioner.

**Source Note:** The provisions of this §97.7 adopted to be effective March 16, 1994, 19 TexReg 1453; amended to be effective December 20, 2000, 25 TexReg 12426; amended to be effective June 5, 2007, 32 TexReg 2997; amended to be effective November 3, 2009, 34 TexReg 7650; amended to be effective December 20, 2012, 37 TexReg 9777; amended to be effective April 20, 2014, 39 TexReg 2853; amended to be effective April 3, 2016, 41 TexReg 2317

### **CONDITIONS OF SHORT-TERM EXCLUSION AND ADMITTANCE**

The above chart contains the following guidelines for exclusion from Head Start/Early Head classrooms: **Texas Department of State Health Services in 25 TAC §97.7** and following procedure will be followed for short-term exclusion and admittance:

1. Staff will complete an **Incident/ Illness Report** form 7239 when a child is temporarily excluded due to a short-term injury or acute or short-term contagious illness. A **Health & Developmental Initial Plan** will be initiated to follow-up with parent/guardian on the child's health status. A copy of the **Incident/ Illness Report** and **Health & Developmental Initial Plan** will be sent to the Health Manager and original filed in the Child's State File.
2. A child may be readmitted to the program when he or she meets appropriate criteria.
3. Some conditions may require approval by a local health official, before re-admittance is possible.
4. Staff may consult with local health officials and/or TDFPS regarding these conditions if applicable.
5. Staff, volunteers, and substitutes will be trained at orientations.
6. After being absent 4 consecutive days a **Daily/4-Consecutive Days Absence Report** along with a copy of the **Incident/Illness Report** will be submitted to the ERSEA.

### **DISPENSING OF MEDICATION**

We urge you to arrange your child's medication schedule so that doses are given before or after school hours.

If it is necessary for your child to take prescription or non-prescription medication during the school day, the following procedure will be followed:

1. Head Start/Early Head Staff will be trained at orientation, pre-service, and /or as needed on Medication Procedures, the use of medical equipment when applicable and possible side effects.
2. All medication must be in the original container.
3. Pharmacy label and/or Doctor's instructions must include the following information:
  - a. Child's First and Last Name
  - b. Name of the Medication
  - c. Date prescription was filled
  - d. Name of Health Care Provider who wrote the prescription
  - e. Medications expiration date
  - f. Dosage and frequency
  - g. Storage instructions if available
  - h. Date brought into the site
4. On the original container staff will write the date the medication was brought into the site.
5. Parent/guardian must complete and sign **Authorization for Dispensing Medication** form 7238.

6. Medication will be administered only by the Health Manager, Site Supervisor or designated person unless an emergency situation occurs.
7. Designated staff must be aware of the administration, handling and storage of children's medication per instructions.
8. Store all medications in a locked cabinet or locked box except for emergency medication may be kept readily available and out of reach of children
9. Head Start/Early Head Start designated staff will document each time medication is administered on the **Authorization for Dispensing Medication** form 7238.
10. The **Authorization for Dispensing Medication** form 7238 for each child will be kept confidential and in a notebook. The notebook will be kept at each Head Start/Early Head Start Site.
11. Review the **Authorization for Dispensing Medication** form 7238 with the parent/guardian at the end of the designated period which medication is to be given.
12. For medications given for an extended period of time or emergency medication the **Authorization for Dispensing Medication** form 7238 will be reviewed with parent/guardian monthly.
13. Encourage parents /guardians to give the first dose of medication at home, so they can observe whether the child has any type of reaction.
14. Staff will watch for any changes in the child's normal behavior such as signs of lethargy, moodiness, aggressiveness, difficulty in breathing, or physical reactions such as rashes.
15. If changes in the child's normal behavior are noted after administering the medication staff will document changes on the **Illness and Incident Report** and the **Authorization for Dispensing Medication** forms 7238 and immediately brought to the parent's /guardian's attention. If an error occurs with regards to administering medication the person that administered the medication must complete a **Medication Error Report**.
16. A copy of the **Incident / Illness Report** will be given to the parent/guardian and encourage them to share this information with the physician.
17. If Head Start/Early Head Start classroom staff need to take medication during program operation hours, the Site Supervisor/Site Director must be informed.
18. Arrangements will be made for staff's medication to be stored in a locked cabinet or locked box.

### **MEDICAL EMERGENCY**

If your child requires medical attention while in our care the following procedure will be followed:

1. First aid and/or CPR will be immediately administered, as necessary, by a staff certified in first aid and CPR.
2. If a child requires immediate medical attention beyond basic first aid, call 911.
3. Notify the child's parent/guardian or other designated emergency contact as soon as possible.
4. If the child is to be transported by an emergency medical vehicle, she/he will be accompanied by a staff member in the absence of the parent/guardian or designated emergency contact. A qualified Head Start/Early Head Start staff will assist the classroom to provide the proper child/staff ratio.
5. The staff member accompanying the child will take the child's **State Admission Information** form with him/her to the medical facility and notify the Health Manager as soon as possible.
6. An **Incident/Illness Report** must be completed. If medical attention outside the basic first aid was necessary Day Care Licensing must be notified within 48 hours of the incident. A copy of the **Incident/Illness Report** will be forwarded to the Health Manager and shared with the parent/guardian.
7. If incident / illness required medical outside the basic first aid attention a **Health & Developmental Initial Plan** will be initiated the day after the incident / illness to follow up with parent on the status of the child's health. If applicable, the attending physician's report will be stapled to the **Incident/Illness Report**.

### **DENTAL EMERGENCY PLAN**

The following procedure will be followed when a dental emergency occurs:

1. Assess the type of injury to determine type of first aid needed.
2. Contact parent immediately if treatment needed is beyond basic first aid. If unable to contact parent/guardian, call Emergency Contact(s) on the **Admission Information** form.

3. A staff member (who is first aid certified) will initiate first aid as another staff member supervises remainder of classroom or group of children.
4. An **Incident/ Illness Report** must be completed. Day Care Licensing must be notified within 48 hours of the incident if further dental attention is needed outside of basic first aid and a **Health & Developmental Initial Plan** will be initiated the day after the incident / illness to follow-up with parent on the status of the child. A copy of the **Incident/ Illness Report** will be given to the Health Manager/Coordinator/Specialist and shared with the parent/guardian.
5. The original **Incident/Illness Report** is maintained at the site.
  - **Toothache:** Rinse mouth vigorously with warm water to clean out debris. Take a gauze pad, place on either side of tooth, grasp (use dampened gauze pad, if necessary) firmly and wipe tooth carefully to remove food trapped between the teeth.
  - **Knocked Out Teeth:** Rinse tooth gently in cool running water (DO NOT SCRUB IT). Wrap tooth in moist gauze and place in container of cool milk or water. When notifying parent or other authorized person of the emergency, staff will recommend that they take the child to a dentist within the next 30 minutes.
  - **Broken Teeth:** Gently clean dirt or debris from injured area with warm water. Place cold compress on face in the area of the broken tooth to minimize swelling.
  - **Bitten Tongue or Lip:** Apply direct pressure to the bleeding area with a clean cloth. If swelling is present, apply cold compress. If bleeding does not stop within 5 to 10 minutes, call parent or other authorized person to take child to dentist or emergency room. Child may sip on ice water and/or rinse mouth with ice water.
  - **Object Wedged Between Teeth:** Using a gauze pad, firmly grasp both sides of the tooth and wipe from the gum area to top of tooth with one long, firm, and consistent stroke.
  - **Possible Fractured Jaw:** Immobilize jaw by any means (towel, handkerchief, etc.). Apply cold compress and advise parent or authorized emergency contact person to take child to dental office or emergency room as soon as possible.

### Hearing and Vision Screening Requirements

The following procedure will be followed when performing a hearing screening:

1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings/questionnaires to be administered prior to the screenings being completed.
2. Parental consent for screenings will be obtained prior to the screening. Head Start children will receive a hearing screening using a standardized screening tool within 45 days of entry into the program.
3. Children 3,4, and 5 years of age initial screenings will be performed by trained Head Start staff, or other trained professionals using the **Pure Tone Audiometer or other state approved equipment**.
4. Results will be documented on the **Vision and Hearing Screener Report**, the tracking form, and a copy will be attached to the **State Admission Form**.
5. All children failing to respond or failing the test will be re-screened within 3 – 4 weeks of the initial test using the **Pure Tone Audiometer or other state approved equipment**.
6. If a 3-year-old child fails the rescreen, parent/guardian(s) and staff will complete the questions on the **3-Year-Old Vision and Hearing Screener Report** taken from **THSteps Hearing Checklist for Parents**. If the parents/guardians answered No to any of the questions a **Health & Developmental Initial Plan** will be developed with the parent/guardian and appropriate referral will be initiated.
7. If a 4 or 5-year-old child fails the re-screen or fails to respond to the **Pure Tone Audiometer or other state approved equipment**, a **Health & Developmental Initial Plan** will be developed with the parent/guardian and appropriate referral will be initiated.
8. Continue to update the **Health and Developmental Initial Plan** using the **Health & Developmental Follow-up Notes** until follow-up treatment is complete or ongoing care is established.

The following procedure will be followed when performing the vision screening:

1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings and questionnaires to be administered during prior to the screenings.
2. Parental consent for screenings will be obtained prior to the screening.
3. Head Start children will receive a vision screening within 45 days of entry into the program.
4. Early Head Start children will receive a vision screening within two weeks of entry into the program.
5. The vision screening for children 3, 4, and 5 years of age will be performed by trained Head Start staff, or other trained professionals using the **10-foot HOTV Vision Chart or other state approved equipment or chart.**
6. Early Head Start staff will perform a Vision questionnaire which is determined from the periodicity chart.
7. Results will be documented on the **Vision & Hearing Screener Report** form and a copy will be attached to the **State Admission Form**. Results will also be documented on the health tracking form.
8. All children who fail to respond or fail the **10-foot HOTV Vision Chart** test will be re-screened within 2-3 weeks of the initial test. If the Photo Screener device is used to test, the child will not need to be rescreened.
9. If a 3-year-old fails to respond or fails the rescreening, staff will perform the **Corneal Light Reflex and Cover Test immediately following the rescreen.**
10. If a 3-year-old fails the **Corneal Light Reflex or the Cover Test** the staff will complete a **Health & Developmental Initial Plan** with the parent/guardian and a referral will be made to the appropriate health provider.
11. If a 4 or 5-year-old child fails the re-screen or fails to respond after being re-screened, a **Health & Developmental Initial Plan** will be developed with the parent/guardian and a referral will be made to the appropriate health provider.
12. Staff will continue to update the **Health & Developmental Initial Plan** using the **Health & Developmental Follow-up Notes** until follow-up treatment is complete or ongoing care is established.
13. If a parent/guardian refuses to authorize treatments, staff will provide parents/guardians with information (education) regarding the services being requested for their child.
14. If noncompliance is exhibited after barriers are addressed and education is provided, the child's parent/guardian will be asked to sign the **Decline of Services** form.
15. Staff will file the **Health & Developmental Initial Plan**, the **Health & Developmental Follow-up Notes** and if applicable, the **Decline of Services** form in the appropriate area of the children's file.

### **Immunization Requirements**

The following procedure will be followed for immunizations:

1. Program applicants must submit an official immunization record stating child's full name and date of birth generated from a state or local health authority, including a registry, with their enrollment application.
2. A new enrollee must have at least one of each age-appropriate mandatory immunization and is on schedule to receive subsequent doses as rapidly as medically feasible according to the **Center for Disease Control and Prevention** and **Texas Department of State Health Services** or an exemption statement authorized by the **Department of State Health Services Immunization Branch** to attend the program.
3. Children may be enrolled provisionally. Child must not be overdue for next dose to be considered provisional. If a child is enrolled provisionally the parent/guardian must provide a statement from the doctor as to when the remaining immunizations will be completed.
4. Any child may be placed on the **Waiting List** regardless of immunization status. At this time parents/guardians will be informed of the immunization requirements and told if the child does not have at least one of each mandatory immunization or an authorized exemption statement it could affect their child's placement into the program.
5. Staff will place a copy of the child's most current immunization record in the child's Head Start/Early Head Start Health File and place a copy in the DHS File.
6. All children attending Head Start/Early Head Start must remain current on all immunizations. Staff will review the immunization status of a provisionally enrolled child every 30 days to ensure continued compliance and completing the required doses of vaccine(s). If appropriate doses have not been received at the end of a 30-day period, the child is no longer in compliance, and will be excluded until the appropriate doses are received.
7. Head Start/Early Head Start staff will communicate with families of a child enrolled provisionally about needed immunizations by completing the **Immunization Notice Form** and give a copy to the parent/guardian.

8. Head Start/Early Head Start staff will provide assistance to ensure parents are informed and have the resources needed to complete or remain current with their child's immunizations.
9. If immunizations are not brought current by the exclusion date staff will complete the **Immunization Notice Form** excluding the child from attending classes until the child is current with immunizations or has a doctor's note stating why the child is not current and when the child will be current.
10. Staff will attach a copy of the updated immunization record or doctor's note to the **Immunization Notice Form** and file in the appropriate section of the children's file and copies sent to the Health Manager/Coordinator.
11. Staff will continue to work with the family until the child is completely up to date on all required age-appropriate immunizations.

### **School Closings**

The program will follow their public-school system. However, there may be additional school closures due to Head Start/Early Head Start In-Service. Site Supervisor will post school closings two (2) days prior to closing the site, when possible. Other decisions regarding closure will be made by the Head Start/Early Head Start Director, based on circumstances that affect the site. Site Supervisor will call the families and/or send text if a decision is made to close early or close when the school district does not close.

Occasionally, it is necessary to cancel school due to inclement weather. Head Start/Early Head Start will follow your local School district.

### **Meals/Food Service Practices**

The children are served breakfast, lunch and snack. Check with your Site Supervisor to see what time your child receives their meals. Monthly menus are provided and posted in each classroom.

Mealtime is an important part of our school day and we want all children to participate. Meals are served family style to promote learning opportunities that support teaching-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Children are encouraged to take small servings of new foods but are not forced to eat something they do not like or clean their plates before a second serving is offered.

**Please notify your child's teacher if your child has or develops a food allergy. Children requiring special diets due to food allergies must have a physician's statement on file that states the food allergy and recommended food substitution. Substitutions for non-medical reasons (religious, vegetarian, etc.) will be evaluated by the Health Manager for approval.**

Meals served must meet United States Department of Agricultural Child Care Food Program requirements and must be prepared in kitchens that meet Federal, State, and local food safety and sanitation laws. Food must be purchased from licensed vendors; therefore, food may not be prepared and brought into the site to be served at mealtime. Children will be served meals that meet 2/3 of their daily nutritional needs, are high in nutrients and low in fat, sugar and salt.

### **Outside Foods**

Head Start occasionally has activities that requires food consummation during school hours. All food brought into Head Start centers for consummation must be purchased from a licensed vendor or store-bought. Homemade foods will not be allowed at any time.

### **Parent Notification of Policy Changes**

Parents will be notified by the Site Supervisor, Teaching Staff, and/or person in charge of the facility when a policy changes with a copy of the new policy. Policy changes will be posted on the Parent Information Boards at the Head Start Sites in the Policy Council Minutes.



### **Procedure for Parents to Review and Discuss Policies and Procedures**

Should a parent have questions regarding policies and procedures they should address the concerns with the child's teacher and/or Site Supervisor. If the teacher and/or Site Supervisor are not able to satisfy the parent's concerns they should contact the Head Start Program Director (325-944-9666).

### **Open Door Policy**

Our program values parent/guardian engagement and encourages all parent/guardian to visit and or discuss any issue at any time. Parent/guardian should sign in with Site Supervisor when visiting the site for the safety of everyone.

### **Licensing Inspection and Minimum Standards**

The most recent Licensing inspection report will be located on the Parent Board. A copy of the Minimum Standards is located on the Parent Board and you are able to access it online 24 hours a day at:

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-746-centers.pdf>.

### **Local Licensing Office, Texas Abuse and Neglect and DFPS Contact Information**

To contact the local Licensing office call 325-657-8833.

To access the Texas Abuse and Neglect Hotline call 1-800-252-5400 if your situation is urgent and needs to be investigated within 24 hours. To report a situation that does not need to be investigated right away you can process an online report @ [www.txabusehotline.org](http://www.txabusehotline.org) .

To access the Department of Family and Protective Services you can login at <https://dfps.state.tx.us/>.

### **Preventing and Responding to Abuse and Neglect of Children**

Staff is trained on Child Abuse and Neglect identification and procedures when hired, yearly during in-service training, and throughout the year. Child Abuse and neglect information as well as education on identification and reporting is available for families and parents through their family service worker. Child Abuse Prevention will be part of the parent meeting education topics in April.

Remember:

1. Abuse includes: Mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child.
2. Neglect includes: Failure to provide a child with food, clothing, shelter, and or medical care and leaving a child in a situation where the child is at risk of harm.

Follow these procedures on reporting suspected or known child abuse and neglect:

1. Each Head Start/Early Head Start staff person is responsible for reporting cases of suspected or identified child abuse to TDPRS following these procedures:
  - All suspected child abuse is reported immediately by the person who suspects the abuse. It will be documented on the **Abuse and Neglect Reporting Form** to TDPRS by the person making the report and immediately given to the Family Service Worker/Site Supervisor A copy of the completed **Abuse and Neglect Reporting Form** will be forwarded to FAMCO Manager immediately.
  - FAMCO Manager will follow-up with the Family Service Worker/Site Supervisor for case closure.
  - When and where appropriate, the Family Service Worker/Site Supervisor/FAMCO Manager will work closely with TDPRS and family members to provide advocacy and support to the family. Follow up contact(s) with TDPRS regarding what is happening to the child and the family after the investigation will be made and noted.
3. Confidentiality of records concerning child abuse reports will be maintained. These records will be placed in an envelope labeled confidential with the Child's ChildPlus# and Case # in a confidential file. Information regarding suspected abuse is not considered part of the child's educational record but will be stored for seven years.

4. It is our agency's preference to have Head Start or Early Head Start staff member who made the report present during the TDPRS interview with the child, but this is subject to TDPRS caseworker discretion.

5. If child or children are removed due to suspected abuse, every effort will be made to coordinate with TDPRS to keep the child at the current site location or transfer to another site.

#### **Smoke-Free Zone**

Head Start/Early Head Start is smoke-free environment and prohibits e-cigarette, vaporizer, or tobacco product or use any tobacco product on the premises, on the playground, or during field trips.

#### **Gang-Free Zone**

Head Start is a Gang-free zone which prohibits gang related criminal activity or engaging in organized criminal activities within 1,000 feet from the Head Start/Early Head Start Program. Any of these activities is a violation of this law and is therefore subject to increased penalty under state law.

#### **Outdoor Play**

Children will go outside daily for gross motor play.

**Please send appropriate outerwear.**

#### **Clothing**

Please send your child in clothing and shoes that are easy for your child to manage alone. Sweaters, jackets, and other clothing should be labeled with your child's name.

In the Head Start/Early Head Start classrooms, children use paint, glue and other messy materials that may get on their clothing. Although children wear smocks while using these materials, we encourage you to send your child in washable play clothes.

For safety reasons, we ask that children wear shoes that cover the entire foot. Open-toed sandals and slip-on shoes are discouraged due to being dangerous when children climb and run.

On the first day of school, we encourage you to send an extra set of clothing for your child. Clothing should be placed in a Ziploc bag with your child's name, if you do not have a bag, one will be provided. These clothes will be used for your child only. When your child is sent home with a bag of clothes due to an accident, please send clean clothes the next day.

#### **Mental Health and Wellness**

The Concho Valley Council of Governments Head Start/Early Head Start program contracts with a Mental Health Professional to act as a consultant to the program. They will visit each classroom to observe children's interactions with each other, as well as teacher/child interactions. The consultant will work with the Head Start/Early Head Start staff and families to help implement procedures for those children identified as needing intervention to better serve the child's mental well-being and to promote mental wellness. The consultant will also attend at least one monthly parent meeting to share mental wellness information. The Mental Health consultant will also be available to Head Start/Early Head Start parents on an individual basis. Please contact your Site Supervisor for more information.

#### **Field Trip (Head Start)**

Teachers do not plan field trips during school hours.

#### **Parent /Teacher Conference & Home Visit**

Home visits and Parent/Teacher Conferences are important in building relationships with parents. The visits and conferences enhance parent's and teacher's knowledge and understanding of the developmental progress of your child. Teachers must conduct at least two Home Visits and two Parent/Teacher Conferences each year.

## Procedure:

1. For Home Visits: Teachers will make every effort to meet with parents/families in their home. If the parent does not wish to meet in their home, teachers will document this information on the Home Visit-Parent/Teacher Conference Schedule form and will meet at the Head Start site or other agreed upon location.
2. Parent/Teacher Conferences may be completed at the Head Start Site.
3. Visits and Conferences will be scheduled ahead of time using the Home Visit-Parent/Teacher Conference Schedule.
3. Teachers will complete their part of the Home Visit and Parent/Teacher Conference before meeting with parents/families. Document parents' responses on the forms, when applicable. Have a least one parent sign and date the form.
4. Teachers will communicate with parents/families in their home language; an interpreter may be used if staff does not speak the families' home language.
5. For children who enroll after the start of the program year, every effort must be made to conduct two home visits and two parent/teacher conferences through the remaining time left in the program.
6. Home Visit and Parent/Teacher Conference forms will be filed in the appropriate section of the child's federal file.

## **Family Partnership**

The Family Service Worker will schedule a Family Partnership Meeting with families once a year in the Fall (September). Family Partnerships are an exclusive program to Head Start. During this partnership we collaborate with families to identify interests, strengths, needs, goals, services and resources that support family well-being, to include family safety, health, and economic stability. Staff will continue throughout the school year to follow up and work with families to achieve goals and record step accomplishments throughout the school year. Your Family Service Worker will be in contact with you for a time and place to begin the family partnership process. The Family Partnership can be conducted in the home, school, or a meeting place outside the home. All documentation will be filed in the Family Service file and scanned into ChildPlus.

## **Suspension and Exclusion of Children** (ask Site Supervisor for detailed policy)

1. No child may be suspended without Head Start Directors Approval.
2. Head Start and Early Head Start will prohibit or severely limit the use of suspension due to a child's behavior. If, as a last resort, suspension is necessary, it will only be temporary in nature.
3. Temporary suspension will only be used as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.

**SAFE SLEEP FOR INFANTS** (ask to see Subchapter H, Basic Care Requirements for Infants) should you have any questions.

## **Community Complaint Procedure**

1. Persons filing a community complaint will be given a copy of the Community Complaint Procedures which are posted on the parent board of all Head Start sites and a copy of the **Community Complaint Form** and asked to contact the Head Start Director to attempt to informally resolve the complaint.
2. If the person would like to initiate a formal complaint, he or she will be asked to complete the **Community Complaint Form** and the completed form will be forwarded to the Head Start Director.
3. The Grantee Head Start Director will schedule a meeting with all parties involved.
4. After the meeting a written response outlining the action taken will be completed by the Head Start Director and a copy sent to the complainant.
5. If the complainant is not satisfied with the written response by the Head Start Director, they may request a meeting with the Executive Director whose decision on all matters will be final.

## **Operational Discipline and Guidance Policy**

**Purpose:** This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

## DISCIPLINE AND GUIDANCE POLICY

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior; 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.



**Head Start Personnel Policies Addendum**

**Concho Valley  
Council of Governments**  
  
**San Angelo, Texas**

**Revised June 2022**

Head Start/Early Head Start Director

\_\_\_\_\_

Date \_\_\_\_\_

Approved by Policy Council

\_\_\_\_\_

Date \_\_\_\_\_

Approved by Executive Board

\_\_\_\_\_

Date \_\_\_\_\_

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## TIMELINESS AND ATTENDANCE

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### Rural Centers:

- Teachers and Teacher Assistants work 7:30am to 3:30pm (no lunch)
- Cooks, and Cook/Custodians work 7:15am to 3:15pm
- Site Supervisors work 7:30am to 3:30pm (no lunch)
  - Site Supervisors are exempt employees and worked hours may deviate outside hours listed above.

### San Angelo Centers:

- Site Supervisors work 7:15am to 3:45pm (with a 30 min lunch)
- Teachers, Teacher assistance, and Floaters work 7:30am to 3:30pm (no lunch break)
- Custodians work 8:00am to 5:00pm (one-hour lunch)
- Cooks work 6:00am to 2:30pm (30 min lunch)
- Family Service Workers work 7:30 am to 4:00pm (a 30 min lunch)
- Receptionists work 7:30 am to 4:00pm (a 30 min lunch)

\*Universal Substitutes will be instructed as to when their workday begins and ends.

Employees are to be punctual in reporting for work, keeping appointments, and meeting schedules for completion of work. An employee who expects to be late for or absent from work should report the expected tardiness or absence to his or her Site Supervisor by 6:00 am, and when possible 24 hours prior to being absent or late.

The Executive Director, Head Start Director or employee's Site Supervisor may request an employee to furnish, and the employee must provide upon request, written verification by a physician of medical condition precluding availability for duty. Failure of an employee to provide such verification by a physician, when requested, shall result in disciplinary action, up to and including termination.

Failure to report within the required period shall result in the employee forfeiting paid annual leave for the absence. Unless otherwise approved by the Site Supervisor, employees are expected to call each day of absence. Frequent tardiness or unexcused absences shall be grounds for disciplinary action up to and including termination.

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## TELEPHONE USE

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COG telephones are to be used for COG business. It is understood that occasionally personal calls are necessary; however, use of COG telephones for local personal calls are permitted only if the number and length of calls are kept to a minimum. Cell phones **are not** allowed in the classroom while the children are present. Smart watches with texting and calling capabilities are also prohibited in the classroom. All Teaching staff must keep their cell phones in their car or in the front office while children are present. Violations of this policy may result in disciplinary action, up to and including termination.

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## MEDICAL STATEMENT

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All Full-Time, Part Time, Substitutes, and Volunteers will be required to have a physical and a Tuberculosis Screening prior to reporting to work or volunteering in the classroom. If

Tuberculosis Screening is positive the employee will not be allowed to report for work until released by a physician.

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## LEAVE

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Site Supervisors, Family Service Workers, Teachers, Teacher Assistants, Cooks, Custodians, and receptionists will receive the following:

**PTO:** 7 days a year (56 hours)

Head Start and Early Head Start will receive a pool of 56 hours ever year on June 1<sup>st</sup>. This leave is accessible until the end of the grant year on May 31<sup>st</sup>. Any unused leave does NOT roll over and will be cleared. Then a new pool of leave will be issued on the following June 1<sup>st</sup>.

Employees that are not employed on June will receive pre-rated rates. Early Head Start and Head Start employees will receive rates based on how many pay periods are left in the grant year. Each pay period is worth 2.3 hours of leave. (Example: employees hired January 3<sup>rd</sup> start their count on the first pay date they receive a check (January 31<sup>st</sup> in this example) and count the remaining pay periods through May. This would be 9, therefore the employee would receive a pro-rated leave balance of 20.7 hours.

Leave guidelines:

- No pay shall be received for unused PTO during employment and/or resignation or termination of employment.
- Leave without pay will NOT be authorized until all PTO has been exhausted and has Director approval.
- Once a leave pool is exhausted, employees will be placed on Leave Without Pay (LWOP) at the discretion and upon approval from the Site Supervisor and Department Director.
- An employee that terminates voluntarily or involuntarily, within 6 months of the beginning of the grant year, AND that has exhausted all PTO, will be required to pay back the used leave at the same pro-rated used for new hires of 2.3 hours per remaining pay period. (CVCOG will comply with all DOL and Texas Payday Laws)
- Once an employee has exhausted their leave pool, after 5 days, or 40 hours, of LWOP, an employee will be charged with an unexcused absence.
  - o If an employee has been absent for three consecutive or non-consecutive days, with or without notification, CVCOG has the right to process a termination of that employee, effective the date of the first absence. Any such termination is considered voluntary and an abandonment of the job.
  - o Please see the Unexcused Absences from work Policy in the CVCOG HB for additional details.
- Leave will not be authorized to instructional staff during in-service days unless approved by the Program Director.
  - o Please see the full EHS/HS calendar for a list of all blackout days.

***\*Please remember that non-compliance with our attendance expectations has a direct impact on other members of our team.***

Employees should request all leave through TRS and notify their Site Supervisor immediately in order to ensure proper classroom coverage. A request for leave is not a guarantee of approval and is subject to review by the Site Supervisor, Director, HR, and Executive Director.

*\*Leave pools, amounts, and carry over rules are subject to budget restrictions and may be modified in the event funding in a new grant year cannot accommodate the current PTO policy.*

**Holidays:** 18-22 days a year, this time includes winter break, spring break and other miscellaneous holidays throughout the school year. (Vary from site to site and from year to year. Please see the calendar issued by the ERSEA Manager or visit with your Site Supervisor regarding holidays specific to your site)

- An Employee who is absent without approval on the workday immediately preceding or following a holiday will not be paid for the holiday.

*\*Holidays are subject to change based on operation need or local closures, weather events and other miscellaneous world events that may cause changes to the school year calendar.*

**Summer Vacation:**

Head Start: Approximately 2-5 weeks. Varies by site and is dependent on program calendars as well as start and end dates of the current and next school year. Summer vacation will vary from year to year.

Early Head Start: Approximately 2 weeks. May vary by site and is dependent on program calendars as well as start and end dates of the current and next school year. Summer vacation will vary from year to year.

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FMLA

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The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave in the event of a serious health condition affecting the employee or the employee's immediate family (defined as a spouse, children, or parents), or for the birth or adoption of a child. CVCOG tracks all FMLA on a rolling year. A rolling year is defined as a 12-month period measured backward from the date the employee takes FMLA leave. The leave may be taken in one consecutive period of time, intermittently, or via reduced schedule, as needed.

Eligible employees must:

- have worked for a total of 12 months;
- have worked at least 1,250 hours over the previous 12 months;
- And have worked where at least 50 employees are employed by the employer within 75 miles.

Employees on leave will be paid for Head Start/Early Head Start holidays. If a site experiences closures due to unforeseen circumstances or inclement weather, hours will NOT be paid to those on FMLA.

*\*Please see the CVCOG HB, page 36, for full FMLA details.*

This addendum is in addition to the CVCOG Employee Handbook and has been revised on the following dates; 6-1-06; 6-20-2007; 6-1-2008; 10-1-2008; 5-1-2010; 9-1-2010; 10-1-2011; 10-1-2012; 10-1-2014; 11-16-2015; 5-2017; 10-2017; 7-2018; 6-2019; 08-2020; 05-2021.



**CONCHO VALLEY  
COUNCIL OF GOVERNMENTS  
RESOLUTION 22-07131**

**BOARD RESOLUTION OF SIGNING AUTHORITY**

**WHEREAS**, the Executive Committee of the Concho Valley Council of Governments (CVCOG) met on July 13, 2022 at 5430 Link Road in San Angelo, Texas and;

**WHEREAS**, Concho Valley Council of Governments is a voluntary organization of local governments to foster a cooperative effort in resolving problems, policies, and plans that are common and regional throughout the Concho Valley.

**WHEREAS**, the Concho Valley Council of Governments routinely enter into agreements, contracts and handles official business with State & Federal Agencies, Contractors, Banks & Auditors;

**WHEREAS**, State & Federal Agencies, Contractors, Banks and Auditors require that the Concho Valley Council of Governments complete and provide a form of Delegation of Signature Authority Approval evidencing the authority of persons acting for and on behalf of the organization;

**NOW, THEREFORE, BE IT RESOLVED**, that the Executive Committee approves the CVCOG Executive Director, John Austin Stokes, as having signature authority to be authorized to sign statutory forms, filings, returns, applications, staff hire, termination, status changes, bank accounts, investment documents, bank statements, contracts, grant agreements/amendments, obligation certification (grant application), request for reimbursement, scholarships and all other documents with reference to the dealings of the CVCOG and all programs under the umbrella of CVCOG to include, but not limited to the Concho Valley Transit District, Concho Valley Economic Development District and the Area Agency on Aging.

In the absence of the CVCOG Executive Director, the CVCOG Executive Committee appoint the following as signing authority:

Delegate 1 Erin Hernandez has signing authority for all areas listed above and;

Delegate 2 Judge Steve Floyd has signing authority for all areas listed above and;

Delegate 3 Bill Dendle has signing authority for all bank accounts.

The effective date of this delegation is July 13, 2022 and shall run until revoked by Executive Committee Board Chair.

DULY ADOPTED at a meeting of the Executive Committee of the Concho Valley Council of Governments this 13<sup>th</sup> day of July 2022.

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Judge Hal Spain, Board Chair

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Judge Jim O'Bryan, Vice-Chair

## DELEGATION OF SIGNATURE AUTHORITY

To: State & Federal Agencies, Contractors, & Auditors

From: Governing Body Chair

Agency: Concho Valley Council of Governments

Effective Date: July 13, 2022

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) certify that the individuals listed in the table below have signature authority for the documents specified. Their signature is considered binding on the agency.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Name/Function Title		
John Austin Stokes Executive Director	<input checked="" type="checkbox"/>	Statutory Forms, Filings, Returns, Applications
	<input checked="" type="checkbox"/>	Staffing Hire, Termination, & Status Changes
	<input checked="" type="checkbox"/>	Bank Accounts
	<input checked="" type="checkbox"/>	Investment Documents & Bank Statements
	<input checked="" type="checkbox"/>	Contracts
	<input checked="" type="checkbox"/>	Grant Agreements/Amendments
	<input checked="" type="checkbox"/>	Obligation Certification (Grant Application)
	<input checked="" type="checkbox"/>	Request for Reimbursement/Refunds
	<input checked="" type="checkbox"/>	Scholarships
	<input checked="" type="checkbox"/>	Other documents with dealings of CVCOG Business

Name/Function Title		
Erin M. Hernandez Assistant Executive Director	<input checked="" type="checkbox"/>	Statutory Forms, Filings, Returns, Applications
	<input checked="" type="checkbox"/>	Staffing Hire, Termination, & Status Changes
	<input checked="" type="checkbox"/>	Bank Accounts
	<input checked="" type="checkbox"/>	Investment Documents & Bank Statements
	<input checked="" type="checkbox"/>	Contracts
	<input checked="" type="checkbox"/>	Grant Agreements/Amendments
	<input checked="" type="checkbox"/>	Obligation Certification (Grant Application)
	<input checked="" type="checkbox"/>	Request for Reimbursement/Refunds
	<input checked="" type="checkbox"/>	Scholarships
	<input checked="" type="checkbox"/>	Other documents with dealings of CVCOG Business

Name/Function Title		
Steve Floyd/Executive Committee Tom Green County Judge	<input checked="" type="checkbox"/>	Statutory Forms, Filings, Returns, Applications
	<input checked="" type="checkbox"/>	Staffing Hire, Termination, & Status Changes
	<input checked="" type="checkbox"/>	Bank Accounts
	<input checked="" type="checkbox"/>	Investment Documents & Bank Statements
	<input checked="" type="checkbox"/>	Contracts
	<input checked="" type="checkbox"/>	Grant Agreements/Amendments
	<input checked="" type="checkbox"/>	Obligation Certification (Grant Application)
	<input checked="" type="checkbox"/>	Request for Reimbursement/Refunds
	<input checked="" type="checkbox"/>	Scholarships
	<input checked="" type="checkbox"/>	Other documents with dealings of CVCOG Business

Name/Function Title		
Bill Dendle/Executive Committee SAISD Board Vice President		Statutory Forms, Filings, Returns, Applications
		Staffing Hire, Termination, & Status Changes
	<input checked="" type="checkbox"/>	Bank Accounts
		Investment Documents & Bank Statements
		Contracts
		Grant Agreements/Amendments
		Obligation Certification (Grant Application)
		Request for Reimbursement/Refunds
		Scholarships
		Other documents with dealings of CVCOG Business

CVCOG  
Balance Sheet  
As of 5/31/2022

Current Period Balance

Assets

First Financial General Bank Acct	724,559.32	1112
CNCS Petty Cash	300.00	1197
CitiBank Credit Card	22,884.20	1198
First Financial Credit Card	7,915.24	1199
Grant Receivable HSGP MACC Communications	2,666.93	1202
Grant Receivable, CJ VAWA	1,749.16	1203
State Contract, HSGD	1,458.33	1204
Grant Receivable, 2-1-1	36,525.26	1205
Grant Receivable, 9-1-1	27,890.06	1211
Grant Receivable, AAA	256,249.00	1212
State Contract, CJ Planning	3,541.81	1214
Grant Receivable, CJ Training	6,558.20	1215
Grant Receivable, RSVP	20,886.78	1216
Grant Receivable, Juvenile Justice Services	6,751.00	1217
Grant Receivable, Foster Grandparent	25,358.12	1219
Grant Receivable, Senior Companion	12,128.54	1220
Grant Receivable, ADRC	21,840.24	1221
Grant 804 EDA CARES ACT	38,797.81	1229
Grant Receivable, Homeland Security SHSP	11,045.42	1232
Grant Receivable, CACFP Head Start	54,052.55	1243
Grant Receivable, Head Start HHS	340,073.04	1249
Economic Development District	11,643.99	1290
CV Transit District AR	403,110.27	1329
Accounts Receivable-General	610.13	1391
Prpd Worker's Comp	6,375.09	1591
Prpd Health Insurance	2,164.61	1592
Prepaid General Expenses	12,753.41	1593
Prepaid COBRA-Health Services	663.03	1594
Prepaid Life Insurance	383.55	1595
Prepaid Dental Insurance	32.96	1597
Prepaid AFLAC	240.99	1598
Prepaid MASA Insurance	54.99	1599
First Financial 911 Investment	338,276.10	1614
CVCOG Investment Account	256,064.50	1618
Leasehold Improvements	75,000.00	1730
Other Assets - Project Equipment	<u>1,169,123.23</u>	1811
Total Assets	<u>3,899,727.86</u>	

Liabilities

AP	248,657.74	2111
AP Clearing	22,209.00	2112
AP First Financial Credit Card	31,074.08	2114
AP CitiBank Credit Card	59,930.93	2117
Payroll Payable - Administration	286,036.14	2151
Federal Withholding Tax	24,071.77	2311
Medicare Payable	10,122.60	2321
SUTA Payable	30.29	2323
Employee Benefits Payable	42,142.55	2412

CVCOG  
Balance Sheet  
As of 5/31/2022

Current Period Balance

Liabilities cont...

Health Savings Account	4,527.74	2413
MASA Payable	69.50	2417
Vision Insurance Payable	150.50	2419
Employer Pension Plan Payable	119,811.90	2422
Employee Contr to Pension Plan	70,076.81	2423
Deferred Income Plan Withheld	3,490.00	2431
State Comptroller Unclaimed	0.46	2434
United Way Payable	1,603.06	2441
Child Support Payable	2,086.06	2442
Accrued Annual Leave	182,270.15	2521
Unearned Revenue- 911 Program	166,271.63	2917
Unearned Revenue-VISTA	148,143.23	2918
Unearned Revenue - Regional Law Academy Tuition	2,500.00	2926
Unearned Revenue-Solid Waste	<u>84,288.55</u>	2938
<b>Total Liabilities</b>	<u><b>1,509,564.69</b></u>	

Fund Balance

General Unrestricted Fund Balance	488,890.25	3000
Long Term Debt - Annual Leave	(182,270.15)	3105
Investment - Capital Assets	1,244,123.23	3110
Restricted - USDA Note Available	23,850.00	3202
Restrict - Faith in Action 501c3	35,286.51	3204
Restricted - CV Medical Reserve Corp	3,765.02	3205
Assigned - Area Agency on Aging	3,694.56	3401
Assigned - SCP Visiting Program	9,867.64	3402
Assigned - Caregiver	2,213.65	3403
Assigned - Housing Finance	93,807.76	3404
Assigned - Homeland Security	18,047.25	3405
Assigned - CJ Planning	104,750.36	3406
Assigned - CJ Law Enf Academy	187,194.33	3407
Assigned - 211 Information Referral	42,282.25	3408
Assigned - CEDAF	<u>30,774.41</u>	3409
<b>Total Fund Balance</b>	<u><b>2,106,277.07</b></u>	

Excess Revenue over Expenditures FY 21-22

283,886.10

**Total Liabilities and Fund Balance**

**3,899,727.86**

**CVCOG**  
**Statement of Revenues and Expenditures - CVCOG Statement of Revenue and Expenditures**  
**From 10/1/2021 Through 5/31/2022**

Revenue	<u>Current Period Actual</u>	
CNCS Senior Companion CFDA 94.016	115,237.89	4164
CNCS Foster Grandparent CFDA 94.011	190,974.00	4165
CNCS RSVP CFDA 94.002	93,114.00	4167
Grant 804, EDA CARES ACT	168,634.63	4169
HHS-ACF Head Start ARP 06HE001000 C6	41,525.84	4170
HHS-ACF Head Start 06CH010970-03	4,272,185.81	4171
HHS-ACF Head Start CRRSA 06HE001000 C5	170,048.00	4172
AAA - Title IIIB CFDA 93.044	20,743.00	4201
CACFP Prior Year CFDA 10.558	8,833.17	4203
AAA - Title IIIC1 CFDA 93.045	22,214.00	4205
Off Gov-CJ Juvenile Justice Service CFDA 16.523	23,947.79	4206
AAA - Title IIIC-2 CFDA 93.045	12,344.00	4207
CARES ACT III C-2, CFDA 93.045	27,727.00	4211
AAA - Title IIIE CFDA 93.052	12,374.00	4215
AAA - Title VII EAP CFDA 93.041	1,844.00	4216
AAA - Title VI OM CFDA 93.042	14,019.00	4218
CACFP Nutrition CFDA 10.558	386,295.73	4221
Off Gov-Violence Against Women Act CFDA 16.588	4,996.10	4222
PY - Title IIIB CFDA 93.044	92,931.00	4227
Off Gov-HSGP MACC Communications	2,666.93	4230
211 TANF OPS FED CFDA 93.558	861.71	4231
PY - Title IIIC1 CFDA 93.045	73,355.00	4232
211 Food Stamps CFDA 10.561	30,802.52	4233
PY - Title IIIC2 CFDA 93.045	30,215.00	4235
Title III C-2 Consolidated	72,732.00	4236
PY - Title IIIE CFDA 93.052	10,896.00	4239
PY - NSIP CFDA 93.053	38,607.00	4244
211 Child Health Ins CFDA 93.767	4,855.64	4245
AAA-CDC Vaccination IIIB CFDA 93.044	21,647.00	4248
211 Child Care CFDA 93.575	2,411.49	4258
AAA Title D Disaster Flex CFDA 93.043	5,452.00	4260
211 CHIPS OPS Fed CFDA 93.778	32,088.24	4265
CF - HICAP Basic CFDA 93.324	24,634.00	4267
211 COVID TANF OPS CFDA 93.558	16.58	4269
211 COVID Food Stamps CFDA 10.561	592.68	4271
ADRC Housing Navigator CFDA 93.791	24,032.22	4274
ADRC Local Contact Agency CFDA 93.791	1,466.19	4275
ARP Title III-B	72,702.00	4276
ARP Title III C1	103,846.00	4277
ARP Title III C2	66,624.00	4278
ADRC MIPPA CFDA 93.071	9,307.59	4279
CACFP COVID-19	21,779.94	4287
211 COVID Child Health Ins CFDA 93.767	93.43	4289
ARP Title III E	10,835.00	4290
ARP Title VI OM CFDA 93.042	3,249.00	4291
211 COVID CHIPS CFDA 93.778	617.40	4292
Off Gov-Homeland Security SHSP CFDA 97.067	81,834.98	4294
AAA - MIPPA CFDA 93.071	4,550.00	4297
AAA State General	59,393.00	4301
TCEQ Solid Waste State	29,111.29	4302
2-1-1 COVID SGR	1,311.69	4305
Off Gov - CJ Academy State	49,304.85	4307

**CVCOG**  
**Statement of Revenues and Expenditures - CVCOG Statement of Revenue and Expenditures**  
**From 10/1/2021 Through 5/31/2022**

	<u>Current Period Actual</u>	
AAA - State OMB ALF	4,601.00	4308
TxHHS-RSVP State	34,730.78	4309
Off Gov - CJ Equipment State	20,652.20	4310
Off Gov - HSGD Contract State	12,210.64	4311
TxHHS - 211 State Funds	68,170.38	4312
Off Gov, CJ Planning Services	29,357.01	4315
CSEC 911 ER Communications State	1,553,547.77	4316
ADRC State General Revenue	61,511.90	4325
ADRC State Promoting Independence	7,714.30	4331
TXHHS-SCP State	1,751.75	4336
IK Contributions	1,079,994.22	4411
Senior Center Program Income-Tracking Only	27,517.99	4416
Senior Center Local Revenue-Tracking Only	4,698.48	4417
CVCOG Membership Dues	15,201.27	4511
Area Agency on Aging Membership Dues	22,154.86	4512
CJ Membership Dues	65,153.00	4513
Program Income	30,439.74	4522
Local Revenue	72,941.87	4523
ARP Program Income-Tracking ONLY	29,902.54	4524
Interest Income General	353.77	4731
Credit Card Cash Rewards Redemption	3,025.00	4737
Economic Development District Pass-Thru	215,753.45	4760
Concho Valley Transit District Pass-Thru	2,713,041.07	4761
Prior Year Cost Pool Contribution	199,836.10	4762
Vacation Accrual Allocation	241,604.70	4911
Indirect Cost Allocations	465,281.24	4912
Information Technology Services	300,232.69	4913
Human Resources Allocation	216,514.53	4914
Procurement Dept Allocation	302,368.05	4915
Property Management Allocation	<u>271,985.83</u>	4916
Total Revenue	<u>14,644,129.46</u>	
<b>Expenditures</b>		
General Wages	4,565,834.95	5110
General Overtime Hours	4,672.82	5118
Holiday Work Time	664.31	5119
Vacation Time Allocation	241,604.70	5150
Medicare Tax	77,732.89	5151
Worker's Comp Insurance	72,618.53	5172
SUTA	6,215.94	5173
Health Insurance Benefit	1,329,090.44	5174
Dental Insurance Benefit	49,052.88	5175
Life Insurance Benefit	38,849.08	5176
HSA Insurance Benefit	49,075.24	5177
Retirement	653,633.55	5181
Indirect Allocation	464,965.91	5199
Employee Health and Welfare	1,564.65	5200
Stipend - FGP Volunteers	91,022.25	5201
Stipend - SCP Volunteers	52,212.00	5202
Emergency Pay Allowance Pay 1	4,327.50	5204
Recognition	19,924.57	5205
HR Service Center	216,514.53	5206
Procurement Service Center	302,368.05	5207

**CVCOG**  
**Statement of Revenues and Expenditures - CVCOG Statement of Revenue and Expenditures**  
**From 10/1/2021 Through 5/31/2022**

	<u>Current Period Actual</u>	
Information Technology Service Center	300,232.69	5208
Driver Wages	824,810.07	5210
Emergency Pay Allowance Pay 2	3,916.50	5211
Dispatch/Customer Service Wages	81,541.76	5217
Driver Overtime Hours	52,051.13	5218
Dispatch/Customer Service Overtime Wages	2,926.75	5219
Driver Double Time	1,020.57	5222
Audit & Legal	34,129.44	5231
Counseling Services	17,125.00	5251
Contract Services	293,181.13	5291
HS Health & Disab Svc	505.90	5293
HS Policy Council	273.93	5294
HS Nutrition Service	266,406.29	5295
HS Parent Service	2,506.53	5296
AAA Congregate Meals	190,356.57	5301
AAA Home Delivered Meals	226,599.28	5302
Head Start T & T A	31,699.35	5308
Travel-In Region	17,793.11	5309
Travel-Out of Region	19,611.23	5310
Meals	4,776.40	5312
Travel-Volunteer	36,691.05	5313
Fuel	1,310.37	5351
Vehicle Maintenance	13,076.00	5361
Bus Stop Maintenance	137.65	5365
Non-Vehicle Maintenance	166.37	5366
Rent Southland Properties	208,000.00	5411
Other Facility Rent	7,657.38	5412
HS Site Rent	12,400.00	5413
Utilities	38,914.62	5431
HS Site Center Utilities	71,170.32	5433
Facility Maintenance	436,061.65	5451
HS Site Center Bldg Maint	81,035.08	5453
Supplies	162,624.14	5510
HS Class Room Supplies	78,994.91	5512
HS Food Serv Sup	53,911.13	5513
HS Medical Supplies	2,015.22	5514
Supplies - Bus/Service Vehicles	1,765.37	5516
HS Diapers and Wipes	10,245.33	5518
Parts Supply	2,494.85	5520
Internal Project Equipment	143,837.78	5621
Internal Computer/Software	64,404.35	5622
Internal Capital Equipment	3,046.70	5623
County Project Equipment	5,159.50	5627
Tools	3,675.34	5629
Copier	18,378.41	5632
Copier Lease	3,624.53	5633
Copier Paper	1,245.00	5634
Insurance	20,805.41	5711
Communications - Bus	200.00	5712
Cell Phones	3,107.42	5713
Internet	5,107.70	5714
Printing	5,539.68	5721
Ads & Promotions	19,223.44	5722



**CVCOG**  
**Statement of Revenues and Expenditures - CVCOG Statement of Revenue and Expenditures**  
**From 10/1/2021 Through 5/31/2022**

	<u>Current Period Actual</u>	
Publications	2,320.45	5723
HS Capital Playground	31,619.64	5734
Training	6,279.72	5751
Dues and fees	58,982.71	5753
Vehicle Registration	273.69	5754
HS Site Center Communications	13,863.53	5760
Communications	29,430.04	5761
Postage/freight	8,017.93	5762
911 Language Line	1,348.10	5766
911 Equipment Maintenance	131,852.92	5767
911 PSAP Room Prep	110,307.00	5773
911 Network Reliability	4,024.20	5774
911 Network	80,464.65	5775
911 PSAP Network	425,522.46	5777
911 Geographic Information Systems	7,872.34	5780
911 Core Functions	202,677.79	5781
911 Mason ISD Project	4,338.80	5782
Other	3,616.55	5791
Coffee Expense	447.40	5792
Physicals	135.00	5793
General Assembly Costs	266.18	5794
Safety	5,870.53	5796
Multi-Modal Supplies	1,521.31	5810
Multi-Modal Internet	9,700.46	5814
Multi-Modal Utilities	5,040.17	5831
Multi-Modal Communications	4,092.62	5861
Shop Christoval Rd Supplies	15.96	5870
Shop Christoval Rd Utilities	421.77	5876
Shop Christoval Rd Maintenance	490.10	5880
InKind Travel	39,991.00	6310
InKind Other	<u>1,040,003.22</u>	6791
Total Expenditures	<u>14,360,243.36</u>	
Excess Revenue over Expenditures	<u><u>283,886.10</u></u>	

CVCOG  
Expenditure Journal - All Grant Exp Recap YTD  
From 10/1/2021 Through 5/31/2022

Grant Code	Grant Title	General Ledger Expenditures	Account Payable Expenditures	Total
010	CVTD Pass-thru ICB Program	21,046.36	0.00	21,046.36
013	CVTD Pass Thru TML Ins	0.00	4,917.00	4,917.00
018	Pass-Thru CVTD Medicaid	23,238.47	0.00	23,238.47
019	CVTD Pass-Thru Program 019, Link Road Operations	0.00	2,058.02	2,058.02
023	Pass Thru CVTD Link Road	14,159.66	7,446.74	21,606.40
025	Grant 025, VISTA CNCS Contract FY 20-22	14,277.13	0.00	14,277.13
040	Pass-Thru CV Economic Development Dist	62,189.57	2,719.65	64,909.22
044	Pass Thru CVEDD Grant 044, EDA Revolving Loan	10,856.23	0.00	10,856.23
092	Procurement	289,749.39	12,618.54	302,367.93
093	Human Resources	212,559.12	3,955.44	216,514.56
094	Information Technology	220,033.40	80,199.30	300,232.70
095	Engagement Committee Funds	52.56	3,204.00	3,256.56
096	Property Management	19,596.33	252,389.49	271,985.82
097	Non-Project Expenses	5,072.33	30,303.32	35,375.65
098	Vacation Accrual Allocation	180,050.20	0.00	180,050.20
099	INDIRECT COSTS	429,120.81	148,967.38	578,088.19
582	USDHUD Community and Economic Development Assistance Fund	4,070.87	0.00	4,070.87
781	TCEQ Grant 781, Solid Waste FY 19-21	0.00	5,159.50	5,159.50
804	USDA Grant 804, EDA CARES ACT 2-Y 20-22 ED20AUS3070076	71,697.90	96,936.73	168,634.63
805	Grant 805, 911 CSEC State FY21 Funding 2nd Biennium	(115,113.71)	680,336.05	565,222.34
813	Pass Thru Grant 813, CVTD Urban FY 20-21	189.77	75.45	265.22
814	Pass Thru Grant 814, CVTD Rural FY 20-21	(7.79)	(14.98)	(22.77)
817	Pass-Thru Grant 817, CVTD RCTP FY 20-21	16,221.70	428.50	16,650.20
820	Grant 820, CACFP Head Start Nutrition FY 20-21 Q2021	(350.80)	366.75	15.95
825	Pass Thru CVTD Rural CARES	0.00	5,127.14	5,127.14
827	Grant 827, CNCS RSVP FY 21-22 20SRWTX024	72,972.23	20,791.77	93,764.00
829	HHS-ACF Grant 829, Head Start FY 21-22 06CH010970	5,047,750.46	476,732.41	5,524,482.87
A01	HHSC-OAAA Grant A01, Area Agency on Aging FY 21-22	463,454.88	428,136.36	891,591.24
C01	OOG State Grant C01, CJ Academy FY 21-23 1480417	104,866.75	34,555.18	139,421.93
C02	OOG Contract C02, CJD Planning FY 21-22 22-00076	24,341.39	1,440.49	25,781.88
C03	OOG State Grant C03, CJ Equipment FY 21-22 4300101	0.00	20,652.20	20,652.20
D01	Grant D01, HHSC ADRC FY 21-22 HHS000270200007	92,924.52	11,107.68	104,032.20
F01	Grant F01, CNCS Foster Grandparent 21-22 Y3 19SFWTX002	191,580.77	12,351.23	203,932.00
G01	Grant G01, RSVP HHSC State HHS000871100009 Year2	34,732.43	0.00	34,732.43
H01	Grant H01, Head Start CACFP COVID-19 EOC2021	(22.77)	5,780.99	5,758.22
H02	Grant H02, CACFP Head Start Nutrition FY 21-22 Q2022	18,811.94	313,010.23	331,822.17
I01	Pass Thru Grant I01, CVEDD TXDOT	0.00	139,988.00	139,988.00
J01	OOG Grant J01, Juvenile Justice Service FY 21-22 1484322	5,522.79	18,425.00	23,947.79
L01	CVTD Pass-Thru Link Road Facility	40,018.42	16,824.50	56,842.92
M01	Pass-thru Grant M01, Mobility Urban 5310-2021-0027	53,151.75	0.00	53,151.75
M02	Pass-Thru Grant M02, Mobility Rural 5310-2021-0027	31,513.66	0.00	31,513.66
P01	CVTD Pass-Thru, RPTCP 2022-CVTD-00021	3,455.85	0.00	3,455.85
R01	Pass-thru Grant R01, CVTD Rural FY 21-22	821,226.17	10,578.10	831,804.27
R02	Pass-thru Grant R02, CVTD Rural ARP FY 21-22	33,118.17	4,458.72	37,576.89
S01	Grant S01, CNCS Senior Companion 21-22 Y3 19SCWTX001	116,346.70	9,534.19	125,880.89
S02	Grant S02, SCP HHSC State HHS000871100039 Year2	1,751.75	0.00	1,751.75
T01	Grant T01, TIRN 211 Information & Referral FY 21-22	126,683.98	15,137.78	141,821.76
U01	Pass-thru Grant U01, CVTD Urban FY 21-22	1,364,418.99	23,157.69	1,387,576.68
U02	Grant U02, CVTD Pass-Thru	213,350.40	2,882.61	216,233.01
V01	OOG Grant V01, Violence Against Women Act 3973002	10,810.47	1,205.98	12,016.45
W01	Grant W01, TCEQ State Solid Waste FY 21-23	22,908.92	1,042.87	23,951.79
X01	OOG Grant X01, Homeland Security (HSGP) FY 21-22 29529007	79,855.95	2,048.77	81,904.72
X02	OOG State Contract X02, HSGD FY 21-22 22-00076	7,669.40	288.76	7,958.16
X03	OOG Grant X03, HSGP MACC Communications	0.00	2,666.93	2,666.93
Z01	Grant Z01, 911 CSEC State FY 22 Funding, 1st Biennium	551,784.13	436,541.30	988,325.43
	Report Total	<u>11,013,709.60</u>	<u>3,346,533.76</u>	<u>14,360,243.36</u>



**Concho Valley Council of Governments Cash Flow**

FY 20-21	First Financial CVCOG General Fund (000's)			First Financial 9-1-1 Trust Account (000's)				First Financial General Investment Savings				CVCOG Balance	First Financial CVTD (000's)			First Financial CVTD-ICB (000's)			First Financial CVEDD (000's)			CVTD - CD (000's)			Total Balance
	Inflows	Outflows	Balance	Inflows	Interest	Outflows	Balance	Inflows	Interest	Outflows	Balance		Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance	
Beginning Balance:	\$ 1,125,860			\$ 254				\$ 217,955					\$ 627,043			\$ 9,391			\$ 255,421			\$ -			
October	1,831,397	(2,351,835)	605,422	497,988	11	(65,252)	433,001	34,731	7	-	252,692	1,291,116	295,515	(129,602)	792,956	4,507	(3,752)	10,146	40,434	(92,963)	202,893	-	-	-	2,297,110
November	1,223,321	(1,441,853)	386,890	-	12	(124,881)	308,132	-	9	-	252,701	947,723	341,246	(619,654)	514,549	3,888	(3,587)	10,447	60,561	(40,302)	223,152	-	-	-	1,695,871
December	1,400,883	(1,580,398)	207,375	-	9	(80,228)	227,914	-	9	-	252,710	687,999	844,674	(488,407)	870,816	5,646	(4,603)	11,491	84,060	(65,000)	242,212	-	-	-	1,812,518
January	2,094,100	(1,477,340)	824,135	-	7	(213,753)	14,167	-	12	-	252,722	1,091,024	930,683	(768,227)	1,033,273	5,043	(4,510)	12,024	17,567	(80,318)	179,461	-	-	-	2,315,782
February	1,369,212	(1,558,245)	635,102	265,904	12	(21,042)	259,042	-	24	-	252,746	1,146,890	279,483	(602,194)	710,562	4,784	(4,847)	11,961	3,959	(12,095)	171,325	-	-	-	2,040,737
March	1,426,261	(1,464,307)	597,056	-	57	(90,417)	168,682	3,025	63	-	255,834	1,021,572	578,397	(502,085)	786,873	6,629	(5,231)	13,359	199,768	(41,566)	329,528	-	-	-	2,151,331
April	1,722,799	(1,712,298)	607,556	313,881	97	-	482,660	-	85	-	255,919	1,346,135	278,721	(437,195)	628,399	7,273	(7,110)	13,522	156,069	(107,117)	378,480	-	-	-	2,366,537
May	1,779,201	(1,636,003)	750,754	-	236	(144,620)	338,276	-	146	-	256,065	1,345,095	786,189	(472,045)	942,544	7,448	(6,310)	14,660	112,528	(22,677)	468,330	-	-	-	2,770,629
June	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Interest Rate at 0.034500% as of 10/01/21  
Interest Rate at 0.043400% as of 11/01/21  
Interest Rate at 0.041200% as of 12/01/21  
Interest Rate at 0.055300% as of 1/03/22  
Interest Rate at 0.122800% as of 2/01/22  
Interest Rate at 0.2911% as of 3/01/22  
Interest Rate at 0.3925% as of 4/01/22  
Interest Rate at 0.6917% as of 5/02/22

Interest Rate at 0.034500% as of 10/01/21  
Interest Rate at 0.043400% as of 11/01/21  
Interest Rate at 0.041200% as of 12/01/21  
Interest Rate at 0.055300% as of 1/03/22  
Interest Rate at 0.122800% as of 2/01/22  
Interest Rate at 0.2911% as of 3/01/22  
Interest Rate at 0.3925% as of 4/01/22  
Interest Rate at 0.6917% as of 5/02/22

Account opened to segregate Greyhound Funds  
\$12,596.67 belongs to CVTD deposited to maintain account

CD closed March 2021

FY 20-21	First Financial CVCOG General Fund (000's)			First Financial 9-1-1 Trust Account (000's)				First Financial General Investment Savings				CVCOG Balance	First Financial CVTD (000's)			First Financial CVTD-ICB (000's)			First Financial CVEDD (000's)			CVTD - CD (000's)			Total Balance
	Inflows	Outflows	Balance	Inflows	Interest	Outflows	Balance	Inflows	Interest	Outflows	Balance		Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance	
Beginning Balance:	\$ 852,791			\$ 78,321				\$ 57,863					\$ 442,847			\$ 7,936			\$ 154,893			\$ 550,000			
October	1,550,872	(1,885,639)	518,024	378,789	23	(21,625)	435,509	59,701	7	-	117,571	1,071,104	412,720	(246,639)	608,928	-	-	7,936	22,452	(50,021)	127,324	-	-	550,000	2,365,292
November	1,659,369	(1,228,094)	949,299	-	27	(111,134)	324,401	-	8	-	117,579	1,391,280	355,744	(579,201)	385,470	-	-	7,936	36,132	(65,612)	97,845	-	-	550,000	2,432,531
December	1,194,051	(1,452,857)	690,493	-	12	(202,777)	121,637	-	6	(37,349)	80,237	892,367	596,392	(647,429)	334,433	-	-	7,936	2,864	(48,894)	51,815	-	-	550,000	1,836,552
January	1,643,830	(1,484,818)	849,505	210,830	11	-	332,477	-	5	-	80,242	1,262,224	1,385,224	(628,973)	1,090,684	-	-	7,936	220,188	(163,086)	108,918	-	-	550,000	3,019,762
February	1,148,521	(959,963)	1,038,063	-	18	(104,431)	228,063	4,850	5	-	85,097	1,351,223	109,922	(506,821)	693,786	-	-	7,936	107,496	(29,764)	186,649	-	-	550,000	2,789,594
March	1,333,497	(1,519,529)	852,031	-	5	(94,991)	133,078	-	3	-	85,100	1,070,208	820,390	(506,461)	1,007,714	-	-	7,936	113,869	(130,000)	170,518	-	550,000	-	2,256,376
April	1,437,841	(1,577,915)	711,957	-	3	-	133,081	-	2	-	85,102	930,139	546,601	(411,645)	1,142,670	-	-	7,936	74,332	(100,282)	144,568	-	-	-	2,225,314
May	1,573,197	(1,190,608)	1,094,546	-	2	-	133,083	-	1	-	85,103	1,312,732	482,059	(685,677)	939,053	-	-	7,936	34,310	(41,137)	137,741	-	-	-	2,397,462
June	1,266,906	(1,569,129)	792,323	-	1	-	133,084	-	1	-	85,104	1,010,511	597,653	(238,484)	1,298,221	3,408	(2,228)	9,116	101,576	(39,645)	199,673	-	-	-	2,517,521
July	1,968,484	(1,885,819)	874,988	-	3	-	133,087	-	2	-	85,106	1,093,180	436,381	(591,857)	1,142,746	4,022	(4,463)	8,675	58,901	(34,567)	224,006	-	-	-	2,468,608
August	1,085,360	(1,221,427)	738,921	-	5	-	133,092	-	3	-	85,109	957,121	382,412	(473,866)	1,051,292	4,301	(2,547)	10,429	157,213	(25,980)	355,240	-	-	-	2,374,082
September	1,851,412	(1,464,472)	1,125,860	-	3	(132,841)	254	132,841	6	-	217,955	1,344,070	337,817	(762,066)	627,043	3,805	(4,843)	9,391	5,788	(105,606)	255,421	-	-	-	2,235,925

Interest Rate at 0.088000% as of 09/30/20  
Interest Rate at 0.092700% as of 10/01/20  
Interest Rate at 0.085900% as of 11/02/20  
Interest Rate at 0.079500% as of 12/01/20  
Interest Rate at 0.073100% as of 01/04/21  
Interest Rate at 0.072000% as of 02/01/21  
Interest Rate at 0.036600% as of 03/01/21  
Interest Rate at 0.028100% as of 04/01/21  
Interest Rate at 0.017900% as of 05/03/21  
Interest Rate at 0.012800% as of 06/01/21  
Interest Rate at 0.024700% as of 07/01/21  
Interest Rate at 0.043400% as of 08/02/21  
Interest Rate at 0.048700% as of 09/01/21

Interest Rate at 0.088000% as of 09/30/20  
Interest Rate at 0.092700% as of 10/01/20  
Interest Rate at 0.085900% as of 11/02/20  
Interest Rate at 0.079500% as of 12/01/20  
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Interest Rate at 0.024700% as of 07/01/21  
Interest Rate at 0.043400% as of 08/02/21  
Interest Rate at 0.048700% as of 09/01/21

Account opened to segregate Greyhound Funds  
\$7,935.77 belongs to CVTD deposited to maintain account

CD setup March 6, 2020  
Interest Rate is 1%, term is 1 Year  
Maturity date March 5, 2021  
CD funds applied to Note Payable  
Account Closed

In compliance with PFIA 2256.023 and CVCOG Investment Policy section XI

signature on hardcopy  
CVCOG Executive Director/Investment Officer

signature on hardcopy  
CVCOG Director of Finance

hardcopy signed 6/2/2022  
Date

Beginning Balance:	First Financial CVCOG General Fund (000's)			First Financial 9-1-1 Trust Account (000's)				First Financial General Investment Savings				CVCOG Balance	First Financial CVTD (000's)			First Financial CVTD-ICB (000's)			First Financial CVEDD (000's)			CVTD - CD (000's)			Total Balance			
	Inflows	Outflows	Balance	Inflows	Interest	Outflows	Balance	Inflows	Interest	Outflows	Balance		Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance				
\$ 512,440				\$ 52,098				\$ 54,172				\$ 866,843				\$ 10,080				\$ 159,908				\$ -				
<b>FY 19-20</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Interest</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Interest</b>	<b>Outflows</b>	<b>Balance</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	
October	2,034,109	(2,092,445)	454,104	490,901	687	(94,545)	449,140	-	77	-	54,249	957,493	266,167	(480,776)	652,233	7,028	(6,252)	10,856	153,239	(44,332)	268,815	-	-	-	-	-	-	1,889,397
November	1,825,827	(1,578,866)	701,066	-	463	(125,834)	323,769	-	67	-	54,316	1,079,151	248,049	(424,344)	475,939	4,746	(5,655)	9,947	8,192	(44,269)	232,738	-	-	-	-	-	-	1,797,774
December	1,160,586	(1,377,824)	483,828	-	279	(132,828)	191,221	-	59	-	54,376	729,424	752,241	(381,046)	847,134	8,299	(6,397)	11,849	39,835	(13,852)	258,721	-	-	-	-	-	-	1,847,128
January	1,622,248	(1,330,300)	775,776	-	115	(126,621)	64,715	3,250	69	-	57,695	898,185	1,157,462	(437,528)	1,567,068	5,664	(8,183)	9,330	12,823	(65,500)	206,044	-	-	-	-	-	-	2,680,628
February	1,484,162	(1,656,997)	602,941	344,808	324	(114,591)	295,255	-	58	-	57,753	955,949	399,105	(527,493)	1,438,680	7,575	(8,032)	8,873	51,024	(112,061)	145,008	-	-	-	-	-	-	2,548,510
March	1,212,074	(1,232,261)	582,754	-	201	(139,967)	155,489	-	63	-	57,816	796,060	364,412	(1,148,213)	654,879	4,586	(5,164)	8,295	36,760	(30,270)	151,498	550,000	-	550,000	-	-	-	2,160,732
April	2,029,840	(2,211,983)	400,611	719,031	179	-	874,700	-	19	-	57,835	1,333,145	365,247	(420,910)	599,216	-	(360)	7,936	64,302	(10,524)	205,275	-	-	550,000	-	-	-	2,695,572
May	1,547,259	(1,202,357)	745,513	-	87	(127,314)	747,473	-	6	-	57,841	1,550,827	292,843	(412,858)	479,201	-	-	7,936	1,760	(21,146)	185,889	-	-	550,000	-	-	-	2,773,853
June	997,548	(1,162,320)	580,741	-	60	(134,801)	612,732	-	5	-	57,846	1,251,320	700,808	(387,286)	792,723	-	-	7,936	4,023	(21,774)	168,138	-	-	550,000	-	-	-	2,770,116
July	1,552,898	(1,464,054)	669,585	-	65	(155,137)	457,660	-	7	-	57,853	1,185,099	454,161	(779,524)	467,360	-	-	7,936	36,926	(32,658)	172,406	-	-	550,000	-	-	-	2,382,801
August	1,362,160	(1,299,161)	732,584	-	33	(168,059)	289,634	-	5	-	57,859	1,080,077	409,455	(381,205)	495,609	-	-	7,936	29,720	(15,102)	187,024	-	-	550,000	-	-	-	2,320,646
September	2,781,918	(2,661,712)	852,791	-	15	(211,328)	78,321	-	4	-	57,863	988,975	447,076	(499,838)	442,847	-	-	7,936	67,868	(100,000)	154,893	-	-	550,000	-	-	-	2,144,650

Interest Rate at 1.671700% as of 10/01/19  
Interest Rate at 1.459600% as of 11/01/19  
Interest Rate at 1.341300% as of 12/30/19  
Interest Rate at 1.339200% as of 01/02/2020  
Interest Rate at 1.324000% as of 02/03/2020  
Interest Rate at 1.339000% as of 03/02/2020  
Interest Rate at 0.396100% as of 04/01/2020  
Interest Rate at 0.106900% as of 06/01/2020  
Interest Rate at 0.140000% as of 07/01/2020  
Interest Rate at 0.115400% as of 08/03/2020  
Interest Rate at 0.088000% as of 09/01/2020

Account opened to segregate Greyhound Funds  
\$7,935.77 belongs to CVTD deposited to maintain account

CD setup March 6, 2020  
Interest Rate is 1%, term is 1 Year

Beginning Balance:	First Financial CVCOG General Fund (000's)			First Financial 9-1-1 Trust Account (000's)				First Financial General Investment Savings				CVCOG Balance	First Financial CVTD (000's)			First Financial CVTD-ICB (000's)			First Financial CVEDD (000's)			Total Balance			
	Inflows	Outflows	Balance	Inflows	Interest	Outflows	Balance	Inflows	Interest	Outflows	Balance		Inflows	Outflows	Balance	Inflows	Outflows	Balance	Inflows	Outflows	Balance				
\$ 422,124				\$ 755,459				\$ 49,764				\$ 768,881				\$ 9,625				\$ 208,540					
<b>FY 18-19</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Interest</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Interest</b>	<b>Outflows</b>	<b>Balance</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	<b>Inflows</b>	<b>Outflows</b>	<b>Balance</b>	
October	1,314,423	(1,224,296)	512,251	-	1,045	(150,533)	605,971	-	80	-	49,844	1,168,066	736,983	(485,436)	1,020,428	9,411	(8,075)	10,961	13,771	(47,697)	174,614	-	-	-	2,374,069
November	1,324,336	(976,119)	860,468	-	787	(247,928)	358,831	-	85	-	49,929	1,269,227	433,399	(405,306)	1,048,521	8,705	(5,159)	14,506	40,324	(42,607)	172,331	-	-	-	2,504,585
December	1,649,406	(1,181,028)	1,328,846	-	392	(133,156)	226,066	-	80	-	50,009	1,604,922	568,264	(413,848)	1,202,937	9,800	(9,390)	14,915	135,465	(187,902)	119,894	-	-	-	2,942,667
January	1,257,912	(1,919,331)	667,427	398,617	964	(101,828)	523,820	-	88	-	50,097	1,241,343	757,544	(560,756)	1,399,725	10,754	(14,094)	11,575	80,199	(62,930)	137,163	-	-	-	2,789,805
February	1,126,901	(1,277,584)	516,743	-	670	(155,716)	368,774	-	80	-	50,177	935,694	373,197	(256,333)	1,516,588	9,441	(7,140)	13,876	30,683	(11,937)	155,909	-	-	-	2,622,067
March	1,262,540	(862,946)	916,337	-	421	(207,267)	161,928	3,375	94	-	53,646	1,131,911	297,289	(422,349)	1,391,528	5,944	(8,209)	11,610	40,764	(39,585)	157,088	-	-	-	2,692,138
April	1,812,400	(1,612,815)	1,115,923	455,481	907	(123,176)	495,140	-	92	-	53,738	1,664,801	349,516	(412,629)	1,328,416	10,078	(10,893)	10,795	2,432	(9,932)	149,588	-	-	-	3,153,600
May	1,910,500	(2,650,856)	375,566	-	756	(144,374)	351,522	-	101	-	53,839	780,926	310,696	(596,263)	1,042,849	8,434	(7,441)	11,789	156,786	(109,186)	197,188	-	-	-	2,032,752
June	1,327,216	(1,113,389)	589,393	-	354	(200,347)	151,529	-	84	-	53,923	794,845	428,013	(393,709)	1,077,152	6,546	(7,333)	11,002	2,050	(16,599)	182,639	-	-	-	2,065,638
July	1,934,176	(1,914,616)	608,953	413,839	592	-	565,961	-	88	-	54,010	1,228,924	446,427	(464,973)	1,058,606	8,239	(8,125)	11,115	15,597	(30,215)	168,021	-	-	-	2,466,666
August	1,578,031	(1,260,391)	926,593	-	565	(514,495)	52,030	-	90	-	54,101	1,032,723	444,379	(439,246)	1,063,739	8,666	(9,079)	10,703	31,360	(9,908)	189,473	-	-	-	2,296,638
September	959,826	(1,373,979)	512,440	-	68	-	52,098	-	71	-	54,172	618,710	219,522	(416,419)	866,843	7,096	(7,719)	10,080	2,499	(32,064)	159,908	-	-	-	1,655,540

Interest Rate at 1.884500% as of 10/01/18  
Interest Rate at 1.944400% as of 11/01/18  
Interest Rate at 2.025200% as of 12/03/18  
Interest Rate at 2.065900% as of 01/02/19  
Interest Rate at 2.088800% as of 02/01/19  
Interest Rate at 2.076100% as of 03/01/19  
Interest Rate at 2.094200% as of 04/01/19  
Interest Rate at 2.072300% as of 05/01/19  
Interest Rate at 2.039600% as of 06/03/19  
Interest Rate at 1.910600% as of 07/01/19  
Interest Rate at 1.848500% as of 08/01/19  
Interest Rate at 1.714500% as of 09/03/19

Account opened to segregate Greyhound Funds  
Approximately \$9,089 belongs to CVTD Local Cash

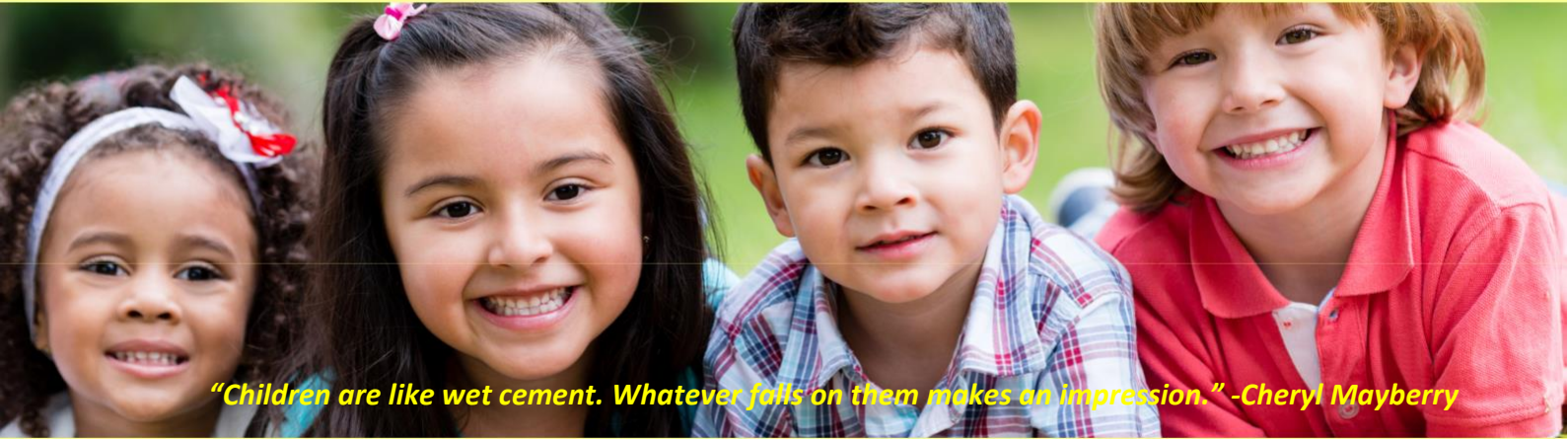
July 2022



**CONCHO VALLEY**  
COUNCIL OF GOVERNMENTS

# HEAD START

## Director's Report



*"Children are like wet cement. Whatever falls on them makes an impression." -Cheryl Mayberry*



The Head Start office requires our program to report enrollment statistics to determine if programs have achieved and maintained enrollment levels. Enrollment data will be collected every month. This information will be combined enrollment for Head Start and Early Head Start and the Pregnant Mom's Program. – *Ofelia Barron*

Month: May 2022	Current	Actual Enrollment (COVID-19 we are allowed to use actual enrollment instead of funded enrollment)
COG Head Start # of Children With IEP	35	398
Percentage this month	9%	
COG Early Head Start # of Children with IFSP	9	118 (children only)
Percentage this month	8%	
Total # of children with IEP/IFSP	44	516
Program -wide percentage this month	9%	

### Enrollment – May 2022

#### Head Start Funded

Enrollment: 411    Reported Enrollment: 410    Percent Enrolled: 100%

#### Early Head Start Funded

Enrollment: 120    Reported Enrollment: 120    Percent Enrolled: 100%

#### Pregnant Moms Funded

Enrollment: 8    Reported Enrollment: 8    Percent Enrolled: 100%

### HEAD START STAFF

Administrative Office  
5430 Link Road  
Phone (325)944-9666

*Carolina Raymond*  
Director

*Stephanie Hernandez*  
Assistant Director / Early Head Start  
Education Manager

*Cheryl Mayberry*  
Education & Disability Manager

*Ofelia Barron*  
ERSEA & Facility Manager

*Mary Husted*  
Compliance & Nutrition Specialist

*Stacy Walker*  
Family & Community, Parent  
Engagement Manager

*Melissa Miranda*  
Health & Mental Health Manager



# HEAD START & EARLY HEAD START

**To complete an online application please visit the following website:**

<https://www.childplus.net/apply/en-us/773DE148C226FC9E2E99E797A2126082/E0E98AA9744FB24ED4FA53FDF580DOCG>

**HEAD START (HS)** promotes school readiness of children under 5 from low-income families through education, health, social and other services.

**Early Head Start (EHS)** provides intensive comprehensive child development and family support services to low-income infants and toddlers under the age of 3 and their families, and to pregnant women and their families.

## **Blackshear Head Start Antionette Day**

**Monday-Friday 9:00AM-4:00PM  
(325) 658-7442**

## **Christoval Head Start Ammie Banks**

**Monday-Friday 9:00AM-3:00PM  
(325) 896-7281**

## **Day Head Start/ Early Head Start Comoshontai Hollis**

**Monday-Friday 9:00AM-4:00PM  
(325) 481-3395**

## **Eden Head Start Mary Torres**

**Monday-Friday 9:00AM-3:00PM  
(325) 869-8703**

## **Eldorado Head Start Abigail Ussery**

**Monday-Friday 9:00AM-3:00PM  
(325) 853-3366**

## **Menard Head Start/ Early Head Start Bertha DeAnda**

**Monday-Friday 9:00AM-3:00PM  
(325) 396-2885**

## **Ozona Head Start Tracy Ybarra**

**Monday-Friday 9:00AM-3:00PM  
(325) 392-3429**

## **Rio Vista Head Start/ Early Head Start Michelle Aguirre**

**Monday-Friday 9:00AM-4:00PM  
(325) 659-3670**

# July Job Postings 2022

## **San Angelo Early Head Start Teacher Day**

### ***SUMMARY OF POSITION - Full Time***

The position of Day Early Head Start Teacher serves as the lead worker in a classroom of Head Start children. The Head Start Teacher is responsible for overall management of a classroom, ensuring that the objectives delineated in the annual Head Start plan are implemented. This position may work with children with disabilities. This position may serve as the second in charge when the Site Supervisor is out of the center. This teacher will be responsible for following Texas Minimum Standards for Licensing and Head Start Performance Standards. Responsible for providing a supportive, safe, and stimulating learning environment.

The position of Head Start Universal Substitute is responsible for assisting the Teacher, Teacher Assistant, Cook or Custodian in all activities assigned by the Site Supervisor or next in charge. Maintain agency's "Confidentiality Policy and Procedures" and "Code of Conduct and Professional Ethics".

### **ACCEPTABLE EXPERIENCE AND TRAINING**

Must have a BA in Early Childhood Education or related degree, Associate Degree in Early Childhood Education, or a CDA and/or willing to enroll in an AA program. Experience working with preschool age children is preferred but is not required.

## **Head Start Custodian Rural Christoval**

### ***SUMMARY OF POSITION – Part-Time***

The position of Custodian is responsible for ensuring a clean, safe, and functional facility by performing daily cleaning of the Head Start Kitchen, classrooms, and all other spaces used by the Head Start Program. This position runs throughout the school year including time preparing and closing out the facility before and after every school year. This position would be Mon- Fri- 2 hours a day. Employee can pick any two hours between 2pm and 6pm

### **ACCEPTABLE EXPERIENCE AND TRAINING**

Applicants will need a High School Diploma or GED and Experience is preferred but not required.

## **Head Start Teacher Positions for San Angelo Blackshear, and Rio Vista**

### ***SUMMARY OF POSITION – Full Time***

The position of Head Start Teacher serves as the lead worker in a classroom of Head Start children. The Head Start Teacher is responsible for overall management of a classroom, ensuring that the objectives delineated in the annual Head Start plan are implemented. This position may work with children with disabilities. This position may serve as the second in charge when the Site Supervisor is out of the center. This teacher will be responsible for following Texas Minimum Standards for Licensing and Head Start Performance Standards. Responsible for providing a supportive, safe, and stimulating learning environment.

### **ACCEPTABLE EXPERIENCE AND TRAINING**

Must have a BA in Early Childhood Education or related degree, Associate Degree in Early Childhood Education, or a CDA and/or willing to enroll in an AA program. Experience working with preschool age children is preferred but is not required.

## **Head Start Teacher Assistant Positions for San Angelo Rio Vista**

### ***SUMMARY OF POSITION – Full Time***

The position of Head Start Teacher Assistant is responsible for working as a team with the Head Start Teacher in developing activities for children to provide them with varied experiences and an appropriate learning environment. This position may work with children with disabilities. Teacher Assistant is also responsible for supervision of children and will share in the development and implementation of lesson plans. Teacher Assistant will also act as a teacher in the absence of the Teacher by learning all aspects and functions of a Head Start Classroom, such as completing all assigned paperwork and reports. The Teacher Assistant may be assigned additional duties based upon program needs and areas of developing expertise. This position works along with the Teacher to attain the goals of the Head Start Program.

### **ACCEPTABLE EXPERIENCE AND TRAINING**

Applicants will need one of the following: Child Development Associate (CDA) or be willing to obtain one, and experience working with preschool children preferred but not required

## **Head Start Teacher Assistant Positions for Rural Christoval**

### ***SUMMARY OF POSITION – Full Time***

The position of Head Start Teacher Assistant is responsible for working as a team with the Head Start Teacher in developing activities for children to provide them with varied experiences and an appropriate learning environment. This position may work with children with disabilities. Teacher Assistant is also responsible for supervision of children and will share in the development and implementation of lesson plans. Teacher Assistant will also act as a teacher in the absence of the Teacher by learning all aspects and functions of a Head Start Classroom, such as completing all assigned paperwork and reports. The Teacher Assistant may be assigned additional duties based upon program needs and areas of developing expertise. This position works along with the Teacher to attain the goals of the Head Start Program.

### **ACCEPTABLE EXPERIENCE AND TRAINING**

Applicants will need one of the following: Child Development Associate (CDA) or be willing to obtain one, and experience working with preschool children preferred but not required