




# ***Approval of the 2022-2023 DHS Head Start Program Policy Updates***



**HEAD START**

 <b>2022-2023 Head Start Policy Index</b>		Change Required?	Description and Volume of Change made to current Policy
<b>Education and Early Childhood Development</b>			
5	Development and Behavioral Screening	YES	Minor Edit related to procedure requirements and parent/guradian refusal.
<b>Family and Community Support</b>			
2	Staff-Parent Communication System	YES	Minor edits by defining Head Start Program inlcudes Head Start Recipient and Education Providers. Replace "Grantee" with Receipient.
5	Parent Activities to Promote Child Learning and Development	YES	Minor edits to replace "Grantee" with Receipient. Added a sentence identifying both the Head Start Receipient adn Education Provider.
6	Research-Based Parent Curriculum	YES	Removed sentence for making changes adapting new curriculum. Added sentence to include responsibility of both Receipient and Education Service Provider to crate procedures and train staff.
9	Family Collaboration for Transition from Early Head Start	YES	Minor edits by defining Head Start Program inlcudes Head Start Recipient and Education Providers. Adding sentence to include responsibility of both Receipient and Education Service Provider to crate procedures and train staff.
<b>Health</b>			
2	Lead Screening	YES	Clarified parent/guardian request.
3	Preventative Health Visit Requirements and Documentation	YES	Updates to language related to screenings and health requiremnets. Changed title.
<b>Program Design and Management</b>			
1	Program Monitoring	YES	Added Education Provider to receive the Monitoring summary
2	Standards of Conduct	YES	provided clarification related to substitutes
6	Staff Qualifications and Competency Requirements	YES	Added substitutes. Updated bullets.
7	Identification and Reporting of Child Abuse and Neglect	YES	Added substitutes. Added Head Start Recipient
8	Community Complaints	YES	Added a step to include Head Start Policy Council review
18	Program Data- Access and Security	YES	minor updates to provide clarification. added language on privacy screens and automatic locking
19	Program Information Report Data Entry and Completion	YES	minor updates to provide clarification. added language on privacy screens and automatic locking

	<b>DHS Head Start Program Policy</b>		
<b>EDUCATION 5</b>			
<b>SUBJECT</b>	Development and Behavior Screening		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	4/6/2010		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Head Start Program uses the Ages and Stages Questionnaire (ASQ-3) as the developmental screening and Ages and Stages Questionnaire: Social and Emotional, Second Edition (ASQ: SE-2) as the behavioral screening.

Education Service Providers will develop and implement procedures to ensure that developmental and behavioral screenings are completed in collaboration with each child's parent/guardian on or before the 45th calendar day after the child first attends the program or for any child that did not receive a developmental or behavioral screening the previous school year. Developmental (ASQ-3) and behavioral screenings (ASQ:SE-2) must be completed within this timeframe to identify early concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills for appropriate referrals.

The ASQ-3 and ASQ:SE-2 should not be completed by the teacher. If the parent or guardian needs assistance completing the questionnaire, the teacher or other staff member may provide the most appropriate accommodations for completion. The developmental and behavioral screenings may be distributed by the teacher no more than four weeks prior to the first day of a child's entry into school. To the greatest extent possible, the screening procedures must be sensitive to the child's cultural background and home language.

Education Service Providers will develop and implement procedures that include at a minimum:

- Identification of staff responsible for administering, scoring, follow-up, and referrals
- Monitoring the fidelity of the screenings
- Ensuring the appropriate version is utilized for child's age and language
- Ensuring proper completion of the screening tool
- Ensuring accurate scoring of the screening tool



- Establishing timeframes for follow-up, referrals, and documentation, including parent /guardian refusals.
- Following the *City of the San Antonio Benchmark Due Date Guide*, applicable *ChildPlus Data Entry Guide*, and the *Head Start File Scan Order and Process Guide*
- Completing routine internal monitoring of child files.

Education Service Providers will develop and implement procedures to address the use of the ASQ-3 and ASQ:SE-2 with children with an identified disability or IEP. A child is not automatically disqualified from receiving a developmental or behavioral screening if they have an identified disability or IEP. Sensitivity to the parent/guardian should always be a priority. Procedures may include a determination to complete only certain sections of the ASQ-3 or the ASQ:SE-2. If it is determined by the teacher or other early childhood professional that it is not appropriate for a parent/guardian to complete any section of the developmental or behavioral screening, the information supporting this determination must be documented in Child Plus according to the applicable *ChildPlus Data Entry Guide*.

Performance Standard:

1302.33

Additional Resources: <http://agesandstages.com/free-resources/articles/when-should-you-not-have-parents-complete-asq/>

	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 2</b>			
<b>SUBJECT</b>	Staff/Parent Communication System		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, will develop relationships with parents/guardians and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents/guardians to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community.

All Head Start staff, including Family and Community Support Staff and school district staff, will ensure continuous communication with families. This will allow our families to develop a sense of knowledge, trust and respect for our staff members, thus allowing staff and parents/guardians to work easily together to ensure that each child and family are receiving the full amount of benefits that Head Start has to offer.



The Head Start Program will conduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensures families have the opportunity to share personal information in an environment in which they feel safe.

The Head Start Recipient will work with the Education Service Provider to ensure the establishment of a Parent Connection Committee (PCC) comprised exclusively of parents/guardians of currently enrolled children at each site/center as early in the program year as possible. At a minimum, procedures must include:

- Activities to ensure parents/guardians of currently enrolled children understand the process for elections to the Head Start Policy Council (HSPC) and other leadership opportunities.
- Opportunities for PCC members to assist staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families.
- A process for PCC members to communicate with the Head Start Policy Council (HSPC).
  - i. PCC agendas must dedicate time to allow for parent questions/discussion

**Performance Standard(s):**

1302.50(b)(2) & (5); 1301.4

	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 5</b>			
<b>SUBJECT</b>	Parent Activities to Promote Child Learning and Development		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**



The Head Start Recipient and the Education Service Provider will promote shared responsibility with parents/guardians 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.

The Head Start Recipient and Education Service Providers will develop and implement procedures that include, at a minimum, the following:

- Offering activities that support parent-child relationships;
- Offer activities that support child development (including language, dual language, literacy and bi-literacy development);
- Provide parents/guardians with information about the importance of regular attendance, and partner with them, as necessary to promote consistent attendance (impact of attendance on learning outcomes);
- For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.

**Performance Standard(s):**

1302.51(a)

	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 6</b>			
<b>SUBJECT</b>	Research Based Parent Curriculum		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**



The Head Start Recipient and Education Service Providers collaborate to offer opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents'/guardians' knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children's learning and development.

The Head Start Recipient and Education Service Providers will develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in the research-based parenting curriculum.

**Performance Standard(s):**

1302.51(b)



	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 9</b>			
<b>SUBJECT</b>	Family Collaboration for Transition		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, will collaborate with parents/guardians of Early Head Start Children to implement strategies and activities that support successful transition from Early Head Start and, at a minimum, provide information about the child's progress during the program year. The Head Start Program will provide strategies for parents/guardians to continue their involvement in and advocacy for the education and development of their child.

The Head Start Program will develop and implement procedures to collaborate with parents/guardians of Head Start and implement activities that support successful transition from Head Start into Kindergarten.

**Performance Standard(s):**

1302.50(b)(6)

	<b>DHS Head Start Program Policy</b>		
<b>HEALTH 2</b>			
<b>SUBJECT</b>	Lead Screening		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	6/15/2011		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

Education Service Providers will develop and implement procedures to ensure that all children are up-to-date with the lead screening.

The State of Texas early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule requires children receive a blood lead screening at 12 months and 24 months of age. If a blood lead screening has not been conducted at 24 months, then a child between the ages of 36 to 72 months must have a screening at the first opportunity.

The Head Start Program will provide onsite screenings for any child with missing, unobtainable, previous elevated blood lead level results, or at the request of the parent/guardian. Each child must have a signed parent/guardian consent form before screenings occur.

Blood lead screenings and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide*, *Head Start ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*



The Head Start Program must ensure elevated blood lead level results are shared with parents/guardians. Referral forms to the child's primary care physician will be given to all children with elevated blood lead levels. With consent, families will be referred to San Antonio Green and Healthy Homes.

**Performance Standard(s):**

1302.41(a, b); 1302.42(b, 1, i-ii)(d, 1-2)

**References:**

<http://www.dshs.texas.gov/thsteps/providers.shtm>

	<b>DHS Head Start Program Policy</b>		
<b>HEALTH 3</b>			
<b>SUBJECT</b>	Preventative Health Visit Requirements and Documentation		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	6/15/2011		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

Education Service Providers will develop and implement procedures to ensure 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.

Procedures must include a system to meet the following:

**30- Day**

**Requirement:**

- Within 30 calendar days after the child first attends the program of each school year, the Head Start Program must consult with parents to determine if the child has an ongoing source of continuous health care and health insurance coverage.

**45- Day Hearing & Vision Screening**

**Requirement:**

- All children must receive a hearing and vision screening each school year they are enrolled in the Head Start Program. Within 45 calendar days after the child first attends the program the Education Service Providers must conduct an evidence-based vision and hearing screening or obtain a current record of an evidence-based vision and hearing screening. The screenings should be in the child's home language as appropriate.

**1- 90 Day**

**Requirement:**

- Within 90 calendar days after the child first attends the program of each school year, documentation of a well child exam/physical/ and an oral health determination must be received.

**EPSDT**

By the end of the program year, all children are up-to-date on a schedule of age-appropriate preventative and primary health care and oral health care that meets the State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule as indicated through the receipt of an up-to-date well child exam.

### **Child Health Information**

- Prior to the beginning of the school year, collect and document the TB Questionnaire, Child Health History, and Nutrition Assessment.
- By the end of the program year, document Growth Assessment and Blood Pressure results for all children enrolled in the program.
- Follow up for any concerns related to the TB Questionnaire, Child Health History, Nutrition Assessment, Growth Assessment, and Blood Pressure

### **Follow-up, Tracking, and Data Documentation**

- Follow-up must occur once a month for medical, dental, and nutrition related concerns identified by the Head Start Program as indicated on screenings, health assessments, physical/well child exams, and other health related concerns, including health insurance coverage and any missing events.
- Health related contact and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide*, *Head Start Program ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*

### **Parent/Guardian Collaboration and Communication**

- Develop a system to inform the parents/guardians about their children's health needs in a timely manner.
- Provide information and community health resources to families.
- Provide resources to families in need of assistance with prescribed medications, aides or equipment for medical, dental, or mental health conditions.
- Provide results of abnormal medical and/or dental exam/screenings administered through the program and discuss results.
- Obtain advance authorization to perform intrusive medical or dental services from the parent/guardian, such as unclothed physical exams, immunizations, and venous blood draws.



Head Start funds may be used for children's professional medical and/or dental services when other sources of funding are not available; documentation of efforts to access other available sources of funding must be documented.

### **Performance Standard(s):**

1302.41; 1302.42

### **Reference:**

[THSteps Medical Checkup Periodicity Schedule](#)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 1</b>			
<b>SUBJECT</b>	Program Monitoring		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	5/11/2010		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**

The Head Start Program will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery and program operations. The Head Start Program, including the Head Start Recipient and Education Service Providers will abide by all local, state, and federal regulations. The Head Start Program will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

The Head Start Program will use the following monitoring systems:

- Education Service Provider level monitoring system for ongoing monitoring to include regular site visits to all Head Start sites and classrooms
- Site visits to all Head Start centers will be announced and unannounced
- City level monitoring system that ensures Education Service Providers have effective oversight of service delivery systems and remain in compliance with all local, state, and federal regulations
- Utilization of ChildPlus to collect and record information about children and families for data analysis, evaluation, and program improvement
- Collaborative review of program information for planning and future development
- Annual Self-Assessment
- Managed by Information (MBI) Reporting
- Content Area Data Reports

**The Head Start Recipient Responsibilities:**

- Develop procedures for ongoing monitoring. These procedures will provide guidance and expectations of how Education Service Providers will be monitored. These procedures will also include the requirements for reporting findings.

- Establish a monitoring model that will help ensure timely and effective delivery of services and provide content area expertise and support to the Education Service Providers.
- Focus on direct monitoring, reviewing, and validating the results of Education Service Providers monitoring activities.
- Monitor required program tasks and responsibilities to ensure completion within required timelines and according to guidelines provided in the Head Start Program Performance Standards, local, state, and federal regulations.
- Follow up on monitoring issues or concerns to ensure corrections and implementation of corrective actions plans. The Head Start Recipient may provide training, technical assistance, and resources to assist the Education Service Providers in developing and implementing a corrective action and quality improvement plan.
- Establish an annual monitoring calendar of monitoring activities and will share with the Education Service Providers.
- With the participation of stakeholders, Head Start parents, Policy Council members, Governing Body members, community members, and program staff, The Head Start Recipient will conduct the Annual Self- Assessment by utilizing program data. The results will be shared with all stakeholders.
- Monitoring of the Head Start Program is a continuous process, and all findings are shared with the Head Start Administrator to determine the level of compliance with the Head Start Program Performance Standards, local, state, and federal regulations. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, Education Service Providers, and the governing body and the Policy Council.

#### **Education Service Provider Responsibilities:**

Education Service Providers are responsible for establishing their own monitoring systems in accordance with Head Start Program Performance Standards and policies, to include the following:

- Developing and implementing procedures for ongoing monitoring
- Submitting an annual monitoring calendar to the Head Start Recipient
- Taking corrective action
- Requesting assistance from the Head Start Recipient when needed
- Reporting the results of monitoring to the Head Start Recipient
- Implementing a corrective action plan that prevents reoccurrence of previous findings

Education Service Providers will develop and implement a procedure to monitor and report results in the following areas:

- Education Services
- ERSEA
- Health/Dental Services
- Nutrition
- Disabilities

- Mental Wellness Support Services
- Family & Community Support Services
- Transportation
- Environmental Health and Safety
- Human Resources

Education Service Providers will utilize their internal monitoring systems, to include ChildPlus, to document all results. Upon request by the Head Start Recipient all monitoring documents must be made available within reasonable time.

**Education Service Provider Corrective Action:**



Following the receipt of results from a monitoring project completed by the Head Start Recipient, the Education Service Providers will:

- Complete all Corrective Action Plans (CAPs) in ChildPlus based on set deadlines established by the Head Start Recipient
- Address any finding related to child health and safety that is an immediate threat within 24 hours
- Develop quality improvement plans as requested by the Head Start Recipient

The Education Service Provider may request an extension prior to the initial deadline along with justification if they are unable to meet the deadline for the completion of a CAP. The Special Projects Manager over City Monitoring or Head Start Administrator may give permission and/or add provisions related to the CAPs and approve as needed.

**Performance Standard(s):**

Subpart J- Program Management and Quality Improvement  
1302.100 – 1302.103 (a-b)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 2</b>			
<b>SUBJECT</b>	Standards of Conduct		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program staff, including substitutes, consultants, contractors, and volunteers must abide by the program's Standards of Conduct that:

- a. Ensure staff, including substitutes, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;
- b. Ensure staff, including substitutes consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
  - i. Use corporal punishment;
  - ii. Use isolation to discipline a child;
  - iii. Bind or tie a child to restrict movement or tape a child's mouth;
  - iv. Use or withhold food as a punishment or reward;
  - v. Use toilet learning/training methods that punish, demean, or humiliate a child;
  - vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - vii. Physically abuse a child;
  - viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
  - ix. Use physical activity or outdoor time as a punishment or reward;
- c. Ensure staff, including substitutes 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;
- d. Require staff, including substitutes consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and,





- e. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Furthermore, all staff, consultants, contractors, volunteers, Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.

**Performance Standard(s):**

1302.90(c)(1); 1303(C)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 6</b>			
<b>SUBJECT</b>	Staff Qualifications and Competency Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	9/13/2011		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program will ensure all staff, including substitutes, consultants, and contractors have sufficient knowledge, training, and experience, and receive ongoing training and professional development to fulfill their roles and responsibilities, and meet the following criteria:

**A. Early Head Start or Head Start director**

- i. At a minimum, a baccalaureate degree;
- ii. Experience in supervision of staff, fiscal management, and administration.

**B. Fiscal Officer**

- i. At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- ii. Certified Public Accountant.

**C. Child and Family Services Management Staff**

**i. Family, Health, and Disabilities Management**

- a. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

**ii. Education Management**

- a. A baccalaureate or advanced degree in early childhood education; or
- b. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early childhood education teaching experience.

**D. Child and Family Services Staff**

**i. Early Head Start Teacher**

- a. Child Development Associate (CDA) credential for Infant and Toddler; or

- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA.

**ii. Head Start Teacher**

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
  - I. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas.

**iii. Head Start Teacher Assistants**

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be enrolled in a program that will lead to degree within two years of hire.

**iv. Family Support Workers**

- a. Must 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.

**E. Health Professionals**

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Programs must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.

**F. Instructional Coaches**



- a. Minimum of a baccalaureate degree in early childhood education or a related field.

**Performance Standard(s):**

1302.91(a-d); 1302.92(c-d)

**Head Start Act:**

645A(h); Sec 648 A (a)(1-3)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 7</b>			
<b>SUBJECT</b>	Identification and Reporting of Child Abuse and Neglect		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, must develop and implement procedures to respond to suspected or known child abuse whether it occurs at or away from the program.

All Head Start Program Staff, including teachers, teacher assistants, and all other campus or site personnel, consultants, and volunteers must follow the Education Service Provider policies and procedures regarding child abuse and neglect.

The Head Start Program Administrator must be notified within 24 hours of an incident that has occurred within the Head Start Program. The Head Start Administrator must also be notified of any report that has been made for suspected child abuse or neglect occurring away from the Head Start Program within 24 hours of notification. Such official incident reporting must be provided in writing.

Additionally, when any Head Start Program Staff, contractors, Education Service Providers, Child Care Center staff, or volunteers witness or suspect child abuse or neglect, they must make a report to the Texas Department of Family and Protective Services (TDFPS) within 48 hours. According to the State of Texas, Title 5, Chapter 261 of the Family Code, “child abuse is an act or omission that endangers or impairs a child’s physical, mental or emotional health and development.” Child abuse may take several forms including, but not limited to:

- Physical, mental or emotional injury
- Sexual abuse
- Sexual exploitation
- Physical neglect
- Medical neglect
- Inadequate supervision

In filing a report, personnel will follow state regulations regarding the timeframes that reports must be made, the information that must be reported, and confidentiality of reported information.

Education Service Providers will develop and implement procedures to notify the parents/guardians of any suspected or known child abuse incidents occurring within the Head Start Program.

Should Education Service Provider management be informed that a report has been made for suspected child abuse or neglect occurring outside the Head Start Program, they must comply with notification requirements outlined in this policy.



All Head Start staff, including teachers, teacher assistants, and all other campus or site personnel, substitutes, consultants, and volunteers receive annual training on procedures for identifying and reporting child abuse or neglect. Head Start staff are expected to fully cooperate with TDFPS and other applicable agency personnel to report any suspected or known incidents.

**Performance Standard(s):**

1302.47(b)(4)(i)(K); 1302.47(b)(5)(i); 1302.53(a)(2)(iii); 1302.90(b)(2); 1302.92(b)(2); 1302.102(d)(1)(ii)(A); 1303.22(c)(5)(iii); 1303.22(c)(8)

Office of the Texas Attorney General, "What Can We Do about Child Abuse Part 2":  
[https://www.texasattorneygeneral.gov/ag\\_publications/txts/childabuse2.shtml](https://www.texasattorneygeneral.gov/ag_publications/txts/childabuse2.shtml)

Family Code, Chapter 261. Investigation of Report of Child Abuse or Neglect  
<http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.261.htm>

	<b>DHS Head Start Program Policy</b>		
<b>PDM 8</b>			
<b>SUBJECT</b>	Community Complaints		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program encourages a climate of open communication between parents, program employees, and community members. Head Start and Education Service Provider staff are available to provide support and to assist any parent or community resident who has a complaint, problem, or concern.



Parents/guardians and community residents are encouraged to attempt to resolve Head Start complaints, problems or concerns at the center/school level by talking to a teacher, Family Support Worker, center director or principal. Parent/Guardians may at any time also talk directly to any Head Start staff member or Head Start Administrator about any issues or concern. Concerns/complaints may also be submitted using the comment section of the Head Start website at [www.saheadstart.org](http://www.saheadstart.org).

If attempts to informally resolve the concern/problem are not successful, the following formal steps may be taken:

1. Call, email, meet with, or provide a written statement to the Head Start Education Service Provider Director. The Director will provide the parent/guardian or community resident a recommendation for resolution of the concern/problem within five business days of receipt of the issue. The Director may request additional time if required to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 2.
2. Call, email, meet with, or provide a written statement to the City of San Antonio Head Start Program Administrator. The Head Start Administrator will have five business days to resolve the concern/problem. The Head Start Administrator may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 3.
3. Call, email, meet with, or provide a written statement to the Department of Human Services (DHS) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request

additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.

4. Submit a signed, written statement to the City of San Antonio City Council's Governing Board/ Advisory Committee. The statement shall describe in detail the complaint, problem or concern and steps taken to resolve the issue. The City of San Antonio City Council's Governing Board/ Advisory Committee will provide a written response within 15 business days of receipt of the written statement. The City of San Antonio City Council's Governing Board is the last formal step in resolving parent/community resident complaints or concerns and the resolution is final.

	<b>DHS Head Start Program Policy</b>		
<b>PDM 18</b>			
<b>SUBJECT</b>	Program Data - Access and Security		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	April 23, 2018		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Head Start Recipient and Education Service Providers, must establish an internal procedure for proper access and security of program data for the City of San Antonio Department of Human Services Head Start and Early Head Program (DHS Head Start).

**Procedure:**

DHS Head Start utilizes ChildPlus as the secure database system for storing and tracking client information.

All user account holders are required to complete ChildPlus Access Request and ChildPlus User Security and Confidentiality Agreement forms. Upon completion, the forms are scanned and attached by the ChildPlus Administrator in ChildPlus under each respective user profile.

By accessing the database, staff understand and agree to abide by all terms of the ChildPlus User Security and Confidentiality Agreement and any applicable state and federal laws regarding Personally Identifiable Information (PII) and Protected Health Information (PHI).

- Education Service Providers are required to designate a staff member to complete the Personnel Profile for all staff members funded by the Head Start or EHS grant or anyone who works with children or families enrolled in the Head Start or EHS programs under the Management Module in ChildPlus. Designated staff is defined as preauthorized users in the Management/Personnel Module.
- Upon completion of the Personnel Profile, the designee will notify the ChildPlus Administrator if the user requires access to PII. Not all personnel require a ChildPlus user account.
- The ChildPlus Administrator will confirm with the designee the role of personnel and the types of access required.



- The ChildPlus Administrator will complete a User Security profile in ChildPlus, assign a login username and temporary password, restrict access by location, and designate User Security group(s).
- The ChildPlus Administrator will email the new account holder the login username and temporary password.
- The new account holder will log into ChildPlus and change the temporary password to a permanent password.

Authorized ChildPlus users are granted access under one of the following groupings:

- Staff: A ChildPlus personnel account will be created for all staff. ChildPlus user accounts and access is granted upon the approval of the ChildPlus Access Request Form and the completion of the ChildPlus User Security and Confidentiality Agreement Form.
- Education Service Providers: An assigned ChildPlus Super User for each Service Provider formally requests accounts via email for Service Provider Head Start Staff. Service providers are subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA).
- Contracted Providers: A Special Projects Manager or designee will request user accounts for contractual providers via email or meeting with the ChildPlus Administrator. To meet the requirements of HIPAA, DHS Head Start requires any contract that include access to client information include an enforceable Business Associate Agreement (BAA). BAAs are documented in the professional services contract with the DHS Head Start.

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard HIPAA, FERPA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must follow encryption guidelines and ensure the receiving entity is an authorized recipient of the specific data being delivered

Only computers configured by ITSD for use on the CoSA network are authorized for accessing ChildPlus.

Staff may utilize a program issued computer or device to access ChildPlus.

Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen and/or confidential documents. Staff should use a privacy screen for all monitors and laptop screens as appropriate.

All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

Disclosure of ChildPlus information to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.

All DHS Head Start staff must successfully complete the following trainings:



- COSA Security Awareness Training
- COSA HIPAA Training
- Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must acknowledge the of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and ensure all staff receive training on safeguarding FERPA, HIPAA, PHI, PII and (IDEA) Part B and C data.

**Performance Standard:**

1302.101(b)(4)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 19</b>			
<b>SUBJECT</b>	Management of Program Data		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	April 23, 2018		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, must establish an internal procedure for proper management of program data for the City of San Antonio Department of Human Services Head Start and Early Head Start Program (DHS Head Start).

**Procedure:**

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard FERPA, HIPAA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition, or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

- Only computers configured by ITSD for use on the CoSA network are authorized for the storage or transport of PHI, PII and/or IDEA Part B and C data.
- Staff may utilize a program issued device to access systems to view and maintain PHI, PII, and IDEA Part B and C files.
- Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen. Staff should use a privacy screen for all monitors and laptop screens as appropriate.
- Disclosure of PII and/or PHI, and/or IDEA Part B and C to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.
- Personal devices shall not be used to store or transmit unencrypted protected data.
- Any removable media or storage devices used to transfer PHI, PII, and/or IDEA Part B and C data must be encrypted.
- All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

- If any PHI, PII, and/or IDEA Part B and C data is transmitted via email , the email must be encrypted, and the attachment must be protected by a password. The password to access the attachment must be sent to the recipient in a separate email.
- Hard copies (i.e., paper) of any PHI, PII, and/or IDEA Part B and C data must be kept secured in a lockable file cabinet or other secured storage.
- In the event that PHI, PII, and/or IDEA Part B and C data, either hard copy or electronic, are transported between locations, staff must take all precautions to ensure the materials remain secure and must remain in the presence of staff at all times.

#### Facsimiles

- Any documents received via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be uploaded or scanned into appropriate software (i.e., ChildPlus) as soon as possible. Any electronic copies of the facsimile should be saved to the user's desktop; once the upload is completed the file should be deleted and the deletion confirmed. Any hardcopies of the facsimile must be stored in a secure location or destroyed.
- Any hardcopies of the documents sent via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be either stored in a secure location or destroyed.

All DHS Head Start staff must successfully complete the following trainings annually:

- COSA Security Awareness Training
- COSA HIPAA Training
- CoSA Employee Security Awareness Day in the Life online training module



Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and receive training on safeguarding FERPA, HIPAA, PHI, PII and IDEA Part B and C data.

#### **Performance Standard:**

1302.101(b)(4)

	<b>DHS Head Start Program Policy</b>			
<b>EDUCATION 5</b>				
<b>SUBJECT</b>	Development and Behavior Screening			
<b>REFERENCE</b>	Education and Early Childhood Development			
<b>EFFECTIVE</b>	4/6/2010			
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>	
<b>PAGE: 1 of 2</b>				

**Policy:**

The Head Start Program uses the Ages and Stages Questionnaire (ASQ-3) as the developmental screening and Ages and Stages Questionnaire: Social and Emotional, Second Edition (ASQ: SE-2) as the behavioral screening.

Education Service Providers will develop and implement procedures to ensure that developmental and behavioral screenings are completed in collaboration with each child's parent/guardian on or before the 45th calendar day after the child first attends the program or for any child that did not receive a developmental or behavioral screening the previous school year. Developmental (ASQ-3) and behavioral screenings (ASQ:SE-2) must be completed within this timeframe to identify early concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills for appropriate referrals.

The ASQ-3 and ASQ:SE-2 should not be completed by the teacher. If the parent or guardian needs assistance completing the questionnaire, the teacher or other staff member may provide the most appropriate accommodations for completion. The developmental and behavioral screenings may be distributed by the teacher no more than four weeks prior to the first day of a child's entry into school. To the greatest extent possible, the screening procedures must be sensitive to the child's cultural background and home language.

Education Service Providers will develop and implement procedures that include at a minimum:

- Identification of staff responsible for administering, scoring, follow-up, and referrals
- Monitoring the fidelity of the screenings
- Ensuring the appropriate version is utilized for child's age and language
- Ensuring proper completion of the screening tool
- Ensuring accurate scoring of the screening tool

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- Establishing timeframes for follow-up, referrals, and documentation, including parent/guardian refusals.
- Following the *City of the San Antonio Benchmark Due Date Guide*, applicable *ChildPlus Data Entry Guide*, and the *Head Start File Scan Order and Process Guide*
- Completing routine internal monitoring of child files.

Education Service Providers will develop and implement procedures to address the use of the ASQ-3 and ASQ:SE-2 with children with an identified disability or IEP. A child is not automatically disqualified from receiving a developmental or behavioral screening if they have an identified disability or IEP. Sensitivity to the parent/guardian should always be a priority. Procedures may include a determination to complete only certain sections of the ASQ-3 or the ASQ:SE-2. If it is determined by the teacher or other early childhood professional that it is not appropriate for a parent/guardian to complete any section of the developmental or behavioral screening, the information supporting this determination must be documented in Child Plus according to the applicable *ChildPlus Data Entry Guide*.

Performance Standard:  
1302.33

Additional Resources: <http://agesandstages.com/free-resources/articles/when-should-you-not-have-parents-complete-asq/>

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	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 2</b>			
<b>SUBJECT</b>	Staff/Parent Communication System		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 1</b>			

### Policy:

The Head Start Program, including the Head Start Recipient and Education Service Providers, will develop relationships with parents/guardians and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents/guardians to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community.

All Head Start staff, including Family and Community Support Staff and school district staff, will ensure continuous communication ~~between~~with families, ~~and themselves~~. This will allow our families to develop a sense of knowledge, trust and respect for our staff members, thus allowing staff and parents/guardians to work easily together to ensure that each child and family are receiving the full amount of benefits that Head Start has to offer.



The Head Start Program will conduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensures families have the opportunity to share personal information in an environment in which they feel safe.

The Head Start ~~Grantee-Recipient~~ will work with the Education Service Provider to ensure the establishment of a Parent Connection Committee (PCC) comprised exclusively of parents/guardians of currently enrolled children at each site/center as early in the program year as possible. At a minimum, procedures must include:

- Activities to ensure parents/guardians of currently enrolled children understand the process for elections to the Head Start Policy Council (HSPC) and other leadership opportunities.
- Opportunities for PCC members to assist staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families.
- A process for PCC members to communicate with the Head Start Policy Council (HSPC).
  - i. PCC agendas must dedicate time to allow for parent questions/discussion

### Performance Standard(s):

1302.50(b)(2) & (5); 1301.4

	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 5</b>			
<b>SUBJECT</b>	Parent Activities to Promote Child Learning and Development		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start ~~Grantee~~Recipient and the Education Service Provider will promote shared responsibility with parents/guardians 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.



The Head Start Recipient and Education Service Providers ~~will~~should develop and implement procedures that include, at a minimum, the following: ~~These strategies must include:~~

- Offering activities that support ~~P~~parent-~~C~~child ~~R~~relationships;
- Offer activities that support ~~C~~child ~~D~~development (including language, dual language, literacy and bi-literacy development);
- Provide parents/guardians with information about the importance of regular attendance, and partner with them, as necessary to promote consistent attendance (impact of attendance on learning outcomes);
- For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.

**Performance Standard(s):**

1302.51(a)



		<b>DHS Head Start Program Policy</b>			
<b>FAMILY 6</b>					
<b>SUBJECT</b>		Research Based Parent Curriculum			
<b>REFERENCE</b>		Family and Community Support			
<b>EFFECTIVE</b>		7/28/2020			
<b>Policy Council Approval: 7/28/20</b>		<b>Policy Council Revision: 7/28/20</b>		<b>Governing Body Approval: 8/13/20</b>	
				<b>Governing Body Revision: 8/13/20</b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

The Head Start Recipient/Grantee and Education Service Provider/s collaborate to offers opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents'/guardians' knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children's learning and development. ~~If the Head Start Grantee chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, the program will work with an expert or experts to develop such adaptations.~~



The Head Start Recipient and Education Service Providers will develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in parent engagement activities including the research-based parenting curriculum.

**Performance Standard(s):**

1302.51(b)

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	<b>DHS Head Start Program Policy</b>		
<b>FAMILY 9</b>			
<b>SUBJECT</b>	Family Collaboration for Transition		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	7/28/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 1</b>			



**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, will collaborate with parents/guardians of Early Head Start Children to implement strategies and activities that support successful transition from Early Head Start and, at a minimum, provide information about the child's progress during the program year. The Head Start Program will provide strategies for parents/guardians to continue their involvement in and advocacy for the education and development of their child.

The Head Start Program will develop and implement procedures to collaborate with parents/guardians of Head Start and implement activities that support successful transition from Head Start into Kindergarten.

**Performance Standard(s):**

1302.50(b)(6)

	<b>DHS Head Start Program Policy</b>		
<b>HEALTH 2</b>			
<b>SUBJECT</b>	Lead Screening		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	6/15/2011		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Education Service Providers will develop and implement procedures to ensure that all children are up-to-date with the lead screening ~~requirement of the State of Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.~~

The State of Texas early and Periodic Screening, Diagnosis, and Treatment (-EPSDT) schedule requires children receive a blood lead screening at 12 months and 24 months of age. If a blood lead screening has not been conducted at 24 months, then a child between the ages of 36 to 72 months must have a screening at the first opportunity.

The Head Start Program will provide onsite screenings for any child with missing, unobtainable, ~~or~~ previous elevated blood lead level results, or at the request of the parent/guardian. Each child must have a signed parent/guardian consent form before screenings occur.

Blood lead screenings and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide*, *Head Start ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*



The Head Start Program must ensure elevated blood lead level results are shared with parents/guardians. Referral forms to the child's primary care physician will be given to all children with elevated blood lead levels. With consent, families will be referred to San Antonio Green and Healthy Homes.

**Performance Standard(s):**

1302.41(a, b); 1302.42(b, 1, i-ii)(d, 1-2)

**References:**

<http://www.dshs.texas.gov/thsteps/providers.shtm>

	<b>DHS Head Start Program Policy</b>			
<b>HEALTH 3</b>				
<b>SUBJECT</b>	Preventative Health Visit Requirements and Documentation			
<b>REFERENCE</b>	Comprehensive Health Services			
<b>EFFECTIVE</b>	6/15/2011			
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>	
<b>PAGE: 1 of 1</b>				

#### Policy:

Education Service Providers will develop and implement procedures to ensure 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. ~~that all children are up-to-date on a schedule of age-appropriate preventative and primary health care and oral health care that meets the State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule.~~

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Procedures must include a system to meet the following:

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#### 30- Day

##### Requirement:

- Within 30 calendars days after the child first attends the program of each school year, the Head Start Program must consult with parents to determine if the child has an ongoing source of continuous health care and health insurance coverage.

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#### 45- Day Hearing & Vision Screening

##### Requirement:

- All children must receive a hearing and vision screening each school year they are enrolled in the Head Start Program. Within 45 calendar days after the child first attends the program ~~of each school year,~~ the ~~Head Start Program~~ Education Service Providers must conduct an evidence-based vision and hearing screening or obtain a current record of an evidence-based vision and hearing screenings ~~or conduct evidence-based vision and hearing screenings.~~ The screenings should be in the child's home language as appropriate.

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#### 1- 90 Day

##### Requirement:

- Within 90 calendar days after the child first attends the program of each school year, documentation of a well child exam/physical/~~well child exam~~ and an oral health determination must be received.

EPSDT

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By the end of the program year, all children are up-to-date on a schedule of age-appropriate preventative and primary health care and oral health care that meets the State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule as indicated through the receipt of an up-to-date well child exam.

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#### **Child Health Information**

- Prior to the beginning of the school year, collect and document the TB Questionnaire, Child Health History, and Nutrition Assessment.
- By the end of the program year, document Growth Assessment and Blood Pressure results for all children enrolled in the program.
- Follow up for any concerns related to the TB Questionnaire, Child Health History, Nutrition Assessment, Growth Assessment, and Blood Pressure

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#### **Follow-up, Tracking, and Data Documentation**

- Follow-up must occur once a month for medical, dental, and nutrition related concerns identified by the Head Start Program as indicated on screenings, health assessments, physical/well child exams, and other health related concerns, including health insurance coverage and any missing events.

- Health related contact and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide*, *Head Start Program ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*

#### **Parent/Guardian Collaboration and Communication**

- Develop a system to inform the parents/guardians about their children's health needs in a timely manner.
- Provide information and community health resources to families.
- Provide resources to families in need of assistance with prescribed medications, aides or equipment for medical, dental, or mental health conditions.
- Provide results of abnormal medical and/or dental exam/screenings administered through the program and discuss results.
- Obtain advance authorization to perform intrusive medical or dental services from the parent/guardian, such as unclothed physical exams, immunizations, and venous blood draws.



Head Start funds may be used for children's professional medical and/or dental services when other sources of funding are not available; documentation of efforts to access other available sources of funding must be documented.

#### **Performance Standard(s):**

1302.41; 1302.42

#### **Reference:**

[THSteps Medical Checkup Periodicity Schedule](#)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 1</b>			
<b>SUBJECT</b>	Program Monitoring		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	5/11/2010		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Head Start Program will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery and program operations. ~~The City~~ The Head Start Program, including the Head Start Recipient and of San Antonio Head Start (City) and Education Service Providers will abide by all local, state, and federal regulations. The Head Start Program will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

The Head Start Program will use the following monitoring systems:

- Education Service Provider level monitoring system for ongoing monitoring to include regular site visits to all Head Start sites and classrooms
- Site visits to all Head Start centers will be announced and unannounced
- City level monitoring system that ensures Education Service Providers have effective oversight of service delivery systems and remain in compliance with all local, state, and federal regulations
- Utilization of ChildPlus ~~by the City~~ the Head Start Program and Education Service Providers to collect and record information about children and families for data analysis, evaluation, and program improvement
- Collaborative review of program information for planning and future development
- Annual Self-Assessment
- Managed by Information (MBI) Reporting
- Content Area Data Reports

**City Program Responsibilities:**

~~The Head Start Recipient~~ Recipient Responsibilities:

- ~~The City~~ The Head Start Program will develop procedures for ongoing monitoring ~~of the Head Start Program~~. These procedures will provide guidance and expectations of how Education Service Providers will be monitored. These procedures will also include the requirements for reporting findings.

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- ~~The City~~The Head Start Program will establish a monitoring model that will help ensure timely and effective delivery of services and provide content area expertise and support to the Education Service Providers. ~~The City~~The Head Start Program
- ~~will~~ focus on direct monitoring, reviewing, and validating the results of Education Service Providers monitoring activities.

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- ~~The City~~The Head Start Program will monitor required program tasks and responsibilities to ensure completion within required timelines and according to guidelines provided in the Head Start Program Performance Standards, local, state, and federal regulations.

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~~Monitoring of the Head Start Program is a continuous process, and all findings are shared with the Head Start Administrator to determine the level of compliance with the Head Start Program Performance Standards, local, state, and federal regulations. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, Education Service Providers, and the governing body and the Policy Council.~~

- ~~The City~~The Head Start Program will follow up on monitoring issues or concerns to ensure corrections and implementation of corrective actions plans. ~~The City~~The Head Start Program The Head Start Recipient may provide training, technical assistance, and resources to assist the Education Service Providers in developing and implementing a corrective action and quality improvement plan.

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- ~~The City~~The Head Start Program will establish an annual monitoring calendar of monitoring activities and will share with the Education Service Providers.

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- With the participation of stakeholders, Head Start parents, Policy Council members, Governing Body members, community members, and program staff, ~~the City~~the Head Start Program The Head Start Recipient will conduct the Annual Self- Assessment by utilizing program data. The results will be shared with all stakeholders.

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- Monitoring of the Head Start Program is a continuous process, and all findings are shared with the Head Start Administrator to determine the level of compliance with the Head Start Program Performance Standards, local, state, and federal regulations. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, Education Service Providers, and the governing body and the Policy Council.

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#### **Education Service Provider Responsibilities:**

Education Service Providers are responsible for establishing their own monitoring systems in accordance with Head Start Program Performance Standards and policies, to include the following: ~~the City~~the Head Start Program of San Antonio Head Start Policies. Education Service Providers are responsible for the following:

- Developing and implementing procedures for ongoing monitoring
- Submitting an annual monitoring calendar to ~~the City~~the Head Start Program the Head Start Recipient
- Taking corrective action
- Requesting assistance from ~~the City~~the Head Start Program the Head Start Recipient when needed



- Reporting the results of monitoring to ~~the City~~the Head Start Program the Head Start Recipient
- Implementing a corrective action plan that prevents reoccurrence of previous findings

Education Service Providers will develop and implement a procedure to monitor and report results in the following areas:

- Education Services
- ERSEA
- Health/Dental Services
- Nutrition
- Disabilities

- Mental Wellness Support Services
- Family & Community Support Services
- Transportation
- Environmental Health and Safety
- Human Resources

Education Service Providers will utilize their internal monitoring systems, to include ChildPlus, to document all results. Upon request by ~~the City~~the Head Start Program, the Head Start Recipient all monitoring documents must be made available within reasonable time.

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#### **Education Service Provider Corrective Action:**

Following the receipt of results from a monitoring project completed by ~~the City~~the Head Start Program, the Head Start Recipient, the Education Service Providers will:



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- Complete all Corrective Action Plans (CAPs) in ChildPlus based on set deadlines established by ~~the City~~the Head Start Program the Head Start Recipient
- Address any finding related to child health and safety that is an immediate threat within 24 hours
- Develop quality improvement plans as requested by ~~the City~~the Head Start Program the Head Start Recipient

The Education Service Provider may request an extension prior to the initial deadline along with justification if they are unable to meet the deadline for the completion of a CAP. The Special Projects Manager over City Monitoring or Head Start Administrator may give permission and/or add provisions related to the CAPs and approve as needed.

#### **Performance Standard(s):**

Subpart J- Program Management and Quality Improvement  
1302.100 – 1302.103 (a-b)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 2</b>			
<b>SUBJECT</b>	Standards of Conduct		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Head Start Program staff, including substitutes, consultants, contractors, and volunteers must abide by the program's Standards of Conduct that:



- a. Ensure staff, including substitutes, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;
- b. Ensure staff, including substitutes consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
  - i. Use corporal punishment;
  - ii. Use isolation to discipline a child;
  - iii. Bind or tie a child to restrict movement or tape a child's mouth;
  - iv. Use or withhold food as a punishment or reward;
  - v. Use toilet learning/training methods that punish, demean, or humiliate a child;
  - vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - vii. Physically abuse a child;
  - viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
  - ix. Use physical activity or outdoor time as a punishment or reward;
- c. Ensure staff, including substitutes 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;
- d. Require staff, including substitutes consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and,

- e. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Furthermore, all staff, consultants, contractors, volunteers, Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.

**Performance Standard(s):**

1302.90(c)(1); 1303(C)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 6</b>			
<b>SUBJECT</b>	Staff Qualifications and Competency Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	9/13/2011		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program will ensure all staff, including substitutes, consultants, and contractors have sufficient knowledge, training, and experience, and receive ongoing training and professional development to fulfill their roles and responsibilities, and meet the following criteria:

**A. Early Head Start or Head Start director**

- i. At a minimum, a baccalaureate degree;
- ii. Experience in supervision of staff, fiscal management, and administration.

**B. Fiscal Officer**

- i. At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- ii. Certified Public Accountant.

**C. Child and Family Services Management Staff**

**i. Family, Health, and Disabilities Management**

- a. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

**ii. Education Management**

- a. A baccalaureate or advanced degree in early childhood education; or
- b. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early childhood education teaching experience.

**D. Child and Family Services Staff**

**i. Early Head Start Teacher**

- a. Child Development Associate (CDA) credential for Infant and Toddler; or

- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA.

**ii. Head Start Teacher**

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
  - I. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas.

**iii. Head Start Teacher Assistants**

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be enrolled in a program that will lead to degree within two years of hire.

**iv. Family Support Workers**

- a. Must 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.

**E. Health Professionals**

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Programs must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.

**F. Instructional Coaches**



- a. Minimum of a baccalaureate degree in early childhood education or a related field.

**Performance Standard(s):**

1302.91(a-d); 1302.92(c-d)

**Head Start Act:**

645A(h); Sec 648 A (a)(1-3)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 7</b>			
<b>SUBJECT</b>	Identification and Reporting of Child Abuse and Neglect		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, must develop and implement procedures to respond to suspected or known child abuse whether it occurs at or away from the program.

All Head Start Program Staff, including teachers, teacher assistants, and all other campus or site personnel, consultants, and volunteers must follow the Education Service Provider policies and procedures regarding child abuse and neglect.

The Head Start Program Administrator must be notified within 24 hours of an incident that has occurred within the Head Start Program. The Head Start Administrator must also be notified of any report that has been made for suspected child abuse or neglect occurring away from the Head Start Program within 24 hours of notification. Such official incident reporting must be provided in writing.

Additionally, when any Head Start Program Staff, contractors, Education Service Providers, Child Care Center staff, or volunteers witness or suspect child abuse or neglect, they must make a report to the Texas Department of Family and Protective Services (TDFPS) within 48 hours. According to the State of Texas, Title 5, Chapter 261 of the Family Code, “child abuse is an act or omission that endangers or impairs a child’s physical, mental or emotional health and development.” Child abuse may take several forms including, but not limited to:

- Physical, mental or emotional injury
- Sexual abuse
- Sexual exploitation
- Physical neglect
- Medical neglect
- Inadequate supervision

In filing a report, personnel will follow state regulations regarding the timeframes that reports must be made, the information that must be reported, and confidentiality of reported information.

Education Service Providers will develop and implement procedures to notify the parents/guardians of any suspected or known child abuse incidents occurring within the Head Start Program.

Should Education Service Provider management be informed that a report has been made for suspected child abuse or neglect occurring outside the Head Start Program, they must comply with notification requirements outlined in this policy.

All Head Start staff, including teachers, teacher assistants, and all other campus or site personnel, substitutes, consultants, and volunteers receive annual training on procedures for identifying and reporting child abuse or neglect. Head Start staff are expected to fully cooperate with TDFPS and other applicable agency personnel to report any suspected or known incidents.



**Performance Standard(s):**

1302.47(b)(4)(i)(K); 1302.47(b)(5)(i); 1302.53(a)(2)(iii); 1302.90(b)(2); 1302.92(b)(2); 1302.102(d)(1)(ii)(A); 1303.22(c)(5)(iii); 1303.22(c)(8)

Office of the Texas Attorney General, "What Can We Do about Child Abuse Part 2":  
[https://www.texasattorneygeneral.gov/ag\\_publications/txts/childabuse2.shtml](https://www.texasattorneygeneral.gov/ag_publications/txts/childabuse2.shtml)

Family Code, Chapter 261. Investigation of Report of Child Abuse or Neglect  
<http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.261.htm>



	<b>DHS Head Start Program Policy</b>		
<b>PDM 8</b>			
<b>SUBJECT</b>	Community Complaints		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval:</b> 7/28/20	<b>Policy Council Revision:</b> 7/28/20	<b>Governing Body Approval:</b> 8/13/20	<b>Governing Body Revision:</b> 8/13/20
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program encourages a climate of open communication between parents, program employees, and community members. Head Start and Education Service Provider staff are available to provide support and to assist any parent or community resident who has a complaint, problem, or concern.



Parents/guardians and community residents are encouraged to attempt to resolve Head Start complaints, problems or concerns at the center/school level by talking to a teacher, Family Support Worker, center director or principal. Parent/Guardians may at any time also talk directly to any Head Start staff member or Head Start Administrator about any issues or concern. Concerns/complaints may also be submitted using the comment section of the Head Start website at [www.saheadstart.org](http://www.saheadstart.org).

If attempts to informally resolve the concern/problem are not successful, the following formal steps may be taken:

1. Call, email, meet with, or provide a written statement to the Head Start Education Service Provider Director. The Director will provide the parent/guardian or community resident a recommendation for resolution of the concern/problem within five business days of receipt of the issue. The Director may request additional time if required to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 2.
2. Call, email, meet with, or provide a written statement to the City of San Antonio Head Start Program Administrator. The Head Start Administrator will have five business days to resolve the concern/problem. The Head Start Administrator may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 3.
3. Call, email, meet with, or provide a written statement to the Department of Human Services (DHS) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business

days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.

24. Submit a signed, written statement to the City of San Antonio City Council's Governing Board/ Advisory Committee. The statement shall describe in detail the complaint, problem or concern and steps taken to resolve the issue. The City of San Antonio City Council's Governing Board/ Advisory Committee will provide a written response within 15 business days of receipt of the written statement. The City of San Antonio City Council's Governing Board is the last formal step in resolving parent/community resident complaints or concerns and the resolution is final.

	<b>DHS Head Start Program Policy</b>		
<b>PDM 18</b>			
<b>SUBJECT</b>	Program Data - Access and Security		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	April 23, 2018		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Head Start Recipient and Education Service Providers, must establish an internal procedure for proper access and security of program data for the City of San Antonio Department of Human Services Head Start and Early Head Program (DHS Head Start).

**Procedure:**

DHS Head Start utilizes ChildPlus as the secure database system for storing and tracking client information.

All user account holders are required to complete ChildPlus Access Request and ChildPlus User Security and Confidentiality Agreement forms. Upon completion, the forms are scanned and attached by the ChildPlus Administrator in ChildPlus under each respective user profile.

By accessing the database, staff understand and agree to abide by all terms of the ChildPlus User Security and Confidentiality Agreement and any applicable state and federal laws regarding Personally Identifiable Information (PII) and Protected Health Information (PHI).

- Education Service Providers are required to designate a staff member to complete the Personnel Profile for all staff members funded by the Head Start or EHS grant or anyone who works with children or families enrolled in the Head Start or EHS programs under the Management Module in ChildPlus. Designated staff is defined as preauthorized users in the Management/Personnel Module.
- Upon completion of the Personnel Profile, the designee will notify the ChildPlus Administrator if the user requires access to PII. Not all personnel require a ChildPlus user account.
- The ChildPlus Administrator will confirm with the designee the role of personnel and the types of access required.

- The ChildPlus Administrator will complete a User Security profile in ChildPlus, assign a login username and temporary password, restrict access by location, and designate User Security group(s).
- The ChildPlus Administrator will email the new account holder the login username and temporary password.
- The new account holder will log into ChildPlus and change the temporary password to a permanent password.

Authorized ChildPlus users are granted access under one of the following groupings:

- **Staff:** A ChildPlus personnel account will be created for all staff. ChildPlus user accounts and access is granted upon the approval of the ChildPlus Access Request Form and the completion of the ChildPlus User Security and Confidentiality Agreement Form.
- **Education Service Providers:** An assigned ChildPlus Super User for each Service Provider formally requests accounts via email for Service Provider Head Start Staff. Service providers are subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA).
- **Contracted Providers:** A Special Projects Manager or designee will request user accounts for contractual providers via email or meeting with the ChildPlus Administrator. To meet the requirements of HIPAA, DHS Head Start requires any contract that include access to client information include an enforceable Business Associate Agreement (BAA). BAAs are documented in the professional services contract with the DHS Head Start.

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard HIPAA, FERPA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must follow encryption guidelines and ensure the receiving entity is an authorized recipient of the specific data being delivered

**Only** computers configured by ITSD for use on the CoSA network are authorized for accessing ChildPlus.

Staff may utilize a program issued computer or device to access ChildPlus.

Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen and/or confidential documents., . [Staff should use a privacy screen for all monitors and laptop screens as appropriate.](#)

All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

| Disclosure of ChildPlus information to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.

All DHS Head Start staff must successfully complete the following trainings:



- COSA Security Awareness Training
- COSA HIPAA Training
- Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must acknowledge the of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and ensure all staff receive training on safeguarding FERPA, HIPAA, PHI, PII and (IDEA) Part B and C data.

**Performance Standard:**

1302.101(b)(4)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 19</b>			
<b>SUBJECT</b>	Management of Program Data		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	April 23, 2018		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including the Head Start Recipient and Education Service Providers, must establish an internal procedure for proper management of program data for the City of San Antonio Department of Human Services Head Start and Early Head Start Program (DHS Head Start).

**Procedure:**

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard FERPA, HIPAA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition, or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

- Only computers configured by ITSD for use on the CoSA network are authorized for the storage or transport of PHI, PII and/or IDEA Part B and C data.
- Staff may utilize a program issued device to access systems to view and maintain PHI, PII, and IDEA Part B and C files.
- Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen. Staff should use a privacy screen for all monitors and laptop screens as appropriate.
- Disclosure of PII and/or PHI, and/or IDEA Part B and C to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.
- Personal devices shall not be used to store or transmit unencrypted protected data.
- Any removable media or storage devices used to transfer PHI, PII, and/or IDEA Part B and C data must be encrypted.
- All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

- If any PHI, PII, and/or IDEA Part B and C data is transmitted via email , the email must be encrypted, and the attachment must be protected by a password. The password to access the attachment must be sent to the recipient in a separate email.
- Hard copies (i.e., paper) of any PHI, PII, and/or IDEA Part B and C data must be kept secured in a lockable file cabinet or other secured storage.
- In the event that PHI, PII, and/or IDEA Part B and C data, either hard copy or electronic, are transported between locations, staff must take all precautions to ensure the materials remain secure and must remain in the presence of staff at all times.

#### Facsimiles

- Any documents received via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be uploaded or scanned into appropriate software (i.e., ChildPlus) as soon as possible. Any electronic copies of the facsimile should be saved to the user's desktop; once the upload is completed the file should be deleted and the deletion confirmed. Any hardcopies of the facsimile must be stored in a secure location or destroyed.
- Any hardcopies of the documents sent via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be either stored in a secure location or destroyed.

All DHS Head Start staff must successfully complete the following trainings annually:

- COSA Security Awareness Training
- COSA HIPAA Training
- CoSA Employee Security Awareness Day in the Life online training module

Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.


Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and receive training on safeguarding FERPA, HIPAA, PHI, PII and IDEA Part B and C data.



#### **Performance Standard:**

1302.101(b)(4)



***EARLY HEAD START***

 2022-2023 Early Head Start Policy Index		Change Required?	Description and Volume of Change made to current Policy
Disabilities			
1	Individualized Family Service Plan (IFSP) for Children with Delays/ Disabilities	Yes	1) Policy Change : Replaced two weeks with 10 business days 2) Clarification a) children enrolled in home-based program 3) Education 3
Education and Early Childhood Development			
8	Child File	Yes	1) Correction: Added TEACHER "Documentation from home visits and parent/TEACHER conferences" 2) Format Change: Remove parentheses and added comma "Transition activities, if applicable"
9	Multidisciplinary Staffing	Yes	1) Policy Change: Added EES Team Memeber as required participant 2) Word Change: Removed applicable "applicable Child Plus Data Entry Guide"
15	Child Arrival & Departure	Yes	1) Policy Change: Revised requirements for arrival and departure. Added clarification on needed informaiton for health checks.
Family and Community Services			
4	Parent Activities to Promote Child Learning and Development	Yes	Added language to include, "developing and implementing procedures"
5	Research-Based Parent Curriculum	Yes	Minor edit, replaced "Grantee" with "Receipient". Added language to include "developing and implementing procedures"
Health			
2	Hemoglobin and Lead Screenings	Yes	Updated the the age for hemoglobin screenings from 12m and up to 12-15m as indicated on EPSDT.
4	Parent/Guardian Refusal of Health Services	Yes	Removed the paragraph stating EHS staff must obtain approval before using the refusal form.
5	Oral Health and Education	Yes	Removed sanitation, measures to prevent cross contamination, and additional guidelines paragraphs and added to procedure
6	Critical Health Concerns	Yes	Wording for for critical health concern, sharae information with appropriate center staff, updated name for Child Care Regualtions.
Nutrition			
2	Outside Food & Adult Meals	Yes	Language updates for USDA/CACFP, Child Care Regulations, and Texas Health and Human Services Commission Minimum Standards.
PDM			
1	Program Monitoring	Yes	Minor edit. Added "based on set deadlines established by the City" removed with in 15 business day.
2	Standards of Conduct	Yes	Minor edit. Corrected numbering for the standards listed. Added "including substitutes.
6	Staff Qualifications and Competency Requirements	Yes	Minor edits. Corrected numbering and spacing
8	Community Complaints	Yes	Added a step to include Head Start Policy Council review
18	Program Data- Access and Security	Yes	Minor edit. Removed "CCP" from EHS-CCP. Minor updates to provide clarification. Added language on privacy screens and automatic locking
19	Management of Program Data	Yes	Minor edit. Adjusted spacing. Minor updates to provide clarification. Added language on privacy screens and automatic locking

	<b>DHS Early Head Start Program Policy</b>		
<b>DISABILITIES 1</b>			
<b>SUBJECT</b>	Individualized Family Service Plan (IFSP) for Children with Delays/Disabilities		
<b>REFERENCE</b>	Disabilities Services		
<b>EFFECTIVE</b>	10/01/2020		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Individualization policy guidelines in Education 3Policy and the information provided in the child's IFSP will be used when planning individualized strategies and activities for children with delays/disabilities. Every effort must be made to include children with delays/disabilities in all program activities.



Early Head Start (EHS), Service Providers and City staff will coordinate to receive and review the IFSP as soon as possible after the Initial Assessment or Assessment meetings. If a child enters the EHS Program with a current IFSP, City staff will coordinate with Service Providers to review the IFSP within 10 business days of a child's first day of attendance or first home visit for children enrolled in the home-based program.

Service Providers must initiate the implementation of the IFSP immediately after the review by modifying the child's daily activities in accordance with the IFSP and arranging for the provision of related services to accommodate the unique strengths, needs, interests, learning style, and cultural and linguistic background of the child.

Copies of the IFSP will be maintained in the Child File. Confidentiality of information will be maintained at all times. Individual child disability information and copies of additional required documents will be entered into Child Plus according to the City of San Antonio Benchmark Due Date Guide and the EHS Child File Scan Order and Attachment Guide.

**Performance Standard(s):**

1302.61; 1302.62; 1302.63; 1303.75

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 9</b>			
<b>SUBJECT</b>	Multidisciplinary Staffing		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**



The Early Head (EHS) Program and Service Providers will work together to develop a system in place for regular communication among program staff to facilitate quality outcomes for children and families. Service Providers will schedule at least two Multidisciplinary Staffing (MDS) meetings annually for every enrolled child. If a child enters the program after January 31<sup>st</sup>, a minimum of one MDS meeting will be held before the last day of the program year.

The MDS meeting is a documented and planned communication tool utilized to create a cohesive team approach to discuss the strengths and needs of children and families. The Center Director or designee, Family Support Staff, and Teachers or Home Visitor and a member of the City of San Antonio Early Education Services Team are required to participate in the MDS. Content area coordinators responsible for Education, Health, ERSEA, Mental Health, Transportation, Nutrition, Disabilities and other related services may be required to attend based on the child/family needs.

The EHS Program and Service Providers will work to develop and maintain a record-keeping system to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information. The MDS documentation must include the completion date of the MDS, signatures of all in attendance, and topics covered. A system must be in place to ensure that completion dates of the MDS are entered and the MDS document is scanned into Child Plus and meets the *City of the San Antonio Benchmark Due Date Guide*, *ChildPlus Data Entry Guide*, and the *Early Head Start File Scan Order and Process Guide*.

**Performance Standard(s):**

1302.101(b)(2)(3); 1302.33; 1302.34; 1302.35

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 10</b>			
<b>SUBJECT</b>	Lesson Plans		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 07/25/17</b>	<b>Policy Council Revision: 07/25/17</b>	<b>Governing Body Approval: 09/28/17</b>	<b>Governing Body Revision: 09/28/17</b>
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**Policy:**

Service Providers will develop lesson plan guidance and procedures for classroom teachers utilizing Early Head Start (EHS) Program designated curriculum.

Lesson plans for center-based services should include teacher directed and child initiated, large group, small group, and individual lessons and activities that support social, emotional, cognitive, physical development, and language skills. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized instruction, modifications, and accommodations for all children, including children with an IFSP/IEP. Current lesson plans must be posted for parents and other staff to review.



Lesson plans for home-based services should include structured child-focused lessons and activities that promote a parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized activities, modifications, and accommodations for all children, including children with an IFSP/IEP. Current lesson plans must be available for parents and other staff to review.

**Performance Standard(s):**

1302.31: 1302.32

**Head Start Act:**

Sec.641A. (a) (1)(B) (i) - (x)

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 15</b>			
<b>SUBJECT</b>	Child Arrival & Departure		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/16		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

Service Providers will establish and implement ongoing procedures for child arrival and departure that includes signatures and/or initials of the individual signing in/out, a daily health check including observations and documentation of each child's physical and emotional well-being for center-based services. The health check should be completed in front of a parent/guardian when possible.

In addition to identification and documentation, procedures should include a process for appropriate and timely follow up and referral for any concerns identified.

Information for documenting concerns should include at a minimum:

Arrival :



- Site name
- Date
- Arrival time
- Staff name (staff completing health check)
- Child's name
- Physical condition
- Emotional well-being
- Method of parent/guardian notification when a concern is identified

Departure:

- Site name
- Date
- Departure Time
- Staff name (staff notifying parent of any concerns)
- Child's name
- Physical condition
- Emotional well-being
- Method of parent/guardian notification

**Performance Standard:**

1302.41(a); 1302.42 (c) (2)

	<b>DHS Early Head Start Program Policy</b>		
<b>FAMILY 4</b>			
<b>SUBJECT</b>	Parent Activities to Promote Child Learning and Development		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	8/1/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**



The Head Start Program, including Early Head Start and Service Provider will promote shared responsibility with parents/guardians for children's early learning and development. In addition, implement family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development.

The Head Start Recipient and Education Service Providers will collaborate to develop and implement procedures that include, at a minimum, the following:

- Offering activities that support Parent-Child Relationships
- Offer activities that support Child Development (including language, dual language, literacy, and bi-literacy development)
- Provide parents/guardians with information about the importance of regular attendance, and partner with them, as necessary to promote consistent attendance (impact of attendance on learning outcomes)
- For dual language learners, information, and resources for parents about the benefits of bilingualism and bi literacy

**Performance Standard(s):**

1302.51(a)

	<b>DHS Early Head Start Program Policy</b>		
<b>FAMILY 5</b>			
<b>SUBJECT</b>	Research Based Parent Curriculum		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	8/1/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**



The Head Start Program, including the Early Head Start Program and Service Providers collaborate to offers opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents’/guardians’ knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children’s learning and development. If the Head Start Recipient chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, the program will work with an expert or experts to develop such adaptations.

The Head Start Recipient and Service Providers will collaborate to develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in the research-based parenting curriculum.

**Performance Standard(s):**

1302.51(b)



	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 2</b>			
<b>SUBJECT</b>	Hemoglobin and Lead Screenings		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/24/18</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 8/17/18</b>	<b>Governing Body Revision: 8/17/18</b>
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**Policy:**

Early Head Start Program (EHS) Staff will ensure that children are up to date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

Medicaid and the Children's Health Insurance Programs (CHIP) require that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted at 12 months EHS Staff will work with the family to bring the child up to date.

EPSDT, Medicaid and the Children's Health Insurance Programs require that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been conducted EHS Staff will work with the family to bring the child up to date by 15 months of age. Children over 15 months will not be screened based on EPSDT requirements.

The EHS Program will provide onsite screenings for any child with missing, unobtainable, or elevated blood lead level results.



Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to, *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.

The EHS Program will ensure that lead and hemoglobin results are shared with and understood by parents/ guardians. Referral forms to the child's primary care physician will be given to all children with low hemoglobin and/or elevated lead blood levels. A San Antonio Green and Healthy Homes interest form will be given to families of children with elevated lead blood levels.

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)

**References:** [Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents](#)

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 4</b>			
<b>SUBJECT</b>	Parent/ Guardian Refusal of Health Services		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

A written refusal is required when a parent/guardian refuses to allow their child to participate in or receive health services required or provided by the Early Head (EHS) Program and/or outside health service providers.

A completed Refusal of Health Services form must be scanned into Child Plus. The form must include parent/guardian and staff signatures. In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) they decline. The refusal on a consent form does not require any other statement from the parent or guardian. Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (d)(2)

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 5</b>			
<b>SUBJECT</b>	Oral Health and Education		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

The Early Head Start (EHS) Program Service Providers will ensure children brush their teeth once a day during program hours to promote effective oral health hygiene.

Service Providers will ensure that educational oral health activities are provided in the center and home-based options.

**Tooth-Brushing:**

Service Providers will promote effective oral health hygiene among children in conjunction with at least one meal. After breakfast, lunch or PM snack, staff or volunteers assist children in brushing using a “rice-sized” amount of fluoride toothpaste for children under two years of age with teeth. For children over the age of two years use a “pea size” amount of fluoride toothpaste. Service Providers will notify parents that fluoride toothpaste is used. Non-fluoride toothpaste may be used upon written request due to medical or other personal reasons.



Dental hygiene will be discussed using the dental puppet and the dental book, as age appropriate.

**Performance Standard:**

1302.43

**Reference:**

<http://eclkc.ohs.acf.hhs.gov>, Recommendations for Oral Health Caring for Our Children

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 6</b>			
<b>SUBJECT</b>	Critical Health Concerns		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2019		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

A critical health concern is a medically identified condition that affects the child while in the care of the Early Head Start (EHS) Service Provider and may require medication, monitoring, or emergency care. EHS will use the Child Health History form and Well Child Exams to identify any health needs relative to a Critical Health Concern. EHS will develop and implement procedures that address the following:

- Critical health concerns that need accommodations while the child is in care must be diagnosed by a healthcare professional and documented on a signed statement/ form before child attends the center.

EHS staff in collaboration with the Service Providers will develop a system to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided. Share information with appropriate center staff.
- Identify and address major community health issues, as indicated in the Community Assessment and parent survey, and shared at the Health Advisory Committee or by the local health department.
- Identify and address any relevant critical health concern data related to child assessment data, including health problems such as failure-to-thrive, diabetes, asthma, anaphylaxis, epinephrine injection, and any other condition requiring special health care considerations. Provide resources/ information when needed.
- Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, doctors, and dentist for consultations on ways to assist staff and families, working with children with disabilities or health related concerns.

Follow-up and documentation related to critical health concerns will be conducted according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.



**Performance Standard:**

1302.42

**Other References:**

Caring for Our Children

Child Care Regulations 746.605 (13)

	<b>DHS Early Head Start Program Policy</b>		
<b>NUTRITION 2</b>			
<b>SUBJECT</b>	Outside Food & Adult Meals		
<b>REFERENCE</b>	Nutritional Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

To ensure the nutritional needs and safety of all Early Head Start (EHS) Program children are met, only food on the approved menu is allowed during USDA/CACFP meal service times.

Exceptions will only be allowed and must be accompanied by a Health Care Professional's note indicating medical, and/ or dietary needs of the child. A parent/ guardian's note will be accepted for religious/ ethnic dietary restrictions for the child.

Due to food allergies and intolerances, Service Providers will ensure that each child's health, safety, and confidentiality is maintained during meal service by developing a communication system to share relevant individual child nutrition-related information with appropriate staff according to Child Care Regulations in the Texas Health and Human Services Commission Minimum Standards

**Classroom Staff, Parents/Guardians, and Volunteers:**

Any adults, including teachers, teacher substitutes/ floaters, parents/guardian's and/or volunteers, participating during mealtimes including breakfast, lunch, and snack, must share the same meals as the children, free of charge. This includes field trips and other EHS related activities/ events. Any adult receiving food, paid for by the Program, must be involved in the meal with the students at some point during the scheduled meal service.

Staff and volunteers will only drink what is available for the children by utilizing the same type and size of cups during mealtimes and/or clear water bottles throughout the day.

**Class Parties and Celebrations:**

Service providers will follow Texas Health and Human Service Commission Child Care Regulations and USDA/CACFP guidelines regarding birthday celebrations and outside food. Staff should ensure that all children receive a nutritious and balanced diet, and accommodate children with food allergies and/or intolerances, and/or other dietary restrictions.

**Performance Standard:**



1302.31 (e)(2);1302.44;1302.47(7)(vi)

**Related Policies:**

Education 14 Learning during Mealtime

**Reference:**

USDA 7CFR 226.17

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 1</b>			
<b>SUBJECT</b>	Program Monitoring		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**

The Early Head Start Program (EHS) will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery and program operations. The program will abide by all local, state, and federal regulations. The EHS will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

The EHS Program will use the following monitoring systems:

- Service Provider level monitoring systems for ongoing monitoring efforts and activities to include regular site visits to all EHS Service Providers and classrooms
- Site visits to all EHS centers will be announced and unannounced
- Service Provider level monitoring through the Texas Health and Human Services Commission/ Child Care Regulation (THHSC)
- Service Provider level monitoring through the Texas Rising Star, Texas Quality Rating and Improvement System applicable to the EHS-CCP providers only
- City level monitoring system that ensures Service Providers have effective oversight of service delivery systems and remain in compliance with all local, state, and federal regulations
- Periodic collecting and reporting of program data to the City, by Service Providers
- Utilization of Child Plus by the City and the Service Providers to collect and record information about children and families for data analysis, evaluation and program improvement
- Collaborative review of program information for planning and future development
- Annual Self-Assessment
- Managed by Information (MBI) Reporting
- Content Area Data Reports



**The EHS Program's Responsibilities:**

EHS will develop procedures for ongoing monitoring of the program. These procedures will provide guidance and expectations of how the EHS program will monitor internally and externally. These procedures will also include the requirements for reporting findings.

EHS will establish a monitoring model that will help ensure timely and effective delivery of services and provide content area expertise and support to the EHS Service Providers. EHS will focus on direct monitoring, reviewing, and analyzing the results of Service Providers.

EHS will monitor required program tasks and responsibilities to ensure completion within required timelines and according to guidelines provided in the Head Start Program Performance Standards, federal and state regulations, and local laws and rules.

Monitoring of the EHS Program is a continuous process and all findings are shared with the EHS Senior Special Projects Manager, when needed with the Head Start Administrator, to determine the level of compliance with the Head Start Program Performance Standards, local, state, and federal regulations. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, the Governing Body and Policy Council.

The EHS Program will follow-up on monitoring issues or concerns to ensure corrections and implementation of corrective action plans. EHS- may provide training and technical assistance and resources to assist the Service Providers in developing and implementing a corrective action and quality improvement plan.

The EHS program will establish an annual monitoring calendar of monitoring activities and will share with the Service Providers.

With the participation of stakeholders, Head Start parents, Policy Council members, Governing Body members, community members, and program staff, the City will conduct the Annual Self-Assessment by utilizing program data. The results will be shared with all stakeholders.

**Service Provider Responsibilities:**

Service Providers are responsible for the following:

- Allowing access to EHS program monitor for scheduled and unscheduled visits
- Taking corrective action
- Requesting assistance from when needed
- Reporting any results pertinent to the operations of the Service Provider
- Implementing a corrective action plan that prevents reoccurrence of previous findings

**Monitoring Approach:****Three-Tiered Approach for EHS-CCP providers**

Ongoing monitoring for the EHS Program is a three-tiered approach.

- First - Monitoring is completed by the THHSC for all Service Providers.
- Second -The EHS- Program provides monitoring to ensure understanding and compliance with the Head Start Performance Standards and expectations.

- Third –
  - For EHS-CCP providers - The State of Texas Rising Star (TRS) system recognized as the Quality Rating Improvement System for the state of Texas. Upon request by the EHS Program, all monitoring documents must be made available within reasonable time.
  - For EHS provider – Service provider will utilize their defined internal monitoring system. Upon request by the EHS Program, all monitoring documents must be made available within reasonable time.

Ongoing monitoring continues to provide recommendations to enhance the quality of care and services to children and to provide safe and healthy environments through the following service areas:

- Environmental Health and Safety
- Education Services
- Health /Dental Services
- Nutrition
- Disabilities
- Wellness Support Services
- Family & Community Support
- ERSEA
- Human Resources
- Transportation

The EHS Program will utilize the results of monitoring efforts and activities to further evaluate compliance with Head Start Performance Standards and regulations. Service Providers will utilize their appropriate internal monitoring systems, to include Child Plus when applicable, to document all results. Upon request by the City, all monitoring documents must be made available within reasonable time.

**Service Provider Corrective Action:**



Following the receipt of results from a monitoring project completed by the City, the Service Providers will:

- Complete all Correction Action Plans (CAPs) in Child Plus based on set deadlines established by the City
- Address any findings related to child health and safety that is an immediate threat to children within 24 hours
- Develop and respond to corrective action plans as requested by the City

The Service Provider or service area manager may request an extension prior to the initial deadline along with justification if they are unable to meet the deadline for the completion of a CAP. Based on the justification, the extension may or may not be granted. The Senior Special Projects Manager over the EHS Program or Head Start Administrator may give permission and/or add provisions related to the CAPs and approve as needed.

**Performance Standard(s):**

Subpart J-Program Management and Quality Improvement  
1302.100 – 1302.103 (a-b)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 2</b>			
<b>SUBJECT</b>	Standards of Conduct		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program staff, including Early Head Start, substitutes, consultants, contractors, and volunteers must abide by the program's Standards of Conduct that:



- a. Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;
- b. Ensure staff, including substitutes, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
  - i. Use corporal punishment;
  - ii. Use isolation to discipline a child;
  - iii. Bind or tie a child to restrict movement or tape a child's mouth;
  - iv. Use or withhold food as a punishment or reward;
  - v. Use toilet learning/training methods that punish, demean, or humiliate a child;
  - vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - vii. Physically abuse a child;
  - viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
  - ix. Use physical activity or outdoor time as a punishment or reward;
- c. Ensure staff, including substitutes, 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;
- d. Require staff, including substitutes, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and,

- e. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Furthermore, all staff, consultants, contractors, volunteers, Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.

**Performance Standard(s):**

1302.90(c)(1); 1303(C)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 6</b>			
<b>SUBJECT</b>	Staff Qualifications and Competency Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program, including Early Head Start (EHS), will ensure all staff, including substitutes consultants, and contractors meet the following criteria and have sufficient knowledge, training and experience, and must provide ongoing training and professional development to fulfill their roles and responsibilities:

**A. Early Head Start or Head Start Director**

- a. At a minimum, a baccalaureate degree if hired after November 7, 2016;
- b. Experience in supervision of staff, fiscal management, and administration.

**B. Fiscal Officer**

- a. At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- b. Certified Public Accountant.

**C. Child and Family Services Management Staff**

**a. Family, Health, and Disabilities Management**

- a. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

**b. Education Management-**

- a. A baccalaureate or advanced degree in early childhood education; or
- b. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience

## **D. Child and Family Services Staff**

### **a. Early Head Start Teacher**

- a. Child development associate (CDA) credential for Infant and Toddler; or
- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddlers;

### **b. Head Start Pre-K Teachers**

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
  - I. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas.

### **c. Pre-K Head Start Teacher Assistants**

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be enrolled in a program that will lead to degree within two years of hire.

\*Infants are defined as children between the ages of birth – 17 months and Toddlers are defined as children between the ages of 18 -36 months

### **d. Family Support Workers**

- a. Must 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.

## **E. Health Professionals**

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Program must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.

**F. Coaches**



- a. Minimum of a baccalaureate degree in early childhood education or a related field.

**Performance Standard(s):**

1302.91(a-d); 1302.92(c-d)

**Head Start Act:**

HS Act 645A(h); Sec 648 A (a)(1-3)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 8</b>			
<b>SUBJECT</b>	Community Complaints		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**

The Head Start Program, including Early Head Start, encourages a climate of open communication between parents, program employees, and community members. Head Start and Education Service Provider staff are available to provide support and to assist any parent or community resident who has a complaint, problem or concern.

Parents/guardians and community residents are encouraged to attempt to resolve Head Start complaints, problems or concerns at the center/school level by talking to a teacher, Family Support Worker, center director or principal. Parent/Guardians may at any time also talk directly to any Head Start staff member or Head Start Administrator about any issues or concern. Concerns/complaints may also be submitted using the comment section of the Head Start website at [www.saheadstart.org](http://www.saheadstart.org).



If attempts to informally resolve the concern/problem are not successful, the following formal steps may be taken:

1. Call, email, meet with, or provide a written statement to the Head Start Education Service Provider Director. The Director will provide the parent/guardian or community resident a recommendation for resolution of the concern/problem within five business days of receipt of the issue. The Director may request additional time if required to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 2.
2. Call, email, meet with, or provide a written statement to the City of San Antonio Head Start Program Administrator. The Head Start Administrator will have five business days to resolve the concern/problem. The Head Start Administrator may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 3.
3. Call, email, meet with, or provide a written statement to the Department of Human Services (DHS) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request



additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.

4. Submit a signed, written statement to the City of San Antonio City Council's Governing Board/Advisory Committee. The statement shall describe in detail the complaint, problem or concern and steps taken to resolve the issue. The City of San Antonio City Council's Governing Board/Advisory Committee will provide a written response within 15 business days of receipt of the written statement. The City of San Antonio City Council's Governing Board is the last formal step in resolving parent/community resident complaints or concerns and the resolution is final.

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 18</b>			
<b>SUBJECT</b>	Program Data – Access and Security		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/23/18		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 3</b>			

**Policy:**

The Head Start Program, including Early Head Start (EHS), must establish an internal procedure for proper access and security of program data for the City of San Antonio Department of Human Services Head Start Program (DHS Head Start).

**Procedure:**

DHS Head Start utilizes ChildPlus as the secure database system for storing and tracking client information.

All user account holders are required to complete ChildPlus Access Request and ChildPlus User Security and Confidentiality Agreement forms. Upon completion, the forms are scanned and attached by the ChildPlus Administrator in ChildPlus under each respective user profile.

By accessing the database, staff understands and agrees to abide by all terms of the ChildPlus User Security and Confidentiality Agreement and any applicable state and federal laws regarding Personally Identifiable Information (PII) and Protected Health Information (PHI).

- Education Service Providers are required to designate a staff member to complete the Personnel Profile for all staff members funded by the Head Start or EHS grant or anyone who works with children or families enrolled in the Head Start or EHS programs under the Management Module in ChildPlus. Designated staff is defined as preauthorized users in the Management/Personnel Module.
- Upon completion of the Personnel Profile, the designee will notify the ChildPlus Administrator if the user requires access to PII. Not all personnel require a ChildPlus user account.
- The ChildPlus Administrator will confirm with the designee the role of personnel and the types of access required.

- The ChildPlus Administrator will complete a User Security profile in ChildPlus, assign a login username and temporary password, restrict access by location, and designate User Security group(s).
- The ChildPlus Administrator will email the new account holder the login username and temporary password.
- The new account holder will log into ChildPlus and change the temporary password to a permanent password.

Authorized ChildPlus users are granted access under one of the following groupings:

- Staff:
  - A ChildPlus personnel account will be created for all staff. ChildPlus user accounts and access is granted upon the approval of the ChildPlus Access Request Form and the completion of the ChildPlus User Security and Confidentiality Agreement Form.
- Education Service Providers:
  - An assigned ChildPlus Super User for each Service Provider formally requests accounts via email for Service Provider Head Start Staff. Service providers are subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA).
- Contracted Providers:
  - A Special Projects Manager or designee will request user accounts for contractual providers via email or meeting with the ChildPlus Administrator. To meet the requirements of HIPAA, DHS Head Start requires any contract that include access to client information include an enforceable Business Associate Agreement (BAA). BAAs are documented in the professional services contract with the DHS Head Start.

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard HIPAA, FERPA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) part B and C data from unauthorized access, acquisition or disclosure. Staff that share PHI, PII and IDEA part B and C electronically must follow encryption guidelines and ensure the receiving entity is an authorized recipient of the specific data being delivered.

Only computers configured by ITSD for use on the CoSA network are authorized for accessing ChildPlus.

Staff may utilize a program issued computer or device to access ChildPlus.

Staff ensures the environment in which they are working is secure, should include the use of privacy screen filters, and that only authorized persons are within viewing distance of the authorized user's screen and/or confidential documents.

All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

Disclosure of ChildPlus information to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.

All DHS Head Start staff must successfully complete the following trainings:



- CoSA Security Awareness Training
- CoSA HIPPA Training
- Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must review and acknowledge the review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and ensure all staff receive training on safeguarding FERPA, HIPAA, PHI, PII and (IDEA) part B and C data.

**Performance Standards:**

1302.101(b)(4)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 19</b>			
<b>SUBJECT</b>	Management of Program Data		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/23/18		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Head Start Program, including Early Head Start, must establish an internal procedure for proper management of program data for the City of San Antonio Department of Human Services Head Start Program (DHS Head Start).

**Procedure:**

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard FERPA, HIPAA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition, or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

- Only computers configured by ITSD for use on the CoSA network are authorized for the storage or transport of PHI, PII and/or IDEA Part B and C data.
- Staff may utilize a program issued device to access systems to view and maintain PHI, PII, and IDEA Part B and C files.
- Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen and staff should use a privacy screen for all monitors and laptop screens.
- Disclosure of PII and/or PHI, and/or IDEA Part B and C to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.
- Personal devices shall not be used to store or transmit unencrypted protected data.
- Any removable media or storage devices used to transfer PHI, PII, and/or IDEA Part B and C data must be encrypted.
- All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations

manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

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#### Facsimiles

- If any PHI, PII, and/or IDEA Part B and C data is transmitted via email, the email must be encrypted, and the attachment must be protected by a password. The password to access the attachment must be sent to the recipient in a separate email.
- Hard copies (i.e., paper) of any PHI, PII, and/or IDEA Part B and C data must be kept secured in a lockable file cabinet or other secured storage.
- In the event that PHI, PII, and/or IDEA Part B and C data, either hard copy or electronic, are transported between locations, staff must take all precautions to ensure the materials remain secure and must remain in the presence of staff at all times.
  - Any documents received via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be uploaded or scanned into appropriate software (i.e., ChildPlus) as soon as possible. Any electronic copies of the facsimile should be saved to the user's desktop; once the upload is completed the file should be deleted and the deletion confirmed. Any hardcopies of the facsimile must be stored in a secure location or destroyed.
  - Any hardcopies of the documents sent via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be either stored in a secure location or destroyed.

All DHS Head Start staff must successfully complete the following trainings:

- CoSA Security Awareness Training
- CoSA HIPPA Training
- CoSA Employee Security Awareness Day in the Life online training module



Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff to review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and receive training on safeguarding FERPA, HIPAA, PHI, PII and IDEA Part B and C data.

#### **Performance Standards:**

1302.101(b)(4)

	<b>DHS Early Head Start Program Policy</b>		
<b>DISABILITIES 1</b>			
<b>SUBJECT</b>	Individualized Family Service Plan (IFSP) for Children with Delays/-Disabilities		
<b>REFERENCE</b>	Disabilities Services		
<b>EFFECTIVE</b>	10/01/2020		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Individualization policy guidelines in Education ~~3and Early Child Development~~ Policy and the information provided in the child's IFSP will be used when planning individualized strategies and activities for children with delays/disabilities. Every effort must be made to include children with delays/disabilities in all program activities.



Early Head Start (EHS), Service Providers and City staff will coordinate to receive and review the IFSP as soon as possible after the Initial Assessment or Assessment meetings. If a child enters the EHS Program with a current IFSP, City staff will coordinate with Service Providers to review the IFSP within 10 business two weeks of days of a child's first day of attendance or first home visit for children enrolled in the home-based program.

Service Providers must initiate the implementation of the IFSP immediately after the review by modifying the child's daily activities in accordance with the IFSP and arranging for the provision of related services to accommodate the unique strengths, needs, interests, learning style, and cultural and linguistic background of the child.

Copies of the IFSP will be maintained in the Child File. Confidentiality of information will be maintained at all times. Individual child disability information and copies of additional required documents will be entered into Child Plus according to the City of San Antonio Benchmark Due Date Guide and the EHS- Child File Scan Order and Attachment Guide.

**Performance Standard(s):**

1302.61; 1302.62; 1302.63; 1303.75

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 9</b>			
<b>SUBJECT</b>	Multidisciplinary Staffing		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	10/1/20		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

The Early Head (EHS) Program and Service Providers will work together to develop a system in place for regular communication among program staff to facilitate quality outcomes for children and families. Service Providers will schedule at least two Multidisciplinary Staffing (MDS) meetings annually for every enrolled child. If a child enters the program after January 31<sup>st</sup>, a minimum of one MDS meeting will be held before the last day of the program year.



The MDS meeting is a documented and planned communication tool utilized to create a cohesive team approach to discuss the strengths and needs of children and families. The Center Director or designee, Family Support Staff, and Teachers or Home Visitor and a member of the City of San Antonio Early Education Services Team, are required to participate in the MDS. Content area coordinators responsible for Education, Health, ERSEA, Mental Health, Transportation, Nutrition, Disabilities and other related services may be required to attend based on the child/family needs.

The EHS Program and Service Providers will work to develop and maintain a record-keeping system to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information. The MDS documentation must include the completion date of the MDS, signatures of all in attendance, and topics covered. A system must be in place to ensure that completion dates of the MDS are entered and the MDS document is scanned into Child Plus and meets the *City of the San Antonio Benchmark Due Date Guide*, ~~applicable~~ *ChildPlus Data Entry Guide*, and the *Early Head Start File Scan Order and Process Guide*.

**Performance Standard(s):**

1302.101(b)(2)(3); 1302.33; 1302.34; 1302.35



	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 10</b>			
<b>SUBJECT</b>	Lesson Plans		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 07/25/17</b>	<b>Policy Council Revision: 07/25/17</b>	<b>Governing Body Approval: 09/28/17</b>	<b>Governing Body Revision: 09/28/17</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Service Providers will develop lesson plan guidance and procedures for classroom teachers utilizing Early Head Start (EHS) Program designated curriculum.

Lesson plans for center-based services should include teacher directed and child initiated, large group, small group, and individual lessons and activities that support social, emotional, cognitive, physical development, and language skills. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized instruction, modifications, and accommodations for all children, including children with an IFSP [/IEP](#). Current lesson plans must be posted for parents and other staff to review.



Lesson plans for home-based services should include structured child-focused lessons and activities that promote a parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized activities, modifications, and accommodations for all children, including children with an IFSP [/IEP](#). Current lesson plans must be available for parents and other staff to review.

**Performance Standard(s):**

1302.31: 1302.32

**Head Start Act:**

Sec.641A. (a) (1)(B) (i) - (x)

	<b>DHS Early Head Start Program Policy</b>		
<b>EDUCATION 15</b>			
<b>SUBJECT</b>	Child Arrival & Departure		
<b>REFERENCE</b>	Education and Early Childhood Development		
<b>EFFECTIVE</b>	8/1/16		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**

Service Providers will establish and implement ongoing procedures for child arrival and departure that includes signatures and/or initials of the individual signing in/out, a daily health check including observations and documentation of each child's physical and emotional well-being for center-based services. The health check should be completed in front of a parent/guardian when possible.

In addition to identification and documentation, procedures should include a process for appropriate and timely follow up and referral for any concerns identified.

Information for documenting concerns should include at a minimum:



Arrival :

- Site name
- Date
- Arrival time
- Staff name (staff completing health check)
- Child's name
- Physical condition
- Emotional well-being
- Method of parent/guardian notification when a concern is identified

Departure:

- Site name
- Date
- Departure Time
- Staff name (staff notifying parent of any concerns)
- Child's name
- Physical condition
- Emotional well-being
- Method of parent/guardian notification

**Performance Standard:**  
1302.41(a); 1302.42 (c) (2)

		<b>DHS Early Head Start Program Policy</b>			
<b>FAMILY 4</b>					
<b>SUBJECT</b>		Parent Activities to Promote Child Learning and Development			
<b>REFERENCE</b>		Family and Community Support			
<b>EFFECTIVE</b>		8/1/2020			
<b>Policy Council Approval: 7/28/20</b>		<b>Policy Council Revision: 7/28/20</b>		<b>Governing Body Approval: 8/13/20</b>	
				<b>Governing Body Revision: 8/13/20</b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

The Head Start Program, including Early Head Start and Service Provider will promote shared responsibility with parents/guardians for children's early learning and development. In addition, implement family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development. ~~These strategies must include:~~



The Head Start Recipient and Education Service Providers will should collaborate to develop and implement procedures that include, at a minimum, the following: Th

- Offering activities that support Parent-Child Relationships
- Offer activities that support Child Development (including language, dual language, literacy, and bi-literacy development)
- Provide parents/guardians with information about the importance of regular attendance, and partner with them, as necessary to promote consistent attendance (impact of attendance on learning outcomes)
- For dual language learners, information, and resources for parents about the benefits of bilingualism and bi literacy

**Performance Standard(s):**

1302.51(a)

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	<b>DHS Early Head Start Program Policy</b>		
<b>FAMILY 5</b>			
<b>SUBJECT</b>	Research Based Parent Curriculum		
<b>REFERENCE</b>	Family and Community Support		
<b>EFFECTIVE</b>	8/1/2020		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
			<b>PAGE: 1 of 1</b>

**Policy:**



The Head Start Program, including the Early Head Start Program and Service Providers collaborate to offers opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents'/guardians' knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children's learning and development. If the Head Start ~~Recipient~~ Grantee chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, the program will work with an expert or experts to develop such adaptations.

The Head Start Recipient and Service Providers will collaborate to develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in parent engagement activities including the research-based parenting curriculum.

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**Performance Standard(s):**

1302.51(b)

		<b>DHS Early Head Start Program Policy</b>			
<b>HEALTH 2</b>					
<b>SUBJECT</b>		Hemoglobin and Lead Screenings			
<b>REFERENCE</b>		Comprehensive Health Services			
<b>EFFECTIVE</b>		8/1/2016			
<b>Policy Council Approval: 4/24/18</b>		<b>Policy Council Revision: 4/24/18</b>		<b>Governing Body Approval: 8/17/18</b>	
				<b>Governing Body Revision: 8/17/18</b>	
<b>PAGE: 1 of 1</b>					

**Policy:**

Early Head Start Program (EHS) Staff ~~will~~must ensure that ~~all~~ children are ~~up-to-date~~up to date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

~~EPSDT~~, Medicaid and the Children's Health Insurance Programs (CHIP) require that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted at 12 months EHS Staff will work with the family to bring the child up to date.

EPSDT, Medicaid and the Children's Health Insurance Programs require that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been ~~previously~~ conducted ~~at 12 months~~ EHS Staff will work with the family to bring the child up to date by 15 months of age. Children over 15 months will not be screened based on EPSDT requirements.

The EHS Program will provide onsite screenings for any child with missing, unobtainable, or elevated blood lead level results. ~~Each child must have a signed parent/guardian consent form before screenings occur.~~

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Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to ~~the City of San Antonio Benchmark Due Date Guide~~, Early Head Start ChildPlus Scan Order and Process Guide, and ChildPlus Data Entry Guide.



The EHS Program will ensure that ~~elevated blood level~~lead and hemoglobin results are shared with and understood by parents/ guardians. Referral forms to the child's primary care physician will be given to all children with elevated low hemoglobin and /or elevated lead blood levels. ~~With consent~~ A San Antonio Green and Healthy Homes interest form will be given to families of children with elevated lead blood levels. ~~will be referred to San Antonio Green and Healthy Homes.~~

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)

**References:** [Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents](#)

**References:** <http://www.dshs.texas.gov/thsteps/providers.shtm>

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 4</b>			
<b>SUBJECT</b>	Parent/ Guardian Refusal of Health Services		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 1</b>			

**Policy:**



A written refusal is required when a parent/guardian refuses to allow their child to participate in or receive health services required or provided by the Early Head (EHS) Program and/or outside health service providers.

A completed Refusal of Health Services form must be scanned into Child Plus. The form must include parent/guardian and staff signatures. In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) they decline. The refusal on a consent form does not require any other statement from the parent or guardian. Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.

**Performance Standard(s):**

1302.41(b)(1); 1302.42 (d)(2)



	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 5</b>			
<b>SUBJECT</b>	Oral Health and Education		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
<b>PAGE: 1 of 2</b>			

**Policy:**

The Early Head Start (EHS) Program Service Providers will ensure children brush their teeth once a day during program hours to promote effective oral health hygiene.

Service Providers will ensure that educational oral health activities are provided in the center and home-based options.

**Tooth-Brushing:**

Service Providers ~~must will~~ promote effective oral health hygiene among children in conjunction with at least one meal. ~~and include on the respective classroom daily schedule for center-based services.~~ After breakfast, lunch or PM snack, staff or volunteers ~~must~~ assist children in brushing using a “rice-sized” amount of fluoride toothpaste for children under two years of age with teeth. For children over the age of two years use a “pea size” amount of fluoride toothpaste. Service Providers will notify parents that fluoride toothpaste is used. Non-fluoride toothpaste may be used upon written request due to medical or other personal reasons.

~~Service Providers will comply with the following:~~

◆ **Sanitation:**

- ~~Tables should be clean and free of food debris.~~
- ~~Toothpaste should **not** be put directly on a toothbrush and/or a non-disposable surface, such as a table or tray unless toothpaste has been provided for the individual child and is clearly labeled with the child’s name~~
- ~~Toothbrushes should be thoroughly rinsed after tooth brushing.~~

◆ **Measures to prevent cross-contamination:**

- ~~Toothbrushes should be labeled with the child’s first and last name and stored upright, in an air-dried position, covered and with no part of one toothbrush touching another toothbrush.~~

• **Additional guidelines:**

- Children should spit out excess toothpaste after brushing. At least one staff member should supervise proper tooth brushing techniques.
- A child's toothbrush may be discarded and replaced when
  - Requested by a parent/guardian
  - Due to illness
  - Other personal reasons
  - Toothbrushes should be replaced every 3 months or sooner if the bristles become splayed or worn.

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Dental hygiene will be discussed using the dental puppet and the dental book, as age appropriate.

**Performance Standard:**

1302.43

**Reference:**

<http://eclkc.ohs.acf.hhs.gov>, Recommendations for Oral Health Caring for Our Children

	<b>DHS Early Head Start Program Policy</b>			
<b>HEALTH 6</b>				
<b>SUBJECT</b>	Critical Health Concerns			
<b>REFERENCE</b>	Comprehensive Health Services			
<b>EFFECTIVE</b>	8/1/2019			
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>	
<b>PAGE: 1 of 2</b>				

**Policy:**

A critical health concern is a medically identified condition that affects the child while in the care of the Early Head Start (EHS) Service Provider and may require medication, monitoring, or emergency care. EHS will use the Child Health History form and Well Child Exams to identify ~~information any on the child's~~ health needs relative to a Critical Health Concern. EHS will develop and implement procedures that address the following:

- Critical health concerns that need accommodations while the child is in care must be diagnosed by a healthcare professional and documented on a signed statement/ form before child attends the center.

EHS staff in collaboration with the Service Providers will develop a system to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided. Share information with appropriate center staff.
- Identify and address major community health issues, as indicated in the Community Assessment and parent survey, and shared at the Health Advisory Committee or by the local health department.
- Identify and address any relevant critical health concern data related to child assessment data, including health problems such as failure-to-thrive, diabetes, asthma, anaphylaxis, epinephrine injection, and any other condition ~~(ie: dental items)~~ requiring special health care considerations. Provide resources/ information when needed.
- ~~Share relevant individual child health related information with appropriate center staff.~~
- Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, ~~doctor's~~ doctors, and dentist for consultations on ways to assist staff and families, working with children with disabilities or health related concerns.

Follow-up and documentation related to critical health concerns will be conducted according to the Early Head Start ChildPlus Scan Order and Process Guide, and ChildPlus Data Entry Guide. ~~Head~~

~~Start Program ChildPlus Scan Order and Process Guide and the applicable ChildPlus Data Entry Guide.~~



**Performance Standard:**

1302.42

**Other References:**

Caring for Our Children

Child Care ~~Licensing~~Regulations 746.605 (13)

	<b>DHS Early Head Start Program Policy</b>		
<b>NUTRITION 2</b>			
<b>SUBJECT</b>	Outside Food & Adult Meals		
<b>REFERENCE</b>	Nutritional Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 5/23/19</b>
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### Policy:

To ensure the nutritional needs and safety of all Early Head Start (EHS) Program children are met, only food on the approved menu is allowed during USDA/CACFP ~~EHS~~ meal service times.

Exceptions will only be allowed and must be accompanied by a Health Care Professional's note indicating medical, and/ or dietary needs of the child. A parent/ guardian's note will be accepted for religious/ ethnic dietary restrictions for the child.

Due to food allergies and intolerances, Service Providers will ensure that each child's health, safety, and confidentiality is maintained during meal service by developing a communication system to share relevant individual child nutrition-related information with appropriate staff according to Child Care Regulations in the Texas Health and Human Services Commission Minimum Standards ~~Child Care Licensing Minimum Standards~~.

### Classroom Staff, Parents/Guardians, and Volunteers:

Any adults, including teachers, teacher substitutes/ floaters, parents/guardian's and/or volunteers, participating during mealtimes including breakfast, lunch, and snack, must share the same meals as the children, free of charge. This includes field trips and other EHS related activities/ events. Any adult receiving food, paid for by the Program, must be involved in the meal with the students at some point during the scheduled meal service.

Staff and volunteers will only drink what is available for the children by utilizing the same type and size of cups during mealtimes and/or clear water bottles throughout the day.

### Class Parties and Celebrations:

Service providers will follow Texas ~~Department of Family and Protective Services~~ Health and Human Service Commission Child Care Regulations ~~Child Care Licensing~~ and USDA/CACFP guidelines ~~in regard to~~ regarding birthday celebrations and outside food. Staff should ~~promote healthy eating habits~~, ensure that all children receive a nutritious and balanced diet, and accommodate children with food allergies and/or intolerances, and/or other dietary restrictions.

**Performance Standard:**



1302.31 (e)(2);1302.44;1302.47(7)(vi)

**Related Policies:**

Education 14 Learning during Mealtime

**Reference:**

USDA 7CFR 226.17

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 1</b>			
<b>SUBJECT</b>	Program Monitoring		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**

The Early Head Start Program (EHS) will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery and program operations. The program will abide by all local, state, and federal regulations. The EHS will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

The EHS Program will use the following monitoring systems:

- Service Provider level monitoring systems for ongoing monitoring efforts and activities to include regular site visits to all EHS Service Providers and classrooms
- Site visits to all EHS centers will be announced and unannounced
- Service Provider level monitoring through the Texas Health and Human Services Commission/ Child Care Regulation (THHSC)
- Service Provider level monitoring through the Texas Rising Star, Texas Quality Rating and Improvement System applicable to the EHS-CCP providers only
- City level monitoring system that ensures Service Providers have effective oversight of service delivery systems and remain in compliance with all local, state, and federal regulations
- Periodic collecting and reporting of program data to the City, by Service Providers
- Utilization of Child Plus by the City and the Service Providers to collect and record information about children and families for data analysis, evaluation and program improvement
- Collaborative review of program information for planning and future development
- Annual Self-Assessment
- Managed by Information (MBI) Reporting
- Content Area Data Reports

**The EHS Program's Responsibilities:**

EHS will develop procedures for ongoing monitoring of the program. These procedures will provide guidance and expectations of how the EHS program will monitor internally and externally. These procedures will also include the requirements for reporting findings.

EHS will establish a monitoring model that will help ensure timely and effective delivery of services and provide content area expertise and support to the EHS Service Providers. EHS will focus on direct monitoring, reviewing, and analyzing the results of Service Providers.

EHS will monitor required program tasks and responsibilities to ensure completion within required timelines and according to guidelines provided in the Head Start Program Performance Standards, federal and state regulations, and local laws and rules.

Monitoring of the EHS Program is a continuous process and all findings are shared with the EHS Senior Special Projects Manager, when needed with the Head Start Administrator, to determine the level of compliance with the Head Start Program Performance Standards, local, state, and federal regulations. The results of ongoing monitoring will be shared with the Head Start Administrator, Leadership Team, Management Team, the Governing Body and Policy Council.

The EHS Program will follow-up on monitoring issues or concerns to ensure corrections and implementation of corrective action plans. EHS- may provide training and technical assistance and resources to assist the Service Providers in developing and implementing a corrective action and quality improvement plan.

The EHS program will establish an annual monitoring calendar of monitoring activities and will share with the Service Providers.

With the participation of stakeholders, Head Start parents, Policy Council members, Governing Body members, community members, and program staff, the City will conduct the Annual Self-Assessment by utilizing program data. The results will be shared with all stakeholders.

**Service Provider Responsibilities:**

Service Providers are responsible for the following:

- Allowing access to EHS program monitor for scheduled and unscheduled visits
- Taking corrective action
- Requesting assistance from when needed
- Reporting any results pertinent to the operations of the Service Provider
- Implementing a corrective action plan that prevents reoccurrence of previous findings

**Monitoring Approach:****Three-Tiered Approach for EHS-CCP providers**

Ongoing monitoring for the EHS Program is a three-tiered approach.

- First - Monitoring is completed by the THHSC for all Service Providers.
- Second - The EHS- Program provides monitoring to ensure understanding and compliance with the Head Start Performance Standards and expectations.



- Third –
  - For EHS-CCP providers - The State of Texas Rising Star (TRS) system recognized as the Quality Rating Improvement System for the state of Texas. Upon request by the EHS Program, all monitoring documents must be made available within reasonable time.
  - For EHS provider – Service provider will utilize their defined internal monitoring system. Upon request by the EHS Program, all monitoring documents must be made available within reasonable time.

Ongoing monitoring continues to provide recommendations to enhance the quality of care and services to children and to provide safe and healthy environments through the following service areas:

- Environmental Health and Safety
- Education Services
- Health /Dental Services
- Nutrition
- Disabilities
- Wellness Support Services
- Family & Community Support
- ERSEA
- Human Resources
- Transportation

The EHS Program will utilize the results of monitoring efforts and activities to further evaluate compliance with Head Start Performance Standards and regulations. Service Providers will utilize their appropriate internal monitoring systems, to include Child Plus when applicable, to document all results. Upon request by the City, all monitoring documents must be made available within reasonable time.

#### **Service Provider Corrective Action:**

Following the receipt of results from a monitoring project completed by the City, the Service Providers will:

- Complete all Correction Action Plans (CAPs) in Child Plus based on set deadlines established by the City EHS within 15 business days
- Address any findings related to child health and safety that is an immediate threat to children within 24 hours
- Develop and respond to corrective action plans as requested by the City

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The Service Provider or service area manager may request an extension prior to the initial deadline along with justification if they are unable to meet the deadline for the completion of a CAP. Based on the justification, the extension may or may not be granted. The Senior Special Projects Manager over the EHS Program or Head Start Administrator may give permission and/or add provisions related to the CAPs and approve as needed.

#### **Performance Standard(s):**

Subpart J-Program Management and Quality Improvement  
1302.100 – 1302.103 (a-b)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 2</b>			
<b>SUBJECT</b>	Standards of Conduct		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program staff, including Early Head Start, substitutes, consultants, contractors, and volunteers must abide by the program's Standards of Conduct that:



- a. Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;
- b. Ensure staff, including substitutes, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
  - i. Use corporal punishment;
  - ii. Use isolation to discipline a child;
  - iii. Bind or tie a child to restrict movement or tape a child's mouth;
  - iv. Use or withhold food as a punishment or reward;
  - v. Use toilet learning/training methods that punish, demean, or humiliate a child;
  - vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - vii. Physically abuse a child;
  - viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
  - ix. Use physical activity or outdoor time as a punishment or reward;
- c. Ensure staff, including substitutes, 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;
- d. Require staff, including substitutes, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and,

- e. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Furthermore, all staff, consultants, contractors, volunteers, Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.

**Performance Standard(s):**

1302.90(c)(1); 1303(C)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 6</b>			
<b>SUBJECT</b>	Staff Qualifications and Competency Requirements		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program, including Early Head Start (EHS), will ensure all staff, including substitutes consultants, and contractors meet the following criteria and have sufficient knowledge, training and experience, and must provide ongoing training and professional development to fulfill their roles and responsibilities:

**A. Early Head Start or Head Start Director**

- a. At a minimum, a baccalaureate degree if hired after November 7, 2016;
- b. Experience in supervision of staff, fiscal management, and administration.

**B. Fiscal Officer**

- a. At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- b. Certified Public Accountant.

**C. Child and Family Services Management Staff**

- a. **Family, Health, and Disabilities Management**
  - a. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.
- b. **Education Management-**
  - a. A baccalaureate or advanced degree in early childhood education; or
  - b. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience

#### D. Child and Family Services Staff

##### a. Early Head Start Teacher Teacher

- a. Child development associate (CDA) credential for Infant and Toddler; or
- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddlers;

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##### b. Head Start Pre-K Teachers

- a) A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b) A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
  - i. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas.

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##### c. Pre-K Head Start Teacher Assistants

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be enrolled in a program that will lead to degree within two years of hire.

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\*Infants are defined as children between the ages of birth – 17 months and Toddlers are defined as children between the ages of 18 -36 months

##### d. Family Support Workers

- a. Must 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.

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#### E. Health Professionals

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Program must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dieticians or nutritionists with appropriate qualifications.

**F. Coaches**



- a. Minimum of a baccalaureate degree in early childhood education or a related field.

**Performance Standard(s):**

1302.91(a-d); 1302.92(c-d)

**Head Start Act:**

HS Act 645A(h); Sec 648 A (a)(1-3)

	<b>DHS Head Start Program Policy</b>		
<b>PDM 8</b>			
<b>SUBJECT</b>	Community Complaints		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/13/2010		
<b>Policy Council Approval: 7/28/20</b>	<b>Policy Council Revision: 7/28/20</b>	<b>Governing Body Approval: 8/13/20</b>	<b>Governing Body Revision: 8/13/20</b>
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**Policy:**

The Head Start Program encourages a climate of open communication between parents, program employees, and community members. Head Start and Education Service Provider staff are available to provide support and to assist any parent or community resident who has a complaint, problem, or concern.

Parents/guardians and community residents are encouraged to attempt to resolve Head Start complaints, problems or concerns at the center/school level by talking to a teacher, Family Support Worker, center director or principal. Parent/Guardians may at any time also talk directly to any Head Start staff member or Head Start Administrator about any issues or concern. Concerns/complaints may also be submitted using the comment section of the Head Start website at [www.saheadstart.org](http://www.saheadstart.org).



If attempts to informally resolve the concern/problem are not successful, the following formal steps may be taken:

1. Call, email, meet with, or provide a written statement to the Head Start Education Service Provider Director. The Director will provide the parent/guardian or community resident a recommendation for resolution of the concern/problem within five business days of receipt of the issue. The Director may request additional time if required to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 2.
2. Call, email, meet with, or provide a written statement to the City of San Antonio Head Start Program Administrator. The Head Start Administrator will have five business days to resolve the concern/problem. The Head Start Administrator may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 3.
3. Call, email, meet with, or provide a written statement to the Department of Human Services (DHS) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business

days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.) Head Start Policy Council. The DHS Head Start Policy Council will have fifteen business days to resolve the concern/problem. The DHS Head Start Policy Council may request additional time to resolve the concern/problem. If not resolved, parents/guardians or community resident may proceed to Step 4.

4. Submit a signed, written statement to the City of San Antonio City Council's Governing Board/ Advisory Committee. The statement shall describe in detail the complaint, problem or concern and steps taken to resolve the issue. The City of San Antonio City Council's Governing Board/ Advisory Committee will provide a written response within 15 business days of receipt of the written statement. The City of San Antonio City Council's Governing Board is the last formal step in resolving parent/community resident complaints or concerns and the resolution is final.



	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 18</b>			
<b>SUBJECT</b>	Program Data – Access and Security		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/23/18		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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**Policy:**

The Head Start Program, including Early Head Start (EHS), must establish an internal procedure for proper access and security of program data for the City of San Antonio Department of Human Services Head Start Program (DHS Head Start).

**Procedure:**

DHS Head Start utilizes ChildPlus as the secure database system for storing and tracking client information.

All user account holders are required to complete ChildPlus Access Request and ChildPlus User Security and Confidentiality Agreement forms. Upon completion, the forms are scanned and attached by the ChildPlus Administrator in ChildPlus under each respective user profile.

By accessing the database, staff understands and agrees to abide by all terms of the ChildPlus User Security and Confidentiality Agreement and any applicable state and federal laws regarding Personally Identifiable Information (PII) and Protected Health Information (PHI).

- Education Service Providers are required to designate a staff member to complete the Personnel Profile for all staff members funded by the Head Start or EHS-~~CCP~~ grant or anyone who works with children or families enrolled in the Head Start or EHS-~~CCP~~ programs under the Management Module in ChildPlus. Designated staff is defined as preauthorized users in the Management/Personnel Module.
- Upon completion of the Personnel Profile, the designee will notify the ChildPlus Administrator if the user requires access to PII. Not all personnel require a ChildPlus user account.
- The ChildPlus Administrator will confirm with the designee the role of personnel and the types of access required.

- The ChildPlus Administrator will complete a User Security profile in ChildPlus, assign a login username and temporary password, restrict access by location, and designate User Security group(s).
- The ChildPlus Administrator will email the new account holder the login username and temporary password.
- The new account holder will log into ChildPlus and change the temporary password to a permanent password.

Authorized ChildPlus users are granted access under one of the following groupings:

- Staff:
  - A ChildPlus personnel account will be created for all staff. ChildPlus user accounts and access is granted upon the approval of the ChildPlus Access Request Form and the completion of the ChildPlus User Security and Confidentiality Agreement Form.
- Education Service Providers:
  - An assigned ChildPlus Super User for each Service Provider formally requests accounts via email for Service Provider Head Start Staff. Service providers are subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA).
- Contracted Providers:
  - A Special Projects Manager or designee will request user accounts for contractual providers via email or meeting with the ChildPlus Administrator. To meet the requirements of HIPAA, DHS Head Start requires any contract that include access to client information include an enforceable Business Associate Agreement (BAA). BAAs are documented in the professional services contract with the DHS Head Start.

Implementation of technical policies and procedures for electronic information systems that maintain electronic PII, PHI, and IDEA Part B and C to allow access only to those persons or software programs that have been granted access rights.

All DHS Head Start staff, regardless of position, share the responsibility to safeguard HIPAA, FERPA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) part B and C data from unauthorized access, acquisition or disclosure. Staff that share PHI, PII and IDEA part B and C electronically must [follow encryption guidelines and](#) ensure the receiving entity is an authorized recipient of the specific data being delivered.

Only computers configured by ITSD for use on the CoSA network are authorized for accessing ChildPlus.

Staff may utilize a program issued computer or device to access ChildPlus.

Staff ensures the environment in which they are working is secure, should include the use of privacy screen filters, and that only authorized persons are within viewing distance of the authorized user's screen and/or confidential documents.

All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations manually when leaving their desk (Windows key + L or CTRL+ALT+DEL).

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Disclosure of ChildPlus information to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.

All DHS Head Start staff must successfully complete the following trainings:



- CoSA ~~Monthly~~ Security Awareness Training
- CoSA ~~Monthly~~ HIPPA Training
- Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff must ~~successfully~~ review and acknowledge the review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and ensure all staff receive training on safeguarding FERPA, HIPAA, PHI, PII and (IDEA) part B and C data.

**Performance Standards:**

1302.101(b)(4)

	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 19</b>			
<b>SUBJECT</b>	Management of Program Data		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	4/23/18		
<b>Policy Council Approval: 5/25/21</b>	<b>Policy Council Revision: 5/25/21</b>	<b>Governing Body Approval: 5/27/21</b>	<b>Governing Body Revision: 5/27/21</b>
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All DHS Head Start staff, regardless of position, share the responsibility to safeguard FERPA, HIPAA, PHI, PII, and the Individuals with Disabilities Education Act (IDEA) Part B and C data from unauthorized access, acquisition, or disclosure. Staff that share PHI, PII and IDEA Part B and C electronically must ensure the receiving entity is an authorized recipient of the specific data being delivered.

- Only computers configured by ITSD for use on the CoSA network are authorized for the storage or transport of PHI, PII and/or IDEA Part B and C data.
- Staff may utilize a program issued device to access systems to view and maintain PHI, PII, and IDEA Part B and C files.
- Staff ensures the environment in which they are working is secure and only authorized persons are within viewing distance of the authorized user's screen. and staff should use a privacy screen for all monitors and laptop screens.
- Disclosure of PII and/or PHI, and/or IDEA Part B and C to a contractor is authorized but ONLY when an enforceable Business Associate Agreement (BAA) is in place.
- Personal devices shall not be used to store or transmit unencrypted protected data.
- Any removable media or storage devices used to transfer PHI, PII, and/or IDEA Part B and C data must be encrypted.
- All devices (e.g., laptops and phones) must have auto-lock enabled with a maximum timeout of 15 minutes. Staff are encouraged to lock their workstations.

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#### Facsimiles

- If any PHI, PII, and/or IDEA Part B and C data is transmitted via email ~~attachment~~, the email must be encrypted, and the attachment must be protected by a password. The password to access the attachment must be sent to the recipient in a separate email.
- Hard copies (i.e., paper) of any PHI, PII, and/or IDEA Part B and C data must be kept secured in a lockable file cabinet or other secured storage.
- In the event that PHI, PII, and/or IDEA Part B and C data, either hard copy or electronic, are transported between locations, staff must take all precautions to ensure the materials remain secure and must remain in the presence of staff at all times.
  - Any documents received via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be uploaded or scanned into appropriate software (i.e., ChildPlus) as soon as possible. Any electronic copies of the facsimile should be saved to the user's desktop; once the upload is completed the file should be deleted and the deletion confirmed. Any hardcopies of the facsimile must be stored in a secure location or destroyed.
  - Any hardcopies of the documents sent via facsimile, either telefax or online, that contain PHI, PII and/or IDEA Part B and C data shall be either stored in a secure location or destroyed.

All DHS Head Start staff must successfully complete the following trainings:

- CoSA ~~Monthly~~ Security Awareness Training
- CoSA ~~Monthly~~ HIPPA Training
- CoSA Employee Security Awareness Day in the Life online training module

Completion of these trainings are documented and maintained by the City of San Antonio Human Resources Department.

All DHS Head Start staff ~~must successfully~~ review and acknowledge review and acceptance of CoSA Administrative Directives that include Data Security and Use of Technology.

Education Service Providers and contractors must develop and implement procedures to ensure all staff comply with this procedure and receive training on safeguarding FERPA, HIPAA, PHI, PII and IDEA Part B and C data.

#### Performance Standards:

1302.101(b)(4)